



Postdoctoral Fellowship in Neuropsychology Application Form

Applicant's Name: _____

Email: _____ Phone: _____

Doctoral Degree Program (Name): _____

APA- or CPA-Approved? Yes No

Type of program (e.g., Clinical Psychology): _____

Degree granted by this program: PhD PsyD Other: _____

Dissertation Defense: Date completed _____ or Date expected _____

Clinical Internship Site (Name): _____

APA- or CPA-Approved? Yes No

I would like to be considered for the following track(s): (Please check all that apply):

Pediatric Neuropsychology/ General

Pediatric Neuropsychology/ Concussion and mild TBI

So that we can make sure we have enough interview slots, please let us know your likely availability for interviews if selected:

I expect to attend the INS Conference in Denver

I do not plan to go to INS and would need to schedule an on-site interview in Rockville, Maryland

Please provide the name, email, and phone number for the individuals who are writing letters of recommendation for you. This helps us track down missing letters and follow up if needed.

- 1.
- 2.
- 3.