Neuropsychology Rehabilitation Services-Lifespan

POSTDOCTORAL FELLOWSHIP TRAINING PROGRAM

Director of Training: Robert Sica, Ph.D. ABN, FACPN

RESIDENCY APPLICATION FORM

Instructions: Complete this form in entirety, ensuring accuracy and all requested details.

Applicants with disabilities: Applicants with disabilities are encouraged to apply and to contact the Director of Training, Dr. Robert Sica, to discuss any needs regarding the application and interview process.

Correspondence: All program-related inquiries and application-related inquiries should be directed to Dr. Robert Sica, Director of Training, NRS|LifeSpan.

Date: _____

Name: _____

U.S. Citizen: [ ] Yes [ ] No Resident Status: _____

Mailing Address: _____

Preferred Phone #: _____

Email: _____

Academic Program Completion Doctoral

Degree in Psychology Academic Program: _____

Program Accreditation Type: _____

Date of Degree Requirement Completion: _____

Program Institution: _____

Program Department: _____

Internship Completion

Did your program meet [ ] APPIC, [ ] CPA, or [ ] APA standards? (Check all that apply)

Prior Neuropsychology Training (Check all that apply)

[ ] Coursework [ ] Doctoral Practicum [ ] Pre-Doctoral Internship Three Required References APA

Graduate Program Director (DCT) or Current Supervisor (must confirm anticipated graduation date)
Name: _____ Phone: _____

Pre-Doctoral Internship Director (required; must confirm successful completion of internship) Name:
_____ Phone: _____

Other: Title/Affiliation: _____

Name: _____ Phone: _____

NOTE: Three letters of reference must be submitted directly to Dr. Sica from: (1) your APA-accredited Graduate Program Director (DCT) or current supervisor, (2) your pre-doctoral internship director, and (3) a reference of your choice.

Reference letters may be submitted via email, though must be sent directly from the reference source to Dr. Sica.

How did you hear about out Post-Doctoral Program? (Check all that apply):

[ ] Former Post-Doctoral Resident [ ] NRS Lifespan Website [ ] At Internship

[ ] Other (explain): _____

DOCUMENTATION SUBMISSION

After completion of this application form, please email it along with all required documentation, as outlined in the following checklist, to the Director of Training, Dr. Robert Sica or Dr. Steven Greco at sgreco@nrslifespan.com.

Please email the following information:

[ ] Residency Application Form
[ ] Cover letter (including a statement of career goals, statement of interest, not exceeding two single spaced pages)
[ ] Resume or curriculum vitae (particularly summarizing education and training)
[ ] One written de-identified sample report
[ ] Neuropsychology Training Content Survey (attached to Residency Application Form)
[ ] Letters of recommendation (to be sent by reference sources as detailed above)

Application – enrolling.
Any questions please call Dr. Steven Greco, 732-988-3441.

NEUROPSYCHOLOGY TRAINING CONTENT SURVEY

The NRS Lifespan Postdoctoral Neuropsychology Training Program follows the Houston Conference outline of knowledge base areas in neuropsychology and the ABN academic pathway, preparing fellows for board certification by the American Board of Professional Neuropsychology, the American Board of Pediatric Neuropsychology or the American Board of Professional Psychology-Clinical Neuropsychology As the postdoctoral training experience is a time during which Trainees should seek to acquire all unmet knowledge core areas, NRS Lifespan endeavors to focus didactic and other training experiences to Trainee need areas.

Consider graduate coursework, doctoral practicum and internship experience, and other didactic methods of training in gauging your training needs for your residency experience. Note that this does **NOT** impact your interview selection or placement in the residency program, but rather serves as a means to allow for training curriculum planning.

Please indicate your level of proficiency in the following areas using the rating rubric.

0	No Training	No training or exposure in subject area
1	Mildly Proficient	Minimal volume of coursework, training and experience in subject area
2	Moderately Proficient	Some coursework, some training and some experience in subject area
3	Highly Proficient	Considerable coursework, training or experience in subject area

Rating (#)	Knowledge Base Area
	Foundations for the Study of Brain-Behavior Relationships
	Functional neuroanatomy
	Neurological and related disorders, including etiology, pathology, course and treatment
	Non-neurological conditions affecting central nervous system functioning
	Neuroimaging and other neurodiagnostic techniques
	Neuropsychology of behavior (e.g., psychopharmacology)
	Foundations for the Practice of Neuropsychology
	Specialized neuropsychological assessment techniques
	Specialized neuropsychological intervention techniques
	Research design and analysis in neuropsychology
	Professional issues and ethics in neuropsychology
	Practical implications of neuropsychological conditions

NRS-Lifespan Postdoctoral Fellowship Application
Tests Administered Form

Name: _____ Date: _____

Track: _____

Measure	Proficient Y/N	Number of Administrations	Comments
WAIS-IV			
WASI			
WISC-V			
WPPSI-IV			
WIAT-III			
WRAT-4			
Bracken			
Halstead Reitan Neuropsychological Battery Adult			
Reitan-Indiana Neuropsychological Battery 9-14			
Reitan-Indiana Neuropsychological Battery 5-8			
Russell Scoring			
MNB Scoring			
WMS-IV			
WRAML-2			
Rey Osterrieth Complex Figure			
Independent Living Scale			
ADOS-2			
Beery VMI			
Test of Memory Malingering			
Victoria			
Green's NVWT			
Rey-15 Item			
Forced Choice			
Animal Naming			
NAART			
1 Minute Estimation			
COWAT			
Dichotic Listening			

Measure	Proficient Y/N	Number of Administrations	Comments
Sentence			
Repetition			
Judgment of Line			
Token Test			
FrsBe			
HDI			
MBMD			
MCMI-III			
MMPI			
MSPQ			
PAI			
Rorschach			
BSI			
Sentence Completion			
TAT			
TSI			
MOCA			
Lawton IADL Scale			
Geriatric Depression Scale			
PHQ-SADS			
PAI-A			
CDI-2			
TSCC			
BASC-3			
ABAS-3			
OTHER:			

Specific Clinical Neuropsychology Skills:

Clinical Interviews

- Are you observing clinical interviews conducted by your supervisor? (Y/N)
- Are you conducting clinical interviews collaboratively with a supervisor? (Y/N)
- Are you independently conducting clinical interviews? (Y/N)

Administration and Scoring of Tests

❖ *We recommend that you keep a log of measures that you are proficient in administering.*

- Are you administering and scoring neuropsychological test with patients? (Y/N)
- If so, on average how many patients do you access per week? _____

Report Writing

❖ *We recommend that you keep a log of the number of clinical neuropsychological assessment reports that you have written.*

- Are you writing comprehensive neuropsychological assessment reports? (Y/N)
- If so, on average how many reports do you write per week? _____

Feedback

- Are you conducting face-to-face feedback with patients, collaboratively with a supervisor? (Y/N)
- Are you independently conducting face-to-face feedback with patients? (Y/N)

Clinical Neuropsychology Supervision

Type of Supervision	*Frequency of Supervision*
□ Direct in-room observation	_____
□ Review of video/audio tapes	_____
□ Individual	_____
□ Group	_____