



UNIVERSITY OF CALIFORNIA, DAVIS
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES
2230 STOCKTON BOULEVARD
SACRAMENTO, CA 95817

UNIVERSITY OF CALIFORNIA, DAVIS
MEDICAL CENTER
2315 STOCKTON BOULEVARD
SACRAMENTO, CA 95817

APPLICATION FOR FELLOWSHIP
IN FORENSIC PSYCHIATRY

TRAINING TO BEGIN JULY 1, 2022

Forensic Psychiatry Residency (entry at PGY V for 1 year program)

Name: _____ Date of Application: _____

Address: _____

E-mail address: _____

Telephone Number: (day) _____ (night) _____

USMLE: Part I [] No [] Yes Date: _____

Part II [] No [] Yes Date: _____

Part III [] No [] Yes Date: _____

If not a U.S. citizen, do you have the legal right to remain in the U.S.? [] No [] Yes

If you are a non-immigrant, please give your type of visa: _____

ECFMG certificate number: _____ Valid through: _____ (Date)

Licensed to Practice in the Following States:

State: _____ License No: _____ Date: _____

State: _____ License No: _____ Date: _____

Are you Board certified in General Psychiatry? No _____ Yes _____

EDUCATION

College and Address: _____

Date of Graduation: _____

College Major: _____

Medical School and Address: _____

Date of Graduation: _____

Additional Graduate and Post-Graduate Education:

Institution	Degree or Specialty	Number of Months	Date Completed
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Honors and Awards: _____

Research Experience Including Publications: _____

Has your education been continuous other than for vacation? _____ If not, please describe how you spent time not at school.

Community or Avocational Activities. Indicate offices held. (You may exclude those which indicate race, creed, sex, marital status, age, color, national origin, or physical handicap.) _____

Membership in Professional Societies: (You may exclude any societies which indicate race, creed, sex, marital status, age, color, national origin, political affiliation, or physical handicap.) _____

How did you become interested in the field of forensic psychiatry?

What aspects of forensic psychiatry interest you most? What ideas do you have for the kind of forensic psychiatric career you would like?

What are you looking for in a forensic residency training program?

What has led you to be specifically interested in the forensic psychiatry residency training program at the University of California, Davis?

Has your Medical License ever been suspended, revoked, or voluntarily terminated? If yes, please explain.

Have you ever been named in a malpractice case? If yes, please explain.

Is there anything in your past history that would limit your ability to be licensed or to receive hospital privileges? If yes, please explain.

Have you ever been convicted of a felony? If yes, please explain.

Please arrange to have a medical school transcript and three letters of recommendation emailed or electronically delivered to the Forensic Psychiatry Fellowship Program, Attn: Charles Scott, MD – Forensic Psychiatry Program Director, at clscott@ucdavis.edu. One of these letters should be from the Dean of Student Affairs of your medical school, one from your current training director, and two from psychiatrists familiar with your work. Please also include with your application: a personal statement of one to two pages in length, a copy of your medical school diploma, two general writing samples (these writing samples may include forensic reports or evaluations, authored articles, papers, or patient evaluations/discharge summaries), a copy of your current medical license, and a copy of your current CV. Please email all application materials to clscott@ucdavis.edu.

I hereby authorize UCDCM to contact my present/former Training Director with regard to my residency application.

Name of Director: _____ Director's Number: () _____

Signature of applicant: _____