

Social Work Department

Beth Israel Deaconess
Medical Center
330 Brookline Avenue
Boston, MA 02215

Bulletin

(617) 667-3421
(617) 667-8701 fax

APPLICATION

BETH ISRAEL DEACONESS MEDICAL CENTER SOCIAL WORK DEPARTMENT

FELLOWSHIP IN GERONTOLOGICAL SOCIAL WORK

Name: _____

Address: _____

Telephone: Home: _____ Work: _____

Email: _____

College: _____

Year Graduated: _____ Major: _____

Graduate School: _____

Year Graduated: _____ Major: _____

Attach a statement describing your interest in pursuing advanced training in gerontological social work.

Along with statement, please include:

- resume
- copy of your diploma
- names of three references of those who know your clinical work.

Submit information to:

Lissa R. Kapust, LICSW
Beth Israel Deaconess Medical Center
Social Work Department, RO-200
330 Brookline Avenue
Boston, MA 02215
(617) 667-5150
Email: lkapust@bidmc.harvard.edu