

## McLean Hospital/Harvard Medical School Neuropsychology Post-Doctoral Fellowship Application

Return application to: Allen Schiller, PhD  
Training Director, Neuropsychology Post-Doctoral Program  
McLean Hospital  
115 Mill Street, South Belknap III  
Belmont MA 02478  
[arschiller@partners.org](mailto:arschiller@partners.org).

Questions can be directed to Dr. Schiller at 617.855.3599 or [arschiller@partners.org](mailto:arschiller@partners.org).

The following application materials must be received by the deadline of **11/18/2022** and include the following:

- Curriculum Vita
- 1 sample report with identifying information removed
- 2 letters of recommendation:  
Letter writer names: 1) \_\_\_\_\_  
2) \_\_\_\_\_
- Graduate Transcripts

### SPECIAL INSTRUCTIONS

Except for the graduate transcripts, all documents should be emailed as attachments in a single email to Dr. Schiller at [arschiller@partners.org](mailto:arschiller@partners.org). Letters of recommendation should also be emailed by their respective authors from a secure email address at the author's institution, though mailed letters signed over the seal will be accepted. The applicant's name should clearly appear in the subject line of all email transmissions, including letters of recommendation. Graduate transcripts should be mailed directly from the applicant's program.

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## ACADEMIC/INTERNSHIP HISTORY

### Predoctoral Internship

Site: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Completed/will complete: \_\_\_/\_\_\_/\_\_\_

Clinical Focus: \_\_\_\_\_

APA Approved? Yes  No

### Doctoral Program

School: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Completed/will complete: \_\_\_/\_\_\_/\_\_\_

Clinical Focus: \_\_\_\_\_

APA Approved? Yes  No

Dissertation Title: \_\_\_\_\_

Status of Completion of Dissertation: \_\_\_\_\_

\_\_\_\_\_

### Undergraduate Program

School: \_\_\_\_\_

Address: \_\_\_\_\_

Date Started: \_\_\_/\_\_\_/\_\_\_ Date Completed: \_\_\_/\_\_\_/\_\_\_

Focus/Degree: \_\_\_\_\_

(If other academic programs were attended, please use additional pages as necessary.)

# RELEVANT COURSEWORK

Please list all coursework directly relevant to neuropsychology or psychological assessment. If courses were listed as a seminar, please provide a descriptive title or brief description of the relevant content.

Course Title (brief description, if necessary)

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## CLINICAL ASSESSMENT EXPERIENCE

### Training Sites

Please list all of the sites where you gained training in the administration, interpretation and report writing of neuropsychological and/or psychodiagnostic assessments (this does not include assessments completed for research purposes).

| Site Name | Dates | # hrs/week | Supervisor |
|-----------|-------|------------|------------|
| _____     | _____ | _____      | _____      |
| _____     | _____ | _____      | _____      |
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### Familiarity with Test Batteries

List the number of evaluations for each category (these must include administration of test battery, interpretation and report writing; again, this does not include batteries administered for research purposes).

#### Neuropsychological Batteries

Total number of batteries \_\_\_\_\_

Number of child (age 1-11) evaluations: \_\_\_\_\_

Number of adolescent (12-18) evaluations: \_\_\_\_\_

Number of adult (19-69) evaluations: \_\_\_\_\_

Number of geriatric (70 and above) evaluations: \_\_\_\_\_

#### Psychodiagnostic Batteries

Total number of batteries \_\_\_\_\_

Number of child (age 1-11) evaluations: \_\_\_\_\_

Number of adolescent (12-18) evaluations: \_\_\_\_\_

Number of adult (19 and above) evaluations: \_\_\_\_\_

How many total Rorschach Tests have you administered (to any age group)? \_\_\_\_\_

**List of Tests Administered (non-research purposes)**

Please list all of the tests you have had experience administering and rate your overall familiarity of each test (psychodiagnostic and neuropsychological tests).

Place a check mark under the quantity that indicates the # you have administered

| Test Name (no acronyms) | 1-5 | 6-10 | 11-20 | >20 |
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(Please use additional pages as necessary.)

## RESEARCH ASSESSMENT EXPERIENCE

### List of Tests Administered (Research purposes)

Please list all of the tests you have had experience administering for research purposes and rate your overall familiarity of each test (psychodiagnostic and neuropsychological tests). The numbers reflected below should not be included in the numbers included on preceding sections of this application.

Place a check mark under the quantity that indicates the # you have administered

| Test Name (no acronyms) | 1-5 | 6-10 | 11-20 | >20 |
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(Please use additional pages as necessary.)

## LETTER OF INTENT

Please write a letter about why you are interested in the field of Neuropsychology, what you would like to achieve during your fellowship, how these interests and goals relate to the McLean training program, and what you would like to do after fellowship. Feel free to create in a separate document and include with your application package.