

**APPLICATION FORM:
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL
POSTDOCTORAL RESIDENCY IN FORENSIC PSYCHOLOGY**

Academic year: _____

Applicant name: _____

1. Doctoral program: _____

APA/CPA accredited? _____ Yes _____ No

Comments (if answer is no): _____

2. Internship: _____

APA/CPA accredited? _____ Yes _____ No

Comments (if answer is no): _____

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

Expected date of defense of dissertation: _____

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 used):

MMPI-2 _____ PAI _____ WAIS-IV _____ WMS _____ SIRS _____

Other instruments to assess malingering/validity (specify): _____

7. Request for official graduate school transcript to be mailed to UMMS has been made on: _____
(date)