

**Cincinnati Children's Hospital Medical Center
Psychology Training Consortium Postdoctoral Fellowship Application**

Check which Fellowship you are applying for (Please check the programs for which you would like to be considered). You may also RANK ORDER your preferences.

- | | |
|---|---|
| <input type="checkbox"/> Developmental Disabilities | <input type="checkbox"/> Nutrition and Health |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Risk and Prevention |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Adherence |
-

Please type or print clearly:

- (1) Date: _____ (2) Social Security #: _____
(3) DOB: _____
- (4) Name: _____
- (5) Addresses:
Home: _____

Office: _____

- (6) Telephone Number(s):
Home: (_____) _____
Office: (_____) _____
E-mail: _____
- (7) Do you have proof of eligibility to work in the United States? - Yes _____ No _____

Academic Training:

Predoctoral Internship:

Institution _____ City/State _____ Date _____

Doctoral Training:

Degree: _____ Institution: _____ City/State _____ Major/Minor Field _____ Date _____

Program:

- | | | |
|--|--|---|
| <input type="checkbox"/> Clinical | <input type="checkbox"/> School Psychology | <input type="checkbox"/> Non-APA Approved |
| <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Professional School of Psychology | <input type="checkbox"/> APA Approved |
| <input type="checkbox"/> Counseling | | |