

**Anxiety and Depression Association of America**

**ALIES MUSKIN**

**CAREER DEVELOPMENT LEADERSHIP PROGRAM**

**2016 Application**

**Deadline: December 1, 2015**

Submit this completed application, current CV, and letter of recommendation by e-mail: [awards@adaa.org;](mailto:awards@adaa.org) postal service: Alies Muskin Career Development Leadership Program, ADAA 8701 Georgia Ave, Suite 412, Silver Spring MD 20910;   
or fax 240-485-1035. Questions? Contact [awards@adaa.org](mailto:awards@adaa.org).

**Eligibility**

* ADAA membership
* Interest in becoming active and a leader within ADAA; address in your personal statement
* Currently in residency, fellowship, internship, or postdoc **OR** completion of training program (residency, fellowship, internship, PhD, PsyD, postdoc) within the last five years. ADAA recognizes that individual career development is not linear. Some applicants may be more than five years past their training program but in this early phase of their career. Please address this issue in your personal statement, if applicable.

**Selection** Participants will be selected based on their accomplishments, commitment to ADAA, and dedication to a career focusing on anxiety disorders, OCD, PTSD, and depression as reflected in their personal statements and endorsements in letters of recommendation.

First Name: Last Name

Highest Degree(s)/Year/Institution

State License (if applicable)

Involvement with ADAA Year joined Attended ADAA annual conference yes no

Published in *Depression and Anxiety* yes no NA

Current Institution or Practice

Mailing Address

Phone: Work Cell E-mail

Letter of recommendation will be submitted by

Choose one track: Basic Neuroscience Clinical Research Practice

If selected to participate, I agree to the following:

I will attend the ADAA Annual Conference, March 31 – April 3, 2016 (registration fee will be awarded).

I will cover all expenses related to travel to Philadelphia, meals not included in the program or conference, and lodging at the Philadelphia Marriott.

Applicant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you want to attend this program, what you expect to gain from it, and how you plan to serve as a leader within ADAA as your career progresses. Clinicians should include their theoretical orientation to practice. (500 words maximum)