



Wake Forest University School of Medicine
Department of Neurology
Neuropsychology Fellowship Program

APPLICATION COVER PAGE
POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY

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 comprehensive neuropsychological assessments administered, neuropsychological screenings (e.g., RBANS, DRS-2 only), and reports you have written on the following patient age groups:

Table with 4 columns: Age Group, Comprehensive Neuropsychological Assessments, Screening Assessments, and Written Reports. Rows include Child (age 6-17), Adult (18-65), and Geriatric (65 and older).

Average number of comprehensive assessment cases completed/week during internship: _____

Average number of neuropsychological screenings completed/week during internship: _____

Research Experience: List the patient samples you have worked with and the methods employed:

Five horizontal lines for listing research experience.