

PSYCHOANALYTIC CENTER OF THE CAROLINAS

David Raft Fellowship Application

for PECC clinical matriculated students & applicants to PECC's clinical training programs

Name: _____ Degree: _____

Address (Work Home): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Phone number you prefer we use: _____ Email: _____

I would like to be considered for the Raft Fellowship and grant permission for the selection committee to review my application and reference materials on file with the Psychoanalytic Center of the Carolinas.

Signature

Date

Reference:

Please list one individual familiar with your clinical work (e.g., supervisor or colleague) who can recommend you for this fellowship. This person may be someone who already has sent us a written reference for you. Please also complete the Consent for Letter of Reference.

Name: _____

Position: _____

Work Phone: _____ Home Phone: _____

E-mail Address: _____

Mailing Address: _____

Personal Statement: Please include a brief Personal Statement about why you should be considered for the David Raft Fellowship.

Curriculum Vitae: Please include a current CV if we don't have one on file.

Please fax or mail your completed application by April 1, 2017 to:

Raft Fellowship Committee
Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514
fax: 1-877-897-4034

email: admin@ncanalysis.org phone: (919) 490-3212
www.carolinapsychoanalytic.org

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Consent for Letter of Reference

I, _____, hereby give my consent to:

Name: _____

Address: _____

Work Phone: _____ Home Phone: _____

to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas. I understand that a letter of reference is required as part of my application for the Raft Fellowship and that information contained in such letters will be kept confidential within the confines of the Raft Fellowship Selection Committee of the Psychoanalytic Center of the Carolinas.

Signature Date

The following consent is optional:

I understand that I may have a legal right of access to letters of reference. For the purposes of encouraging full and candid disclosure by the referring individual, I hereby authorize the release by him/her to the Raft Fellowship selection committee of the Psychoanalytic Center of the Carolinas of any and all information that may be requested, and I waive any right of access that I otherwise might have to his/her statements and information, and agree that these statements and information shall remain completely confidential.

Signature Date

Please fax or mail your completed application by April 1, 2017 to:

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