



## Neuropsychology Rehabilitation Services-Lifespan

### POSTDOCTORAL FELLOWSHIP TRAINING PROGRAM

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

## 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 in regard to the application and interview process.

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

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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 or hard mail, though must be sent *directly* from the reference source to Dr. Sica.

How did you hear about our 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 at [medrecords@nrslifespan.com](mailto:medrecords@nrslifespan.com) or, mail hard copies to:

Robert Sica, Ph.D. ABN, FACPN  
RE: Postdoctoral Residency Training  
NRS Lifespan  
4000 Route 66,  
Suite 331, Tinton  
Falls, NJ, 07753

- 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**

# 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
<b>Rating (#)</b>	<b>Knowledge Base Area</b>	
	<b>Foundations for the Study of Brain-Behavior Relationships</b>	
	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)	
	<b>Foundations for the Practice of Neuropsychology</b>	
	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-4			
WRAT-4			
Bracken			
Halstead Reitan Neuropsychological Battery Adult			
Halstead Reitan Neuropsychological Battery 9-14			
Reitan-Indiana Neuropsychological Battery 5-8			
Russell Scoring			
MNB			
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			



**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 assess 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*

- Direct in-room observation
- Review of video/audio tapes
- Individual
- Group

*Frequency of Supervision*

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