

APPLICATION PACKET FOR

Bureau of Health Professions

**FACULTY TRAINING PROGRAM IN
GERIATRIC PSYCHOLOGY**

2001-2002

UCLA School of Medicine

Multicampus Program in Geriatric Medicine and Gerontology

APPLICATION COVER PAGE

Faculty Training Program
in Geriatric Psychology

Name of Applicant _____
(Last) (First) (Middle)

Current Mailing Address _____

Telephone Numbers

OFFICE (_____) _____

FAX (_____) _____

HOME (_____) _____

E-Mail _____

Current Position _____
(School)

(Department)

(Title)

Applicant's Signature _____ Date _____

Application Procedures

One senior fellow in geriatric psychology will be appointed for a one-year fellowship. After receipt and review of applications, top candidates will be invited for personal interviews and for the purpose of examining the program first-hand. The training program commences July 1 of each year.

Applications should be submitted to:

David B. Reuben, M.D.
UCLA School of Medicine
Multicampus Program in Geriatric Medicine and Gerontology
10945 Le Conte Avenue, Suite 2339 - BOX 951687
Los Angeles, CA 90095-1687
(310) 825-8253

Applications must include the following items:

1. Application form
2. Curriculum Vitae, including specialty training, certification status and list of publications.
3. Statement of Qualifications and Interest, addressing the following:
 - Why do you wish to participate in the program?
 - The preparation or experience in your background that you believe is relevant to the field of geriatrics and to participation in a geriatrics program.
 - Personal goals of your training year.
 - Specific activities you would like to pursue during the training year.

Continued on next page

4. Letters of Reference, from your program director and two faculty colleagues discussing your qualifications for undertaking this program in geriatric psychology. Please list their names below and ask them to submit their letters directly to:

**David B. Reuben, M.D.
UCLA School of Medicine
Multicampus Program in Geriatric Medicine & Gerontology
10945 Le Conte Avenue, Suite 2339 - BOX 951687
Los Angeles, CA 90095-1687**

(1) Name _____

Department Chair _____

(2) Name _____

Title _____

Institution _____

(3) Name _____

Title _____

Institution _____

5. Application Cover Page

(Thank you)

APPLICATION FORM

NAME _____

I am (please check one):

_____ a US citizen

_____ a non-citizen national

_____ a foreign national having a visa permitting permanent residence in
the US

Please check all that apply.

_____ I have completed graduate training in behavioral and mental health

_____ I am an existing faculty member in a department of behavioral or mental
health, _____ (name of school), _____ title/rank

Please indicate any previous experience working with underserved populations (i.e. Hispanic serving institutions, Historical Black Colleges and Universities and Tribal Colleges and Universities serving Native Americans)
