



## CONTEMPLATIVE MEDICINE FELLOWSHIP

### Application Questions

*This is a reference guide only. Please complete your application through our online portal.*

#### GENERAL INFORMATION

First Name\*

Last Name\*

Name You Use

Your Pronouns

Email Address\*

Phone Number

City of Residence

State of Residence

Country of Residence

Birth Date

#### THE FOLLOWING QUESTIONS HELP US TO KNOW WHO IS PART OF OUR LEARNING COMMUNITY. PLEASE SHARE HOW YOU IDENTIFY

Gender Identity

Race and Ethnicity

Do you identify as a member of the LGBTQ+ community?

What else would you like us to know about your social location, cultural background, and how you identify?



## PROFESSIONAL EXPERIENCE

Medical Degrees

Licensed As

Year of Licensure

Current Profession

Current Employment

Upload CV

## CONTEMPLATIVE EXPERIENCE AND REFLECTIONS

1. Please describe your primary reason for applying to the Contemplative Medicine Fellowship and articulate what you aspire to learn from your participation.\*
2. Describe your current contemplative/spiritual practice. Include how your practice is consistent with the requirements of the program.\*
3. How does your contemplative/spiritual practice influence your relationships?\*
4. Being in a community of peers is an important part of the Fellowship training and experience. Please describe an experience of community that has been formative for you.\*
5. How do you currently integrate your personal and professional lives? What are celebrations and challenges in both areas of your life, and how do they impact and inform one another?\*
6. It is important for participants to have a strong emotional support system in their lives. What are your sources of emotional support? How are your sources of emotional support helping you in your decision to take part in the Fellowship?\*
7. How have you navigated adversity and challenge in the past? What resources, both internal and external, have supported you?\*
8. What do the values of diversity, equity, and inclusion mean to you in your personal and professional lives? \*
9. How do you imagine Contemplative Medicine influencing the whole of your life? \*



10. Do you have any concerns about your participation in the 12-month Fellowship? Consider obligations to loved ones/community, plans for relocation, travel, professional or educational commitments, and/or other concerns. \*

11. How might your loved ones/community help support your participation in this program? \*

12. How might NYZC help support your participation in this program? \*

13. Do you have any accessibility requirements?\*

## ADDITIONAL INFORMATION

Are there any additional feelings, thoughts, or concerns that have come up while working on this application? Is there anything else you would like us to know as we consider your application?

Are you requesting a scholarship?\*

How did you hear about this program? Please be specific.\*