

INDIANA LEND
LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISORDERS TRAINING PROGRAM
RILEY CHILD DEVELOPMENT CENTER – INDIANA UNIVERSITY
INDIANAPOLIS, IN
APPLICATION FOR FELLOWSHIP OR TRAINEESHIP

(please print or type)

NAME: _____

Date of Birth: ___/___/___ Gender: _____ Race: _____

Place of Birth: _____

US Citizen? ___Yes ___No

If no, admitted to the U.S. with a permanent resident visa? ___Yes ___No

Your address: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Are you covered by health insurance? ___Yes ___No

If yes, please provide carrier name & policy #: _____

TYPE OF TRAINING DESIRED

Discipline: _____ No. months of training requested: _____

Preferred dates of training: _____

Is this training to meet a degree requirement? ___Yes ___No

If yes, at what institution? _____

PRIOR AND CURRENT EDUCATION

Undergraduate Institution: _____

Address: _____

Major: _____ Degree: _____ Graduation Date : ___/___/___

Graduate Institution: _____

Address: _____

Major: _____ Degree: _____ Graduation Date : ___/___/___

Graduate Institution: _____

Address: _____

Major: _____ Degree: _____ Graduation Date : ___/___/___

PROFESSIONAL EXPERIENCE (current first)

- 1. Title: _____ Dates: _____
Employer: _____ Supervisor: _____
Address: _____
Position description: _____

- 2. Title: _____ Dates: _____
Employer: _____ Supervisor: _____
Address: _____
Position description: _____

- 3. Title: _____ Dates: _____
Employer: _____ Supervisor: _____
Address: _____
Position description: _____

- 4. Title: _____ Dates: _____
Employer: _____ Supervisor: _____
Address: _____
Position description: _____

SCHOLASTIC OR PROFESSIONAL HONORS OR AWARDS

ACTIVITIES such as membership in professional organizations and committees:

PUBLICATIONS

TRANSCRIPTS

An official copy of your transcript(s) should be sent directly from each of your degree granting institutions to the address at the bottom of this page.

LETTER OF APPLICATION

Return this completed application with a letter stating why you seek this training. Include an overview of your training goals at the Riley Child Development Center and your career goals. Help us understand your interest in children with neurodevelopmental conditions (including autism spectrum disorders) and their families. What is your personal interest in pursuing this field? Also please indicate your research interests.

The completed application should be sent to the address below.

LETTERS OF REFERENCE

Request letters of reference from two persons who can attest to personal and professional knowledge of you, such as major professor, departmental chairperson, or a current employer. Letters should be sent directly from these persons to the address below.

COMPLETED APPLICATION MATERIALS should be sent to:

Rylin Rodgers
Interdisciplinary Training Director
Riley Child Development Center
705 Riley Hospital Drive
Rm 5837
Indianapolis, IN 46202-5225

or: ryrodger@iupui.edu