Pearsall Fellowship Application

2022 -2023

Please submit application to:

Pearsall Fellowship Committee
Psychoanalytic Center of the Carolinas
101 Cloister Court, Suite A
Chapel Hill, NC 27514

Phone: (919) 490-3212
Fax: 1-877-897-4034
Email: admin@carolinapsychoanalytic.org

www.carolinapsychoanalytic.org

Application Deadline: May 1, 2022

Psychoanalytic Center of the Carolinas

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Section A:

Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Phone number you prefer we use: _____

Date: _____

Degrees: _____

Cell Phone: _____

Work Phone: _____

How did you hear about this fellowship? (Please check all that apply)

☐ Colleague ☐ PCC Member ☐ Supervisor ☐ Psychotherapist/Psychoanalyst

☐ PCC website ☐ PCC email ☐ Social Media ☐ Other _____

Section B. Reference:

1. Psychiatry residents will provide a letter of recommendation from their Director of Residency Training which verifies that they are enrolled and in good standing in a North or South Carolina Psychiatry Residency program approved by the Accreditation Council of Graduate Medical Education (ACGME) and documents support for the resident's Fellowship application. Please give this individual a copy of the Request for Letter of Reference form and a signed copy of the Consent for Letter of Reference form. Please also include a copy of these two forms with the application materials you send us.

Name: _____

Position: _____

Phone number(s): _____

Address: _____

2. Psychiatrists within 10 years of residency graduation who serve as faculty in an ACGME-accredited NC or SC Psychiatry Training Program will provide a letter from the Director of Training of the program in which they teach verifying that they are teaching faculty in good standing and documenting support for their Fellowship application.

   Name:
   _____

   Position:
   _____

   Phone number(s): _____

   Address:
   _____

Section C: Representation Section: (Use additional sheets if necessary.)

a. Have you ever been convicted of a crime in any state or country, or are any charges current or pending?
☐ Yes ☐ No If yes, explain: _____

b. Has any licensing board or professional ethics body ever revoked, restricted, or required you to surrender your license or found you guilty of a violation of ethics codes, professional misconduct, unprofessional conduct, incompetence, or negligence in any state/country, or is any such action current or pending?

☐ Yes ☐ No If yes, explain: _____

c. Have you ever had any insurance company decline, cancel, refuse to renew, or accept only on special terms any professional liability insurance?

☐Yes ☐ No If yes, explain: _____

d. Has any professional liability claim or suit ever been made against you or is any such action current or pending? ☐Yes ☐ No If yes, explain: _____

e. Are there any circumstances of which you are aware that may result in any professional liability claim or suit being made against you?

☐Yes ☐ No If yes, explain: _____

f. Have you ever been engaged in any sexual conduct with any of your current or former patients or any current or former patient's spouse or any person with a direct relationship to the patient or former patient (e.g., a guardian, blood relative of the patient or spouse, or any person sharing the patient's domicile)?

☐Yes ☐ No If yes, explain: _____

g. Have you ever had any hospital, agency, health care provider, or professional organization deny, restrict, or revoke professional or research privileges or invoke probation for any cause other than incomplete medical charts, or is any such action current or pending?

☐Yes ☐ No If yes, explain: _____

h. Have you ever been suspended, restricted, or put on probation by any governmental health program (i.e., Medicare or Medicaid)?

☐Yes ☐ No If yes, explain: _____

i. Has your clinical functioning ever been impaired by a mental health or substance use disorder?

☐Yes ☐ No If yes, explain: _____

j. Has your narcotics license ever been suspended, revoked, voluntarily surrendered or probation invoked or is any such action current or pending?

□Yes □ No If yes, explain: _____

k. Have you ever been censured by or dismissed from any professional organization?

□Yes □ No If yes, explain: _____

Section D. Please provide a current *curriculum vitae.*

Section E. Personal Statement: Please include a brief personal statement (no more than 1000 words) about your qualifications and motivations for participating in the Pearsall Fellowship.

Section F. Medical license: All applicants will provide a copy of their current state licensure, if licensed. It is understood that not all residents obtain a full license during training.

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Consent for Letter of Reference

Section G: Please sign the following statement:

I certify that all information provided on this application, or submitted with it, is accurate to the best of my knowledge. I specifically authorize the Psychoanalytic Center of the Carolinas and its authorized representatives to consult with the third parties whose names I have given either herein or otherwise, as well as with any third parties whose names I may in the future provide as references, concerning further information bearing on my application. I release from any and all liability the Psychoanalytic Center of the Carolinas and their authorized representatives, and any third parties whose names I have provided or may provide, for any acts, communications or disclosures involving me, including otherwise privileged and confidential information relating to me and this application. I acknowledge that the Psychoanalytic Center of the Carolinas reserves the absolute right to accept or reject any applicant for any reason(s) deemed sufficient by the Psychoanalytic Center of the Carolinas in its sole discretion.

Signature: _____

Date: _____

Name (print): _____

I,
Name: _____

Address: _____

Phone: (Home) _____

Email: _____

hereby give my consent to:
Print or Type Name: _____

Phone: (Work) _____

to provide information regarding me to representatives of the Psychoanalytic Center of the Carolinas. I understand that letters of reference are required as part of my Pearsall Fellowship application and that the information contained in such letters will be kept confidential within the confines of the Pearsall Fellowship selection committee of the Psychoanalytic Center of the Carolinas.

Signature of Applicant: _____

Date: _____

The following consent is optional:

Further, I understand that I may have a legal right of access to such letters of reference. For the purposes of encouraging full and candid disclosure by these referring individuals, I hereby authorize the release by them to 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 their statements and information, and agree that these statements and information shall remain completely confidential.

Signature of Applicant: _____

Date: _____

Please submit application by May 1 to:

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Request for Letter of Reference

Date: _____

Name of Applicant: _____

The above-named person has applied for a Pearsall Fellowship and has given your name as a reference. Along with this Request for a Letter of Reference, you should receive a signed copy of the applicant's consent, stating the confidentiality agreement concerning this information and letting you know the applicant's choice concerning the waiver of her/his right of access to any statements and information you may give us. Your assistance in acquainting us with this applicant would be most helpful.

The Pearsall Fellowship aims to engage residents and early career faculty in psychiatry who have a demonstrated interest in psychoanalytic theory and practice. Fellows will use the $5000 award to engage in psychoanalytic studies, supervision or treatment.

As Director of Residency Training, please verify that the applicant is in good standing with your program. Please also share your impressions of the applicant's ability to participate in a year-long fellowship.

Your candid reply will assist us in our selection process. Thank you for your help in our evaluation of this applicant. In order to consider this applicant for the 2022-2023 Pearsall Fellowship we need to receive all application materials, including letters of reference, by **May 1, 2022**

Please send your letter to:

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