American Psychiatric Association
Minority Fellowships Program (MFP)

November 14, 2014

Dear Colleague:

The APA Division of Diversity and Health Equity is now accepting applications for the 2015-2016 fellowship years. We are writing to request your assistance in promoting this fellowship among residents in your program. The MFP fellows are classified into three groups: APA/Substance Abuse and Mental Health Services Administration (SAMHSA) fellows and SAMHSA Substance Abuse fellows (both funded by SAMHSA), and APA/Diversity Leadership fellows (funded by the APA Foundation). Enclosed are application material and program announcements that may be given to interested residents. Additional applications may be obtained by contacting our office. Also, enclosed are program announcements for minority medical students. We would appreciate your posting these announcements in a prominent place in your facility.

The fellowship program is designed to develop future leaders in psychiatry. During resident’s time in the program, they will participate on an APA council, attend meetings, and participate in special workshops and network with mentors. A fellowship award (stipend) will be provided only for APA/SAMHSA recipients. The amount of the award is based on the selected resident’s post graduate year and is subject to availability of funds. There is no stipend support for APA/Diversity Leadership recipients; however, travel funds are available for specific APA meetings and special projects. The minority medical student scholarships provide travel funds for students.

The completed application form, curriculum vitae, three references and an essay outlining the applicant’s career goals, must be received by January 30, 2015. The Selection Committee will meet in the spring to select awardees for the fellowship year beginning in July 2015. Awards will be announced shortly thereafter.

If you have any questions, please call us at 703/907-8653. Additional information on the fellowships can be found on the fellowship web page at: www.Psychiatry.org/minority-fellowship.

Sincerely,

Annelle B. Primm, M.D., MPH
Deputy Medical Director
Program Director, APA Minority Fellowships

Marilyn M. King
Assistant Program Director, APA Minority Fellowships

Enclosures

P.S. See enclosed flyer for information on programs for minority medical students.

1000 Wilson Blvd., Suite 1825, Arlington, VA 22209
The American Psychiatric Association (APA) Minority Fellowships Program (MFP) is designed to:

- Provide fellowship recipients with enriching training experiences through participation in the APA September and Annual Meetings
- Provide recipients with resources to support activities that enhance culturally relevant aspects of their training program
- Stimulate their interest in pursuing training in areas of psychiatry where minority groups are underrepresented, such as research, child psychiatry, and addiction psychiatry
- Develop leadership to improve the quality of mental health care for the following federally recognized ethnic minority groups: American Indians, Native Alaskans, Asian Americans, Native Hawaiians, Native Pacific Islanders, African Americans and Hispanics/Latinos.

**APPLICATION & DEADLINE**

www.Psychiatry.org/minority-fellowship

- All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability. Federal employees are ineligible.
- Applicants must submit three letters of reference, curriculum vitae, and an essay outlining career goals, along with a completed application form.
- Applications and supporting material must be received by January 30.
- For an Application and more details visit: www.psych.org/Resources/OMNA/MFP.aspx

**ELIGIBILITY**

1. Psychiatry residents-in-training must be at least a PGY-2 at the time of application and remain in training during the entire academic year.

2. Applicants MUST be APA members.

3. SAMHSA and SAMHSA Substance Abuse applicants must be American citizens or permanent residents. Permanent residents must submit, by July, a notarized statement indicating possession of the alien registration receipt card, I-151 or I-551. Individuals on temporary or student visas are not eligible.

4. Diversity Leadership applicants need not be U.S. citizens or permanent residents, or graduates of a U.S. medical school.

5. SAMHSA Substance Abuse applicants must be in their PGY-5 of training in July of the year of their application and in an addiction training program approved by the affiliated medical school or agency where a significant number of substance abuse patients are from minority and underserved groups, may apply for the substance abuse segment.

**SELECTION**

Fellows are selected on the basis of their commitment to serve ethnic minority populations, their awareness of the importance of culture in mental health, their interest in the interrelationship between mental health/illness and transcultural factors, and their demonstrated leadership abilities. All applications will be reviewed by our Selection Advisory Committee. In April, applicants will be informed of the committee's decision.

**SUPPORT**

The APA/SAMHSA fellows (subject to the availability of funds) receive monthly stipends and serve for one year with an opportunity to apply for an additional year as long as fellows remain in training. Diversity Leadership fellows do not receive stipends and serve for two years. You must be in a psychiatry residency program for both years of the fellowship. Transportation, lodging, meals, and incidentals in connection with the trainee's attendance at program-related activities are reimbursed. The fellowship also provides ancillary training opportunities and enrichment experiences, access to information and resources, and a lifetime network of professional association with psychiatrists interested in minority mental health and services.

For an application or more information, contact Marilyn King at:

📞 703-907-8653 • 📬 703-907-7852 • ⌨️ mkings@psych.org
AMERICAN PSYCHIATRIC ASSOCIATION
MINORITY FELLOWSHIPS PROGRAM
APPLICATION FORM

Application must be typed. You may substitute computer-generated facsimiles for this form; however, the form must be in black ink, Arial 11 point font, and must maintain the exact wording and format of the APA form, including all captions and spacing. Any deviations may be grounds to reject the entire application. Application available online at http://www.psychiatry.org/minority-fellowship.

PLEASE CHECK FELLOWSHIP APPLYING FOR:
☐ SAMHSA ☐ DIVERSITY LEadership ☐ SAMHSA SUBSTANCE ABUSE

APA Membership # (if known):__________ Present PGY Level:________

BIOGRAPHICAL/PERSONAL INFORMATION

1. Name:________________________________________ (First) (Middle) (Last)

2. Home Address:________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

   Home Phone:__________ Work Phone:__________

3. Email:__________ (to be used to notify applicant)

4. Sex: ☐ Male ☐ Female

5. Date of Birth:__________ 6. Place of Birth:__________

7. Country of Citizenship:__________
   If not a U.S. citizen, are you a permanent visa resident? ☐ Yes ☐ No

8. Ethnic Identification:
   ☐ American Indian/Alaska Native (specify tribal affiliation) _________________
   ☐ Asian American, including but not limited to: (check one)
     ☐ Japanese ☐ Indian ☐ Chinese
     ☐ Filipino ☐ Korean
     ☐ Pacific Islander/Native Hawaiian
     ☐ Other, please specify:______________________________
   ☐ African-American (please self-define):
     ________________________________
   ☐ Hispanic/Latino, including but not limited to: (check one)
     ☐ Cuban ☐ Mexican American ☐ Puerto Rican
     ☐ Other, please specify:______________________________
   ☐ Other, please specify:______________________________
9. PGY Level by July of the year for which you are applying: 1

EDUCATIONAL BACKGROUND

10. Medical Education (name and location of medical schools, exact years attended, your MD/DO degree received).

<table>
<thead>
<tr>
<th>Name</th>
<th>Location</th>
<th>Dates From</th>
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<th>Degree</th>
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11. Residency Training

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<th>Location</th>
<th>General or Sub-specialty Training</th>
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Training Director: Name: __________________________
Address: __________________________
Email: __________________________

Training Director: Name: __________________________
Address: __________________________
Email: __________________________

(as of July of the year for which you are applying, if different from above)

12. Indicate area(s) of special interest in psychiatry

________________________________________________________________________
________________________________________________________________________

13. Plans for Training: a) Next Year __________________________________________
________________________________________________________________________
________________________________________________________________________

b) Future __________________________________________
________________________________________________________________________
________________________________________________________________________

OTHER INFORMATION

14. Besides English, in what other languages are you proficient? Indicate degree of fluency.
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<th>Language</th>
<th>Good</th>
<th>Verbal</th>
<th>Poor</th>
<th>Good</th>
<th>Written</th>
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15. Have you ever applied for other APA fellowships?  [ ] Yes  [ ] No

If so, which one?  What year?  

16. What are your plans to work with minority groups and underserved persons after training is complete?  

17. How did you learn about this program?  

I certify that the information in this application is true and correct.

Signature:  

Date:  

REFERENCES

18. List the names, addresses and positions of two persons (other than your training director) who have intimate knowledge of your work. Urge them to send their statements to the APA Office as soon as possible, and no later than the application deadline. YOUR APPLICATION CANNOT BE PROCESSED UNTIL THESE ITEMS ARE RECEIVED.

1.  

2.  

19. If you are applying for the SAMHSA fellowship and are not accepted, would you like to be considered for the Diversity Leadership fellowship?  [ ] YES  [ ] NO

CURRICULUM VITAE

20. Send a copy of your updated curriculum vitae along with this application.
ESSAY

21. On a separate sheet, write an essay, not to exceed two double-spaced pages, proposing how the fellowship would be utilized to alter your present training and ultimately assist you in achieving your career goals. Your essay should also include the following:

1. description of your training program in regard to didactic work, supervision, clinical conference which specifically pertain to cultural issues in psychiatry
2. what impact you think your fellowship could have on your training program
3. your cultural/ethnic identification
4. future work

22. Indicate how stipend award funds will be used (SAMHSA & SAMHSA Substance Abuse applicants only)
   - Include a proposed budget and justification – See Attached Example

(Note: If you are selected, this essay will form the basis of a contract between you and the Fellowship Program that will aid the Selection Committee in decisions on fellowship renewal.)

(If you need more space, please write additional information on white 8½ x 11 paper.)

PLEASE NOTE: YOUR APPLICATION WILL NOT BE CONSIDERED UNLESS THE APPLICATION FORM HAS BEEN COMPLETED AND WE HAVE RECEIVED YOUR LETTER OF EVALUATION, LETTERS OF REFERENCE (2), CURRICULUM VITAE, AND ESSAY. (ALL SAMHSA APPLICANTS MUST ALSO INCLUDE A PROPOSED BUDGET)

Any deviations may be grounds to reject the entire application.

ALL MATERIAL MUST BE RECEIVED BY JANUARY 31

Send material to:

  e-mail: mking@psych.org
  Marilyn King, Assistant Program Director
  APA Minority Fellowships Program
  American Psychiatric Association
  1000 Wilson Blvd, Suite 1825
  Arlington, VA 22209

Applicants will be notified by email. Please be sure to include your current email address.

Basic Eligibility

Psychiatry residents-in-training must be at least a PGY-2 at the time of application and remain in training full-time during the entire academic year. SAMHSA Substance Abuse applicants must be in their PGY-5 of training in July of the year of their application and in an addiction training program approved by the affiliated medical school or agency where a significant number of substance abuse patients are from minority and underserved groups, may apply for the substance abuse segment.

Applicants must be APA members. SAMHSA and SAMHSA Substance Abuse applicants must be American citizens or permanent residents. Permanent residents
must submit, by July, a notarized statement indicating possession of the alien registration receipt card, I-151 or I-551. Individuals on temporary or student visas are not eligible.

**Diversity Leadership applicants need not be U.S. citizens or permanent residents, or graduates of a U.S. medical school.**

All applicants are welcome to apply regardless of race, ethnicity, gender, national origin, religion, sexual orientation or disability. **Federal employees are ineligible.**
APPLICANT

(USE THIS PAGE IF APPLYING FOR SAMHSA OR SAMHSA SUBSTANCE ABUSE FELLOWSHIP)

Give a detailed plan for using the stipend award funds. Include name of person(s) who will provide guidance on the use of funds.

Example:

One-month rotation on an Indian Reservation $5,000
Present research at a conference $1,000
Books/educational material $4,000
Grand rounds guest speaker $2,000

(ALL TRAINING DIRECTORS SIGN BELOW)

Name: ___________________________ Title: ___________________________
(Please Print)

Address: ___________________________ Phone: ___________________________

_________________________________ Date: ___________________________

Email:

Please return to: Marilyn King, Assistant Program Director
E-Mail: mking@psych.org
APA Minority Fellowships Program
American Psychiatric Association
1000 Wilson Blvd., Suite 1825
Arlington, VA 22209

MUST BE RECEIVED BY JANUARY 31
AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS PROGRAM
SUPERVISOR’S REFERENCE FORM

(PLEASE TYPE)

CONFIDENTIAL

Applicant’s Name: ____________________________________________________________

Your input is being requested to help the Selection Committee evaluate the applicant for the APA Minority Fellowships Program. Please provide us with NO MORE THAN A ONE-PAGE LETTER of recommendation addressing each of the following:

1. Comment on the applicant along each of the following areas:
   a. Leadership
   b. Creativity/Innovativeness
   c. Interpersonal Skills
   d. Clinical Skills
   e. Academic Ratings
   f. Interest in Identifiable Sub-Specialty

2. Applicant’s special strengths and weaknesses

Please include your Name, Title, Address, Phone, Email, and Date

Please return to: Marilyn M. King, Assistant Program Director
                  E-Mail: mking@psych.org
                  APA Minority Fellowships Program
                  American Psychiatric Association
                  1000 Wilson Blvd., Suite 1825
                  Arlington, VA 22209

MUST BE RECEIVED BY JANUARY 31

PLEASE NOTE: WE ARE REQUESTING A ONE-PAGE LIMIT. ANY DEVIATION MAY BE GROUNDS TO REJECT THE ENTIRE APPLICATION.
NOTE: If you fax your letter for recommendation back, please follow-up with a hard copy.

AMERICAN PSYCHIATRIC ASSOCIATION MINORITY FELLOWSHIPS PROGRAM
TRAINING DIRECTOR’S REFERENCE FORM

(PLEASE TYPE)

CONFIDENTIAL

Applicant’s Name: ____________________________

Your input is being requested to help the Selection Committee evaluate the applicant for the APA Minority Fellowships Program. Please provide us with NO MORE THAN A ONE-PAGE LETTER of recommendation addressing each of the following:

1. Description of your training program in relation to cultural psychiatry, including didactic aspects, supervision, and clinical case conferences which pertain to cultural issues in psychiatry. The didactic curriculum should include presentation of the biological-psychological, sociocultural, economic, ethnic, gender, religious/spiritual, sexual orientation, and family factors that significantly influence physical and psychological development in infancy, childhood, adolescence, and adulthood. Clinical training should provide sufficient experiences in the elements of clinical diagnosis with all age groups (of both sexes to include some ethnic minorities), such as interviewing, clear and accurate history taking; physical, neurological, and mental status examination; and complete and systematic recording of findings.

2. Comment on the applicant along each of the following areas:
   a. Leadership
   b. Creativity/Innovativeness
   c. Interpersonal Skills
   d. Clinical Skills
   e. Academic Ratings
   f. Interest in Identifiable Sub-Specialty

3. Applicant’s special strengths and weaknesses

4. Other information which would aid the committee in its evaluation

5. Who will provide on-site mentorship to the applicant? Please describe the qualifications of this person.

PLEASE NOTE: WE ARE REQUESTING A ONE-PAGE LIMIT. ANY DEVIATION MAY BE GROUNDS TO REJECT THE ENTIRE APPLICATION.