

Dartmouth-Hitchcock Medical Center/Geisel School of Medicine at Dartmouth

Neuropsychology Program
Department of Psychiatry
Tel (603) 650-5824

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Lebanon, NH 03756-0001
Fax (603) 650-0404

APPLICATION FOR FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY: 2018-2020

Primary Rotation: __ Adult (DHMC/NHH) __ Adult (DHMC/HP) or __ Pediatric

[adult fellowship applicants may check both primary rotations if they wish to be considered for both, and may put "1" and "2" if they have an order of preference]

Name (please print) _____

Mailing Address _____

Home or Cell phone number _____ Office phone number _____

E-mail address _____

Place of Birth: _____ Citizenship: _____

Names of 3 references with affiliations and e-mail addresses (Please have letters forwarded separately)

1. _____

2. _____

3. _____

ACADEMIC EDUCATION (Begin with most recent)

Name & Location of University	Dates Attended	Major	Degree

PRACTICAL/CLINICAL EDUCATION (e.g. internships, clerkships, jobs related to mental health, etc.)

Name & Location	Dates	Training experiences in two to three keywords
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Testing experience: Please list specific numbers of complete neuropsychological assessments and reports on the following patient populations:

	Neuropsychological Assessments	Written reports
Child (age 6-15)	_____	_____
Adult (16-60)	_____	_____
Geriatric (60 plus)	_____	_____

Research Experience: List the patient samples you have worked with and the methods employed:

Research/Computer Skills: Please indicate your level of experience for the following:

	NONE	FAMILIAR	EXTENSIVE
SPREAD SHEET			
GRAPHICS			
DATABASE			
STATISTICAL ANALYSIS			
STRUCTURAL IMAGING			
FUNCTIONAL IMAGING			
LINUX			
MATLAB			
Task development software (please specific type; e.g., E-Prime, Presentation):			