**APPLICATION FORM:**

**UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL**

**POSTDOCTORAL RESIDENCY IN FORENSIC PSYCHOLOGY**

Applicant name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.  Doctoral program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      APA/CPA accredited?  \_\_ \_\_  Yes    \_\_ \_\_ No

 **PLEASE NOTE: if not accredited, we cannot consider your application**

2.  Internship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

      APA/CPA accredited?  \_\_ \_\_  Yes    \_\_ \_\_ No

  **PLEASE NOTE: if not accredited, we cannot consider your application**

3. Expected date of completion of all requirements for doctoral degree:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_

      Status of dissertation:

      Title:

      Abstract (no more than 100 words)

      Status of data collection (e.g., completed, expected date for completion of  all data

       collection):

       Date/anticipated date  of dissertation defense

**Note: Completion of doctoral degree is required in order to begin the fellowship.**

4.  Experience working with seriously mentally ill individuals (specify facilities, dates, population):

 5.  Experience working with correctional or forensic populations: (specify facilities, dates):

6. Experience with psychological testing (indicate tests which you have been trained on):

PCL-R or PCL-SV \_\_\_\_    HCR-20, version 3 **\_\_\_** Other Risk Assessment (list):

Malingering Instruments: (list)

Clinical Instruments: (list those you are qualified to administer/interpret)

7.  Request for official graduate school transcript to be mailed to UMMS has been made on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

       (date)