|  |
| --- |
|  |

# Integrative Psychiatry Visiting Elective

# Thank you for your interest in the Integrative Psychiatry Elective. This application must be completed entirely, and all supporting documents must be received on time to be considered for an elective. Please note, we are offering this elective via telemedicine, therefore the participant does NOT need to be in Tucson during the elective. The participant will observe clinical cases and didactics via telemedicine.

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | M.I. |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |

|  |  |
| --- | --- |
| Academic Year Requested: |  |

## Curriculum Vitae

|  |  |  |
| --- | --- | --- |
| CV Attached? | YES | NO |

## Letter of Interest

**Please address the following questions in 1-2 pages:**

1. Reason(s) for your interest to participate in this elective
2. Any prior Integrative Medicine training
3. Types of self-care that you currently practice (example: meditation, movement, nutritious meals, support system, etc.)
4. Your goals for participating in this elective
5. How do you see yourself contributing to the field of integrative psychiatry?
6. Special areas of interest within psychiatry: (i.e. working with Native American, Hispanic, or refugee populations, child and adolescent, geriatrics, addiction, forensics, psychosomatic/CL, tele-psychiatry, academic psychiatry, etc.)
7. Comments, concerns, questions

## Letters of Recommendation

# One letter of recommendation is to be submitted from faculty who have direct knowledge of your work. The letter should be addressed to Noshene Ranjbar, MD., and indicate the quality of your clinical and academic skills as well as professionalism. Please submit directly from the faculty to Dr. Ranjbar by email @ [noshene@psychiatry.arizona.edu](mailto:noshene@psychiatry.arizona.edu) and c.c. Elana Terner ([eterner@email.arizona.edu](mailto:eterner@email.arizona.edu)).

## Other Requirements

The elective includes an online curriculum. Access will be granted upon initiation of the elective.

|  |  |  |
| --- | --- | --- |
|  |  |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Once my application is approved, I understand that to participate in this elective there is $3000 fee made payable to The Andrew Weil Center for Integrative Medicine.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

Please submit completed form to Dr. Ranjbar ([noshene@psychiatry.arizona.edu](mailto:noshene@psychiatry.arizona.edu)) and Elana Terner ([eterner@email.arizona.edu](mailto:eterner@email.arizona.edu)).