

**APPLICATION FOR
FELLOWSHIP IN FORENSIC
PSYCHIATRY**

TRAINING TO BEGIN JULY 1, 2025

**Forensic Psychiatry Fellowship (entry at
PGY-V for 1 year program)**

Name: _____ Date of Application: _____

Address: _____

E-mail address: _____

Cell phone number: _____

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

(Please note that UC Davis and the Department of Psychiatry and Behavioral Sciences supports only J1 visa holders).

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

Licensed to Practice in the Following States:

State: _____ License No: _____ Expiration Date: _____

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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:

<u>Institution</u>	<u>Degree or Specialty</u>	<u>Number of Months</u>	<u>Date Completed</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors and Awards: _____

Research Experience Including Publications: _____

Have you had any gaps in the course of your education or training? _____ If so, please briefly describe.

Community or Avocational Activities. Indicate offices held. _____

Membership in Professional Societies: _____

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 fellowship training program?

What has led you to be specifically interested in the forensic psychiatry fellowship 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 for the following materials to be provided via email or electronic delivery to Charles Scott, MD – UC Davis Forensic Psychiatry Fellowship Program Director, at clscott@ucdavis.edu. Please cc David Spagnolo, Program Manager, UC Davis Division of Psychiatry and the Law, at dvspagnolo@ucdavis.edu.

1) medical school transcript; 2) three letters of recommendation (one letter should be your Medical School Performance Evaluation, one from your current training director, and one from a psychiatrist familiar with your work); 3) personal statement of one to two pages in length; 4) medical school diploma; 5) two general writing samples (writing samples may include redacted forensic reports or evaluations, authored articles, papers, or redacted patient evaluations/discharge summaries); 6) current medical license; 7) current chronologically ordered CV; and 8) Complete USMLE or COMLEX transcript (individual score sheets will not be accepted).

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

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

Signature of applicant: _____