

VISITING FELLOWSHIP IN ELECTROCONVULSIVE THERAPY (ECT) REGISTRATION FORM

The Visiting Fellowship in ECT is offered four times a year and provides practitioners with a one-week intensive training in the clinical delivery of electroconvulsive therapy at UPMC Western Psychiatric Hospital. Please fill out the form below to start the application process to be considered for an upcoming Fellowship program.

Name: _____
Last (This is how your name will appear on name badge and diploma.) First

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Work Telephone: _____ FAX: _____

E-mail Address: _____ Social Security Number: _____
(last five digits needed for CME credit)

Specialty & Degree(s): _____

Institutional Affiliation: _____

Tuition:

\$3500 Practicing Psychiatrists and \$2000 Residents/Fellows/Registered Nurses. Payment is due upon completion and confirmation of application.

Preferred Time Periods for Visiting Fellowship (subject to availability).

List in order of preference.

1) _____ 2) _____ 3) _____

We provide other interventions beyond ECT, would you be interested in observing TMS and/or Esketamine treatments as well?

Please check which treatments you are interested in: TMS Esketamine

Please send the completed registration form to the CIP Department either by email or mail.

Email address: cip@upmc.edu

Mailing address:

ATTN: Center for Interventional Psychiatry
 UPMC Western Psychiatric Hospital
 10th Floor
 3811 O'Hara Street
 Pittsburgh, PA 15213

Upon receipt of this form, you will be sent additional information and an application to complete.

For more information, please call 412-246-5063.

(Please type or print and photocopy this form as needed.)