

## George Ginsberg Fellowship Awards

Award Applying For\*

Candidate Residency Status\*

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

Candidate Program Year\*

### Candidate Information

Candidate Name\*

Degree(s)\*

Institution\*

Address\*

Address 2

Phone\*

Email\*

Fax

Select State

Zipcode\*

### Program Director Information

Program Director Name\*

Professional Title\*

Degree(s)\*

Institution\*

AADPRT Executive Office

Address\*

PO Box 30618

Address 2

Indianapolis

Indiana

46230

Phone\*

000-000-0000

Fax

Email\*

dbrew003@yahoo.com

Cancel

Next

## 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/they will be permitted to attend the AADPRT meeting.\*

Type Name\*

Upload required documents outlined in Nomination Guidelines as one PDF  
(Nomination Letter from Training Director, Candidate's Statement of  
Interest, Education Innovation Project Proposal, Candidate's CV)\*

Choose File No file chosen

Allowed file types: PDF

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