**APPLICATION FORM:**

**UMass Chan 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 and inpatient sites (specify facilities, dates, population):

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

6. Experience with ADULT psychological testing (indicate ADULT tests which you have been trained on and are competent to use):

PCL-R \_\_\_\_    HCR-20, version 3 **\_\_\_**

Other Risk Assessments (list):

Malingering Instruments (list):

Other Forensic Assessment Instruments (list):

Clinical Testing Instruments (e.g., WAIS-IV, PAI, MMPI-RF; list those you are qualified to administer/interpret for ADULTS):

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

       (date)