



Psychiatric  
Research Institute

UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES  
DIVISION OF CHILD AND ADOLESCENT PSYCHIATRY  
CHILD STUDY CENTER  
1210 WOLFE STREET, SLOT 654  
LITTLE ROCK, AR 72202  
501.364.1992  
CShelton@uams.edu

**CHILD AND ADOLESCENT PSYCHIATRY FELLOWSHIP TRAINING PROGRAM APPLICATION**

**GENERAL INFORMATION**

\*PLEASE PROVIDE DETAILED ANSWERS WHEN REQUIRED AND INCLUDE ADDITIONAL DOCUMENTATION AS NEEDED

FULL NAME	
PREFERRED NAME	
MAILING ADDRESS	
EMAIL	
PHONE NUMBER	
GENDER	
BIRTH DATE	
BIRTH PLACE	
CITIZENSHIP	
CURRENT VISA/EMPLOYMENT AUTHORIZATION STATUS	
EXPECTED VISA/EMPLOYMENT AUTHORIZATION STATUS	
AAMC ID	
USMLE ID	
NBOME ID	
NRMP ID	
PARTICIPATING IN THE NRMP MATCH (YES/NO)	
PARTICIPATING AS A COUPLE IN THE MATCH (YES/NO)	
MILITARY SERVICE OBLIGATION DEFERMENT? (YES/NO)	
OTHER SERVICE OBLIGATION(S)?	
MISDEMEANOR CONVICTION IN THE UNITED STATES? (IF YES, PLEASE EXPLAIN)	
FELONY CONVICTION IN THE UNITED STATES? (IF YES, PLEASE EXPLAIN)	
LANGUAGE FLUENCY (LIST ALL LANGUAGES SPOKEN FLUENTLY)	



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DO YOU HAVE ANY PHYSICAL OR EMOTIONAL PROBLEMS THAT MIGHT AFFECT YOUR PERFORMANCE AS A PHYSICIAN? IF YES, PLEASE EXPLAIN

**MEDICAL LICENSURE**

ACLS (YES/NO; IF YES, EXPIRATION DATE)	
PALS (YES/NO; IF YES, EXPIRATION DATE)	
BLS (YES/NO; IF YES, EXPIRATION DATE)	
DEA REGISTRATION NUMBER; EXPIRATION DATE	
BOARD CERTIFICATION	
MEDICAL LICENSURE SUSPENDED/REVOKED/VOLUNTARILY TERMINATED? (IF YES, PLEASE EXPLAIN)	
EVER NAMED IN A MALPRACTICE SUIT? (IF YES, PLEASE EXPLAIN)	

**STATE MEDICAL LICENSES**

<u>TYPE (FULL, RESTRICTED, ETC.)</u>	<u>NUMBER</u>	<u>STATE</u>	<u>EXPIRATION DATE</u>



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**CURRENT/PRIOR RESIDENCY TRAINING**

<u>INSTITUTION AND LOCATION</u>	<u>DATES ATTENDED</u>	<u>DEGREE</u>	<u>DATE OF DEGREE</u>
<b><u>REASON FOR LEAVING</u></b>			

<u>INSTITUTION AND LOCATION</u>	<u>DATES ATTENDED</u>	<u>DEGREE</u>	<u>DATE OF DEGREE</u>
<b><u>REASON FOR LEAVING</u></b>			

**MEDICAL EDUCATION/INSTITUTION**

<u>INSTITUTION AND LOCATION</u>	<u>DATES ATTENDED</u>	<u>DEGREE</u>	<u>DATE OF DEGREE</u>
<b><u>MEDICAL EDUCATION/TRAINING EXTENDED OR INTERRUPTED? IF YES, PLEASE EXPLAIN</u></b>			

**MEDICAL SCHOOL/RESIDENCY HONORS AND AWARDS**

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## **EDUCATION**

<b><u>LEVEL</u></b>	<b><u>INSTITUTION AND LOCATION</u></b>	<b><u>DATES ATTENDED</u></b>	<b><u>DEGREE</u></b>	<b><u>DATE OF DEGREE</u></b>	<b><u>FIELD OF STUDY</u></b>
<b>UNDERGRADUATE:</b>					
<b>GRADUATE:</b>					
<b>OTHER:</b>					

## **OTHER AWARDS/ACCOMPLISHMENTS**

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## **MEMBERSHIP IN HONORARY/PROFESSIONAL SOCIETIES**

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## **HOBBIES AND INTERESTS**

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**EXPERIENCE**

*\*FOR THE SECTIONS BELOW, PLEASE SPECIFY ORGANIZATION AND LOCATION, POSITION, DATES ATTENDED, SUPERVISOR, AVERAGE HOURS SPENT PER WEEK, JOB RESPONSIBILITIES, AND REASON FOR LEAVING*

**WORK**

**RESEARCH**

**VOLUNTEER**

## **PUBLICATIONS**

### **PEER-REVIEWED JOURNAL ARTICLES/ABSTRACTS**

### **POSTER/ORAL PRESENTATIONS**