



Application for Specialty Designation in Clinical Neuropsychology

Please enclose the \$250 fee for a specialty designation change along with this application.

Name: _____ License # _____

I. Clinical Core (*If you have a doctorate in clinical or counseling psychology skip to page 4*)

A. Clinical courses (*list course number, course name, catalog description, university, grade and semester hours for each of the following.*)

1. Psychopathology _____adult _____child

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

2. Assessment of Individual Differences (*e.g. psychometric theory, interviewing techniques, intelligence, personality assessment.*)

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

3. Psychotherapy (*e.g. theories and systems of psychotherapy, behavioral strategies and techniques, behavioral intervention strategies and techniques*)

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

- B. Clinical Practicums (*List course number, course name, catalog description, university, grade and semester hours for each of the following.*)

1. Psychological Assessment Practicum

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

2. Psychotherapy practicum

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

C. Additional CL/CO course work/practicum (*List any additional course work in diagnosis and/or treatment of mental or emotional disorders.*)

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

Course # _____ Name _____
University/Grade/Sem. hrs. _____
Catalog Description:

II. Neuropsychology Core

A. Neuropsychology courses (*List course number, course name, catalog description, university, grade and semester hours for each of the following.*)

1. Basic neurosciences (*e.g. advanced physiological psychology, advanced perception and cognition, research design in neuropsychology*)

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

2. Psychopharmacology

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

3. Functional human neuroanatomy

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

4. Neuropathology

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

5. Clinical neuropsychology (*theory and general principles*)

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

6. Clinical neuropsychological assessment

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

7. Clinical neuropsychological intervention (*e.g. behavioral management and rehabilitation*)

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description: _____

8. Additional related course work [*List any additional course work related to the practice or science of neuropsychology (e.g. assessment or treatment of aphasic disorders)*]

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description: _____

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description: _____

- B. Clinical neuropsychology practicums (*List course number, course name, catalog description, university, grade and semester hours for each of the following.*)

1. Neuropsychological assessment practicum

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description: _____

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description: _____

2. Additional related practicum experience(s) in neuropsychology

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

Course # _____ Name _____

University/Grade/Sem. hrs. _____

Catalog Description:

III. Post Doctoral Training and Supervision

A. Specialty internship in clinical neuropsychology Yes _____ No _____

Dates _____ Institution _____

Clinical neuropsychology supervisor _____ APA Approved Yes/No _____

B. Formal post doctoral fellowship in clinical neuropsychology Yes _____ No _____

Dates _____ Institution _____

Clinical neuropsychology supervisor _____ APA Approved Yes/No _____

C. 2000 hours of other post doctoral supervision in clinical neuropsychology

Dates _____ Institution _____

Clinical neuropsychology supervisor _____

IV. Diplomate in Clinical Neuropsychology

ABPP/ABCN _____ Date granted _____

ABPN _____ Date granted _____

Note: Completion of this form presumes completion of basic courses in psychology listed under 303.D.11)