

**Thank you for your interest in the Integrative Psychiatry Fellowship (IPF). This application must be completed entirely and all supporting documents must be received on time to be considered for a position in the fellowship.**

### 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 clinical fellowship
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 clinical fellowship
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 or Hispanic or refugee populations, child and adolescent, geriatrics, addiction, forensics, psychosomatic/CL, tele-psychiatry, academic psychiatry, etc.)
7. Comments, concerns, questions



### Letters of Recommendation

Three letters of recommendation (LOR) are to be submitted from Psychiatry Faculty who have direct knowledge of your work. The letters must be addressed to Ole Thienhaus, MD, Department Chair and Noshene Ranjbar, MD, Training Director, Integrative Psychiatry Fellowship. The letter should indicate a recommendation for a proposed title of Clinical Instructor, outline your teaching abilities and academic potential. Please have LORs submitted separately from the faculty directly to Susan Lockwood by email.

### Application Fee

This application must be submitted with a \$200 non-refundable application fee. Make check payable to: University of Arizona Department of Psychiatry and earmark for IPF (Integrative Psychiatry Fellowship).

The check should be mailed to:

Attn: Susan Lockwood  
2800 E. Ajo Way, P2019  
Tucson, AZ 85713

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit to: [sjlockwood@psychiatry.arizona.edu](mailto:sjlockwood@psychiatry.arizona.edu) cc: [noshene@psychiatry.arizona.edu](mailto:noshene@psychiatry.arizona.edu)