FACULTY ACCOMPLISHMENTS
Name____________________________________________
Date__________________
**Please include all information requested in the bulleted list in each section.
Please return forms to Columbia Psychoanalytic Center, 1051 Riverside Dr, Unit 63, New York, NY 10032, Attn: Joan Jackson; or fax the form to (212) 543-5677.

I) APPOINTMENTS

II) AWARDS
   ➢ Name of the award
   ➢ Where it was presented
   ➢ Date it was presented

III) BOOKS / CHAPTERS
   ➢ Names of all authors
   ➢ Names of all editors (please specify those who are editors)
   ➢ Title of book
   ➢ (If it is a chapter in a book): please provide and specify the title of the chapter along with the title of the book, and the pages within the book
   ➢ Year of publication
   ➢ City, State of publication
   ➢ Publishing company
   ➢ Indicate if it is a revised edition
   ➢ For book reviews, please specify the title of the review and the title of the book that is being reviewed
IV) OTHER NOTABLE ACKNOWLEDGEMENTS

V) POSTERS
- Author of poster
- Year and month poster was presented
- Where the poster was presented (i.e. title of meeting)
- City and State poster was presented

VI) PRESENTATIONS
(If presenting a paper)
- Author of paper
- Year and month paper presented
- Title of paper
- Where the paper was presented (title of meeting)
- City and State of presentation
(If contributing to a symposium)
- Names of presenters
- Year and month of presentation
- Title of presentation
- Name of Chair of symposium
- Title of symposium
- Where symposium was conducted (title of meeting)
- City and State of symposium
VII) RESEARCH ARTICLES / PAPERS (please include citations)

- Authors(s)
- Year of publication
- Article title
- Volume
- Page numbers of article in journal