

Child and Adolescent Psychiatry Fellowship Application Procedure

Thank you for your interest in the Child and Adolescent Psychiatry Fellowship at the Virginia Tech Carilion School of Medicine, Department of Psychiatry and Behavioral Medicine. We look forward to receiving your application.

- 1. Complete a copy of the application form for the VTCSOM Child and Adolescent Psychiatry Fellowship. It may be completed on the computer in a word-processing program by using the tab key to cycle between fields. Included in this application is a personal statement
- 2. Enclose a current curriculum vitae. Explain any lapses of more than one month in training if applicable.
- 3. Request a minimum of three letters of reference, one of which must be from your current or most recent residency Program Director. You are responsible for obtaining these letters. They should be sent directly to the Fellowship Manager listed below.
- 4. Request that your medical school send your Program Evaluation/Dean's Letter directly to the fellowship coordinator listed below.
- 5. Ask your current or most recent residency Program Director to complete the Training Documentation Form and send it directly to the Fellowship Manager.
- 6. Sign and date the Attestations page and send it to the fellowship coordinator.

Program Director

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Fellowship Manager

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