



PSYCHIATRIC CLINICAL FACULTY ASSOCIATION AT UCLA

Name: _____

Year in Training: _____

Residency Program: _____

1. Please give a description of the training program/workshop you wish to attend. Include name/type/school of therapy, duration/frequency of training, location, institutional affiliations, and any relevant accreditations. If official materials are available, such as brochures, please include them in your application.

2. If travel is involved for the training, explain how an equivalent training is not available in the LA area.

3. Please list a budget breakdown of how requested funds will be used for training (reimbursement is 75% of the fees, up to a maximum of \$1250).

4. Have you applied for funding from the Metzner Scholarship previously? ☐ Yes ☐ No
If so, when did you apply and were you granted funds?

5. How will you pass on the learning/experiences you gain from this training so that your residency colleagues may benefit? Examples include (but are not limited to) a lunchtime didactic, writing an essay, mentoring to medical students or residents, or hosting an experiential workshop.

6. On a separate page, describe how is psychotherapy important to you and how will this training help you. (500-750 words)

7. Please attach your CV.

8. ☐ I accept the required conditions of the Metzner scholarship:
- Attending the PCFA Annual Meeting
 - Teaching/disseminating knowledge gained to the UCLA community
 - Obtaining student discounts where applicable

Signature: _____

Date: _____