**Dartmouth-Hitchcock Medical Center / Geisel School of Medicine at Dartmouth**

Neuropsychology Program Dartmouth-Hitchcock Medical Center

Department of Psychiatry Lebanon, NH 03756-0001

*Tel (603) 650-5824 Fax (603) 650-0404*

APPLICATION COVER PAGE

POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY: 2021-2023

 **Primary Rotation:** Adult: \_\_\_ **OR** \_\_ Pediatric

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 complete clinical neuropsychological assessments administered and reports you have written on the following patient age groups:**

 Neuropsychological

Assessments Written reports

 Child (age 6-17) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adult (18-65) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Geriatric (65 and older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_