

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

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

Dartmouth-Hitchcock Medical Center  
Lebanon, NH 03756-0001  
Fax (603) 650-0404

**APPLICATION COVER PAGE  
POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY: 2019-2021**

**Primary Rotation:**     Adult (DHMC/NHH)    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: \_\_\_\_\_

**Testing Experience: Please list specific numbers of complete neuropsychological assessments administered and reports you have written on the following patient age groups:**

	Neuropsychological Assessments	Written reports
Child (age 6-17)	_____	_____
Adult (18-65)	_____	_____
Geriatric (65 and older)	_____	_____