



AMERICAN
PSYCHOLOGICAL
ASSOCIATION
Minority Fellowship Program

**Interdisciplinary Minority Fellowship Program (IMFP) Doctoral
Fellowship
Instructions for Recommenders**

(for applications due January 15, by 11:59 pm Hawaiian Time)

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If you have any questions about our application process, you may contact the office at imfp@apa.org. Thank you for your cooperation!

**THE APPLICATION DEADLINE IS JANUARY 15, BY 11:59 pm
Hawaiian Time**

GENERAL INFORMATION

This document provides you with instructions for submitting a recommendation form and letter for the IMFP Doctoral Fellowship. Please review the instructions carefully and thoroughly. As a precaution, and for your own future reference, please keep a copy of all material that you submit.

Students receiving support under the IMFP doctoral program will be required to document that they received some training or exposure in the following areas:

- A. Delivering behavioral health services to racial/ethnic minorities.
- B. Cultural competency.
- C. Addictions prevention and/or treatment.

Please note that **accepted fellows will be required to sign a letter of commitment attesting that they will work for a period of two years** after graduation in a capacity that addresses the behavioral health needs of racial and ethnic minority populations (further details will be provided upon acceptance as an IMFP fellow).

OVERVIEW FOR COMPLETING YOUR RECOMMENDATION

All recommendations must be submitted via the online recommendation form. We do not accept emailed, faxed or mailed recommendations*.

*** If you have extenuating circumstances, please contact the MFP Office and we will work with you to make sure your recommendation is submitted.**

1. Make sure that your email filters will allow emails from **mfp@apa.org**.
2. Click on the link in the recommendation email from mfp@apa.org. You will then be redirected to the MFP online application system.
3. Enter the email address where you received the link and answer the spam question.
4. All recommenders must complete the Recommender Information, Rank, and Rate Applicant sections, and upload a letter for recommendation based on the criteria described on the form.
5. In addition, **advisors, training directors, and clinical supervisors** are required to complete the Advisor/Clinical Supervisor Background and Training section. Answers for these sections may be copied and pasted from other sources. For more information, refer to **Sections for Advisors and Clinical Supervisors** at the end of this document.
6. You can click “SAVE” to save your current work without closing the form or click “SAVE AND EXIT” to close the recommendation and continue the form at a later time. Note: When you click “SAVE AND EXIT”, you will receive another email with a secured link that will allow you to return to the form and continue where you left off.
7. Upon completion, click the “SUBMIT AS FINAL” button on the bottom of the form. You will receive an email confirmation from **mfp@apa.org**.
8. **Save your work often! The system will time out after 20 minutes of inactivity.**

REQUIRED ITEMS

Items indicated with red asterisk marks are required items, and you will not be able to submit your recommendation without completing these items. If you try to Submit without completing the required fields, you will be asked to complete the fields highlighted in red before you can click “SUBMIT AS FINAL” again.

COMPLETING SECTIONS IN THE ONLINE RECOMMENDATION FORM

APPLICANT INFORMATION SECTION

This section is auto-populated when you access the form. If the information is missing, please contact our office.

RECOMMENDER INFORMATION SECTION

Complete all required questions as you would like them to appear on the recommendation form. The Relationship Type is selected by the applicant and auto-populated in the form. If you feel that the relationship type is in error, please contact our office.

RATE APPLICANT SECTION

Use the drop-down menus to assess applicant performance as compared to other students you have worked with at a similar stage in academic development.

RECOMMENDATION LETTER

On your letterhead, please discuss your assessment of the applicant by carefully addressing each point listed below. If you are unable to address certain areas because you lack personal experience working with him/her, please disregard those areas in your letter.

- a. How long and in what capacity have you known the applicant?
- b. What are the applicant’s major strengths and relevant weaknesses? Include examples of the applicant’s academic and training experiences to illustrate your assessment. Examples which illuminate your responses to the above ratings and potential for **a career as a leader in culturally competent behavioral health services** would be most helpful.

Please use a 12-point font size in a True Type Font Setting (such as Times New Roman or Arial) for your recommendation letter. There is no word count minimum or maximum.

Upload your recommendation letter using the “Browse” button and then clicking on “Save”. Please make sure your letter is saved as .doc, .docx, or .PDF format.

SECTION FOR ADVISORS AND CLINICAL SUPERVISORS

ADVISOR/CLINICAL SUPERVISOR BACKGROUND AND TRAINING

Please provide a narrative summary of your background and interests which include the following:

- Brief history of your training
- Clinical and/or research interests
- Major professional accomplishments
- How you plan to use the above to best support the applicant's training

Make sure that your response is 500 words or less. The text box on the form will track your word count.

CONTACT MFP

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