

Award Applying For*

Lucille Fusaro Meinsler Program Administrator Award

Candidate Residency Status*

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

Candidate Information

Candidate Name*

Degree(s)*

Institution*

Address*

Phone*

Email*

Program Director Information

Program Director Name*

Professional Title*

Degree(s)*

Institution*

Address*

Phone*

Email*

Cancel

Next

Lucille Fusaro Meinsler Program Administrator Awards

Number of years as a psychiatry program administrator*

Year(s) of AADPRT Meeting(s) or year(s) and name(s) of national/regional meeting(s) attended within the past two years*

Letter of recommendation from Program Director*

Choose File no file selected

Allowed file types: PDF,DOC,DOCX

Letter of recommendation from residents/fellows*

Choose File no file selected

Allowed file types: PDF,DOC,DOCX

Letter of recommendation from someone involved in graduate medical education who can comment on the nominee's excellence as a program administrator*

Choose File no file selected

Allowed file types: PDF,DOC,DOCX

Candidate Personal Statement*

Choose File no file selected

Allowed file types: PDF,DOC,DOCX

Candidate Resume*

Choose File no file selected

Allowed file types: PDF,DOC,DOCX