



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

Questions can be directed to Dr. Schiller at 617.855.3599 or arschiller@partners.org

The following application materials must be received by the deadline of **12/6/2019** and include the following:

- Curriculum Vita
- 1 sample report with identifying information removed that best represents your work to date
- 3 letters of recommendation (including one from internship director and one from a neuropsychology supervisor):
 - Letter writer names: 1) _____
 - 2) _____
 - 3) _____
- 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. Letters of recommendation should also be emailed, if possible, 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

Pre-Doctoral 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.)

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)? _____

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.