

**NEUROPSYCHOLOGY SERVICE**  
DEPARTMENT OF PSYCHIATRY AND BEHAVIORAL SCIENCES  
NORTSHORE UNIVERSITY HEALTHSYSTEM

**Application for Postdoctoral Residency**  
**in Clinical Neuropsychology**

*APPCN Program Code Number: 9842*

**NAME:** \_\_\_\_\_  
Last First M.I.

**FIVE DIGIT NATIONAL MATCHING SERVICE APPLICANT NUMBER:** \_\_\_\_\_

**CURRENT WORK ADDRESS:** \_\_\_\_\_  
Number and Street/P.O. Box Number Unit Number  
\_\_\_\_\_  
City/Town State Zip Code

**HOME PHONE:** \_\_\_\_\_ **BUSINESS PHONE:** \_\_\_\_\_  
Area Code Area Code

**CURRENT HOME ADDRESS:** \_\_\_\_\_  
Number and Street/P.O. Box Number Unit Number  
\_\_\_\_\_  
City/Town State Zip Code

**E-MAIL:** \_\_\_\_\_

**ACADEMIC HISTORY:**

\_\_\_\_\_  
Institution Specialty Degree Awarded Year Awarded

\_\_\_\_\_  
Institution Specialty Degree Awarded Year Awarded

\_\_\_\_\_  
Institution Specialty Degree Awarded Year Awarded

\_\_\_\_\_  
Institution Specialty Degree Awarded Year Awarded

**Thesis Title:** \_\_\_\_\_

\_\_\_\_\_  
Advisor: \_\_\_\_\_

**Dissertation Title:** \_\_\_\_\_

\_\_\_\_\_  
Advisor: \_\_\_\_\_

As a member of the Association of Postdoctoral Programs in Clinical Neuropsychology, completion of the doctoral dissertation is a prerequisite for acceptance into the NorthShore University HealthSystem program.

**If needed, can written assurance be provided regarding your dissertation being complete before beginning the fellowship?**

yes\_\_\_\_\_ no\_\_\_\_\_

Please note that the position beginning in August 2014 is in our adult track.