

## **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 is 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**