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Award Applying For*

George Ginsberg Fellowship Awards

Candidate Residency Status*

- General Psychiatry
- Child & Adolescent Psychiatry
- Subspecialty Psychiatry Fellowship

Candidate Program Year*

Candidate Information

Candidate Name*

Degree(s)*

Institution*

Address*

Phone*

Email*

Email*

test@test.com|



Program Director Information

Program Director Name*

Test

Professional Title*

Test

Degree(s)*

MD

Institution*

test

Address*

test

Address 2

Indianapolis

Indiana

46230

Phone*

000-000-0000

Fax

Email*

test@test.com

Cancel

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George Ginsberg Fellowship Awards

By typing in your name below, as the training director, I am in support of my resident's submission. If my resident receives the Ginsberg Award, he/she will be permitted to attend the AADPRT meeting.*

Upload Nominating letter from Training Director or Department Chair *

Choose File No file chosen
Allowed file types: PDF,DOC,DOCX

Upload Candidate Executive Summary*

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Allowed file types: PDF,DOC,DOCX

Upload Candidate Curriculum Vitae (CV)*

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IMPORTANT! You must use the biosketch format described [here](#).

Upload Sample of Candidates teaching materials*

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Allowed file types: PDF,DOC,DOCX