

**Wake Forest Baptist Medical Center
Department of Neurology
Neuropsychology Fellowship Program**

**APPLICATION COVER PAGE
POSTDOCTORAL FELLOWSHIP IN CLINICAL NEUROPSYCHOLOGY: 2019-2021**

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 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)	_____	_____

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

