*Western Psychiatric Hospital*





IMPACT Pre-Doctoral Program Application Form

Starred (\*) items are required.

**Proposed Start Date of Fellowship (MM/DD/YYYY)**\*

Click or tap here to enter text.

**Full Name (First, Middle, Last)**\*

Click or tap here to enter text.

**Social Security Number or Permanent Resident ID (Applicants must be U.S. citizens or non-citizens who have been awarded permanent residence in the U.S.).**\*

Click or tap here to enter text.

**What is your preferred pronoun?**\*

Click or tap here to enter text.

**What is your gender identity?**\*

Choose an item.

**Prefer to self-describe gender identity** Click or tap here to enter text.

**Date of Birth (MM/DD/YYYY)**\*

Click or tap here to enter text.

**Place of Birth (City and State or City and Region/Country if outside the U.S)**\*

Click or tap here to enter text.

**Citizenship Status**\*

Choose an item.

**Street Address (As of May 1st)**\*

Click or tap here to enter text.

**Apartment Number**

Click or tap here to enter text.

**City**\*

Click or tap here to enter text.

**State**\*

Click or tap here to enter text.

**Zip/Postal Code**\*

Click or tap here to enter text.

**Primary Phone Number**\*

Click or tap here to enter text.

**Secondary Phone Number**

Click or tap here to enter text.

**Email Address**\*

Click or tap here to enter text.

**Name of Medical School**\*

Click or tap here to enter text.

**Expected Date of Medical School Graduation (MM/DD/YYYY)**\*

Click or tap here to enter text.

**Do you have research experience (prior research experience is not required)?**\*  
Choose an item.

**Please indicate any faculty you would like to have as research mentor(s) (optional).**

Click or tap here to enter text.

**Please indicate any specific areas of interest you have within the field of child and adolescent psychiatry (optional).**

Click or tap here to enter text.

**Please provide the name, title, postal address, and email address for two references. All references must send a letter of recommendation to the email address provided at the end of this application.**\*

**Reference #1:**

* **Name and Title**

Click or tap here to enter text.

* **Postal Address**

Click or tap here to enter text.

* **Email Address**

Click or tap here to enter text.

**Reference #2:**

* **Name and Title**

Click or tap here to enter text.

* **Postal Address**

Click or tap here to enter text.

* **Email Address**

Click or tap here to enter text.

**Demographic Questions**

**The following questions are optional. We will use this information only to report demographics to NIH during the initial submission and review of training grant applications. You may skip any question you do not wish to answer. Consideration of your application will not be affected by your responses or lack thereof.**

**Are you Latino or Hispanic?**

Choose an item.

**What is your race?**

Choose an item.

**Do you have a disability?**

Choose an item.

**If you answered “yes” to the previous question, which of the following best describes your disability?**

Choose an item.

**Are you from a disadvantaged background?**

Choose an item.

**----------- End of Application -----------**

**Please send CV and letters of recommendation to Pamala Pyle (**[**pylep2@upmc.edu**](mailto:pylep2@upmc.edu)**).**

The University of Pittsburgh is committed to enriching the learning and working environment for all visitors, trainees, faculty, and staff by promoting a culture that embraces inclusion, diversity, equity, and accountability. Diverse perspectives, talents, and identities are vital to accomplishing our mission.