

APPLICATION FOR CLINICAL NEUROPSYCHOLOGICAL TRAINING PROGRAM LISTING

To list a program complete the following form for each of your programs and return to: Russell M. Bauer, Ph.D. Department of Clinical and Health Psychology, University of Florida, PO Box 100165 HSC, Gainesville, FL 32610 or fax to Dr. Bauer at (352) 273-6156 (preferred). Allow one week for posting to the Division 40 Website.

Type of Program: Doctoral Internship Postdoctoral

Institution: _____

Department: _____

Director(s): _____

Phone (s): _____ Fax: _____

Email: _____

Website: _____

Address: _____

Date program begins each year: _____ Length of program: _____ Months

Number of positions: _____ Number accepted each year: _____

Financial Assistance per annum: \$ _____

Training setting: Medical Educational Inpatient Outpatient

Neurology Psychiatry Rehabilitation Education

Types of patients: Children Adolescents Adults Geriatric Minorities

Types of disorders: Neurologic Psychiatric General Medical
 Educational Other _____

Specialty Area: _____

Director Board Certified with ABPP/ABCN: Yes No: APPCN Membership: Yes No

Application procedure: _____

Person to contact for more information: _____

I am familiar with the training program guidelines of Division 40(TCN, Vol., No. 1, pp. 2____-34) and our program is in compliance with these guidelines.

Date _____ Director _____

Signature