



U.S. Department of Veterans Affairs

Veterans Health Administration
Bedford Healthcare System

Clinical Neuropsychology Postdoctoral Residency Program

Application deadline: Dec. 6, 2024

Positions available: One (1) full-time postdoctoral resident

Start Date: Monday, August 25, 2025

Neuropsychology service mission statement

The neuropsychology service at VA Bedford Healthcare System receives referrals from every area, including primary care, psychiatry, and neurology, to name a few. The service provides care to both outpatient and inpatient Veterans and their family members.

VA Bedford's neuropsychology service has four main goals:

1. To provide state-of-the art clinical evaluation to Veterans with neurocognitive disorders.
2. To provide the most up to date treatments for Veterans with neurocognitive disorders and their families.
3. To provide students with comprehensive professional training in clinical neuropsychology.
4. To provide non-neuropsychology focused students (e.g.: psychology students, medical students, medical residents, geriatric fellows) exposure to clinical neuropsychology to help increase understanding about neuropsychological services to guide referral and utilization of results.

The above mission is accomplished through clinical, didactic, and research activities, as outlined in the following pages.

Training model and program philosophy

The educational philosophy of the neuropsychology program is scientist-practitioner. It follows guidelines in clinical neuropsychology established by the Houston Conference, APA Division 40 (Clinical Neuropsychology), and the International Neuropsychological Society. The neuropsychology program prepares residents for the professional practice of neuropsychology, with eventual board certification by the American Board of Professional Psychology – Clinical Neuropsychology (ABPP-CN). The neuropsychology program aims to prepare neuropsychologists to be able to function independently

within the various roles of clinician, researcher, consultant, teacher, and program developer with an appreciation of the special needs of the Veteran population.

Program goals & objectives

The overall goal of the neuropsychology residency program is to assist in the development and further refinement of a broad range of professional skills specific to the field of clinical neuropsychology which will enable the graduating student to function effectively across the range of professional contexts in which contemporary neuropsychologist practices. The residency prepares neuropsychologists to function independently and flexibly within professional settings and to assume the diverse roles of clinician, researcher, consultant, teacher and program developer with a particular appreciation of the special needs of the VA population and the nature of service in the public sector.

The program offers full-time training in clinical neuropsychology, required and optional didactic activities specific to clinical neuropsychology, and research training relevant to the field. The long-term outcomes of the program are to produce trainees that can successfully obtain licensure in the state they are working in, obtain a position as a Neuropsychologist, and become board certified in Clinical Neuropsychology within 7 years of program completion. We offer broad training with each of these outcomes in mind to allow our residents to serve outpatient and inpatient populations with neurological, medical, and psychiatric conditions.

The neuropsychology program aims to prepare neuropsychologists to be able to function independently within the various roles of clinician, researcher, consultant, teacher, and program developer with a particular appreciation of the special needs of the Veterans Affairs (VA) population.

In order to achieve professional competency, residents engage in particular sets of structured professional and clinical experiences across three domains of training:

- clinical
- research/program development
- supervision/teaching

The specific program aims offered to achieve the above goals include:

- Aim 1: To train postdoctoral residents in the core skills of clinical neuropsychology, including evaluation and treatment.
- Aim 2: To train postdoctoral residents to conduct and consume scientific research related to the field of neuropsychology.
- Aim 3: To train postdoctoral residents to provide supervision and teaching to junior professionals.
- Aim 4: To provide training in ethics and professional skills necessary to practice as a neuropsychologist.

Overview of the residency

General program structure

Throughout the entire training year, all residents see patients from the general outpatient neuropsychology service. In addition, residents will rotate through four specialty clinics at the VA: memory diagnostic clinic, acquired brain injury clinic, teleneuropsychology clinic, and inpatient neuropsychology clinic. Each of these rotations will last three months each training year. A final specialty rotation is offered through the Boston University Alzheimer's Disease Research Center Memory Disorder Clinic, which will last four months each training year.

Residents also conduct cognitive rehabilitation and provide dementia caregiver services. Opportunities to engage in research are also plentiful and are detailed below. Structured didactics are also offered throughout the program.

Student orientation

The training year commences with an orientation period, in which students become acclimated to the nature of VA care and training as well as begin clinical and professional activities within neuropsychology. The program orientation also affords an opportunity for all students to get to know each other. During the orientation, students get introduced to various staff and participate in a range of initial seminars and dialogues relevant to VA training and practice. There is a strong didactic and experiential training focus on multiculturalism during orientation, along with other didactics, such as risk assessment and management. During this broad orientation period there are also a specific neuropsychology orientation designed to introduce students to the neuropsychology track procedures and expectations.

Clinical activities

Evaluation Services

The VA Neuropsychology Service consists of a general outpatient service, four specialty evaluation clinics (Memory Diagnostic Clinic, Acquired Brain Injury Clinic, Inpatient Neuropsychology Clinic, and Teleneuropsychology Clinic), individual and group cognitive rehabilitation, and dementia caregiver services. The BU ADRC is an additional four-month, off-site, outpatient evaluation experience.

General Neuropsychology Service

The general neuropsychology service evaluates outpatients, mostly conducting evaluations of younger and middle-aged adults, but occasionally services older adults. Consult questions include ADD/LD, neuropsychiatric disorders, substance/alcohol abuse, and medical/neurological disorders. Cognitive batteries are usually longer, and reports center more on recommendations to improve day-to-day functioning and identification of other appropriate consultation services.

Memory Diagnostic Clinic

The MDC, with lead neuropsychologist Dr. Maureen O'Connor, specializes in the evaluation and treatment of older adults with memory difficulties and suspected dementia. The clinic takes a team approach to interview and case conceptualization and includes students from varied disciplines (medical students, medical residents, geriatric fellows) that rotate through the clinic. During this rotation, students also have the opportunity to shadow our behavioral neurologists to learn more about the neurological examination and neuroimaging.

Read more about training in the MDC: [A neuropsychological feedback model for memory clinic trainees - ProQuest](#)

Acquired Brain Injury Clinic

The ABI clinic, with lead neuropsychologist Dr. Sara Sullivan, specializes in the evaluation and treatment of individuals with acquired brain injuries, including TBI and stroke. A portion of this clinic also specializes in the evaluation and treatment of returning OEF/OIF/OND veterans with a history of suspected TBI, and typically comorbid PTSD. This clinic uses a whole-health approach to providing recommendations to improve Veteran functioning and has a special emphasis on development of knowledge related to neuroanatomy.

Inpatient Neuropsychology & Capacity Clinics

The Inpatient Neuropsychology Clinic, with lead neuropsychologist Dr. Melissa Rindge, receives consults from nursing home, medical, and psychiatric inpatient units around VA Bedford HCS. Referrals range from brief cognitive screenings to full neuropsychological evaluations, capacity assessment, and treatment recommendations for staff, caregivers, and family members. Evaluations are designed to assess cognitive strengths and weaknesses and provide concrete and meaningful recommendations for continued care on the units or for interventions and strategies to be used in the home upon discharge. Recommendations may also help guide pharmacological and behavioral interventions. As part of this rotation, residents will also participate in multidisciplinary treatment team meetings.

Teleneuropsychology Clinic

The Teleneuropsychology Clinic, with lead neuropsychologist Dr. Malissa Kraft, is a clinical service developed in 2017 that provides comprehensive neuropsychological assessment via video connection to Veterans living in rural New England. Veterans drive to their nearest VA hospital or outpatient clinic and meet via video with a VA Bedford clinician who is located on the main hospital campus at Bedford, with assistance from trained telehealth technicians. This clinic aims to provide evaluation and treatment of older adults with memory difficulties and suspected dementia.

Read more about VA's use of [telehealth clinics focused on cognitive issues helps Veterans in rural areas](#).

Additional publications: “Teleneuropsychology clinic development and patient satisfaction.” <https://pubmed.ncbi.nlm.nih.gov/33504268/>

BU Alzheimer’s Disease Research Center (ADRC) – Memory and Aging Clinic

All residents will spend one day per week during a four-month rotation at the Boston University (BU)/Boston Medical Center (BMC) Memory and Aging Clinic (MAC), an affiliate of the BU ADRC and BU Chronic Traumatic Encephalopathy (CTE) Center, two internationally recognized research centers that investigate AD, CTE, and related dementias, including disease mechanisms, detection, therapies, and prevention. The MAC closely integrates patient care and research, providing patients and family members with the opportunity to participate in an array of research studies. As part of the MAC, trainees will conduct comprehensive neuropsychological evaluations on patients with suspected dementia disorders and assist with providing timely and accurate diagnoses and personalized treatment plans.

Cognitive Rehabilitation Services

The neuropsychology service offers a variety of cognitive rehabilitation services under the supervision of Drs. O’Connor and Rindge with the aim of improving the day to day lives of Veterans with cognitive complaints and disorders.

Group cognitive rehabilitation

Time-limited groups are focused on teaching compensatory skills to improve functional ability in the face of cognitive concerns. Lifestyle factors that contribute to cognitive well-being are also discussed. Groups are mostly didactic and consist of exercises and homework to reinforce skills. Current groups include the Memory and Aging (AgeWISE) group (which seeks to educate healthy elders about normal aging), Cognitive Symptom Management and Rehabilitation Therapy (CogSMART) for Traumatic Brain Injury (TBI), Compensatory Cognitive Training (CCT) for Clients with Psychiatric Illness, and Cognitive Behavioral Therapy for ADHD (CBT-ADHD).

Read more about our AgeWISE group here: [Veterans' Healthy Living, Fall 2015 - VA New England Healthcare System](#)

[The Aging Well through Interaction and Scientific Education \(AgeWISE\) Program - PubMed \(nih.gov\)](#)

Short term individual cognitive rehabilitation

Short term individual cognitive rehabilitation is time-limited and focuses on training compensatory skills in an individual format, with increased focus on individualized problematic areas for the Veteran. Short term cognitive rehabilitation can also be offered to Veterans who have completed a group and would like more individualized training or Veterans who may not be appropriate for any existing group format.

Caregiver Services

VA Bedford Healthcare System neuropsychology and Geriatric Research Education and Clinical Center (GRECC) Services offer three programs to provide support, information, and skills training for dementia caregivers in the New England region.

Individual dementia caregiver support (in person or via telehealth):

Dementia caregivers will meet individually with an assigned caregiver support specialist. The initial session will focus on better understanding the caregiving context and creating a plan to maximize support. Caregivers needs vary and individual support can be used as a place to get emotional support, gain knowledge about dementia (What is Alzheimer's disease? What kinds of things can I expect over the course of the disease?), and/or learn specific and targeted caregiving skills (How do I reduce problem behaviors? How do I keep my loved one engaged in the world?) Individual support will be tailored to the caregiver and can be as short as one session or can be multiple sessions.

Dementia caregiving 101 (video class):

Dementia caregiving 101 is class that aims to (1) teach caregivers what dementia is, (2) provide techniques and tips for managing common problems in individuals with dementia, (3) explain how caregivers can build a care team to help them manage caregiving demands, and (4) show caregivers how to manage their own wellbeing while providing care to their loved one.

Dementia caregivers support group (video group):

The dementia caregivers support group is a weekly group designed to be a place where caregivers can engage in less formal discussion about the ups and downs of caring for someone with dementia. The group offers a place to gain support from other dementia caregivers. It is facilitated by a staff member with expertise in dementia. Members can remain in the group for as long as they wish.

Seminars and other didactics

On-site clinical neuropsychology experience is supported by required didactic seminars, which include two weekly neuropsychology seminars: the Neuropsychology Lecture Series (Mondays 3 p.m.-4 p.m.), which focuses on emerging areas of research, and the Case Conceptualization Series (Thursdays 2 p.m.-3 p.m.), designed to prepare trainees for board certification in neuropsychology. Monthly Brain Cuttings, led by two VA neuropathologists, are also held in-person on the VA campus. An additional monthly virtual brain cutting is available as well.

On a monthly basis, at a minimum, trainees may have the opportunity to observe and participate in the Boston University School of Medicine Alzheimer's Disease Research Center (BU-ADRC) consensus conference, where research participants are discussed and diagnosed by an interdisciplinary team of neurologists, neuropsychologists, nurses, and research staff. Residents also participate in a monthly case conference, Memory Tuesdays, held virtually through the Neurology Department at Boston University. The rich professional neuropsychology community in the Boston area affords residents

ample opportunity to pursue other education and training outside VA. Toward this end, residents are given up to eight days of authorized absence across the residency, pending their supervisors' approval, to pursue such outside training.

In addition to the regularly scheduled seminars discussed above, a variety of additional required and optional seminars are offered through the VA and BU, addressing a range of topics (e.g., PTSD assessment and treatment, psychosocial rehabilitation, legal and ethical issues in VA, suicide prevention, and peer services). There are also monthly ethics seminars as well as monthly professional development seminars (presented by a variety of staff and addressing a range of relevant topics for residents about to begin their professional career) which neuropsychology students may elect to attend.

Residents can also choose from a variety of grand rounds presentations at the VA. Specifically, there are biweekly psychiatry/psychology grand rounds, which feature a range of noteworthy speakers from the Boston area and nationally, addressing a variety of clinically relevant topics. There are also interprofessional Schwartz rounds which focus on the clinician's personal experiences that arise in the context of providing care to Veterans. Weekly geriatrics and extended care grand rounds and biweekly medical grand rounds are also available.

Research

Residents have one day a week of protected research time in their first year, and up to two days a week in their second year, to engage in research. Research opportunities are available on the Bedford campus in the neuropsychology service, Mental Illness Research, Education, and Clinical Center (MIRECC), and Geriatric Research, Education, and Clinical Center (GRECC). Opportunities are also available off the VA campus at the BU-ADRC (www.bu.edu/alzresearch) and the Center for Translational Cognitive Neuroscience (CTCN; www.ctcn.org) at VA Boston Healthcare System. There is ample support for residents to develop grant writing, presentation, and manuscript-preparation skills. Previous residents have secured independent grant funding and published in peer-reviewed journals during their residency.

Supervision

All residents receive at least two hours of regularly scheduled individual weekly supervision. In actuality, residents typically receive more supervision than the above minimum, with additionally scheduled individual supervision, impromptu consultation and supervision as needed, and occasional group supervision. Supervisors also function as mentors addressing other areas of professional functioning including professional interests and development, career preparation, and overall goals and progress in the residency.

Supervision may take place both in-person and virtually. Each resident is provided with a VA laptop. If working remotely, they are expected to connect to wi-fi in a private location at their home, and if they do not have wi-fi, they are offered the opportunity to

work on campus every day in order to establish a secure wireless connection. Most remote supervision is conducted using Microsoft Teams, which is a VA-approved secure communication platform. In the event of technology failure, supervision takes place via telephone. Regardless of modality, the content of supervision remains the same. It takes place at the regularly scheduled time and the supervisor maintains full professional responsibility for all clinical cases, regardless of whether they are discussed in-person or virtually. Non-scheduled consultation and crisis coverage are managed in a similar way regardless of whether supervision takes place remotely or in-person, with the supervisor being available in-person or via phone, email, or Teams message/video call and providing the name of the licensed psychologist providing crisis coverage if needed. Privacy and confidentiality of the client and trainees are assured, as all information is stored on the VA laptop (or physical documents in a locked filing cabinet at the hospital) and if the resident is working from home, connection is established through a secure VPN.

Requirements for completion

Evaluations of residents occur formally twice over the course of each training year, resulting in four total formal evaluations across the two-year residency. Additionally, residents will meet with the Training Committee quarterly for review of performance. Successful completion of the program requires the equivalent of two years of full-time training and achieving competency with regard to the program's training objectives and neuropsychology-specific competencies. A list of these competencies (formally rated twice yearly), as well as minimal levels of achievement, can be found in the appendix. For each competency, residents are expected to be performing at or above a rating of at least 5 on the Neuropsychology Postdoctoral Residency Core Competencies rating form (Appendix A) by the end of their first year of training and at or above a rating of 7 by the end of their second year of training.

Administrative policies and procedures

The residency is a full-time (40 hours per week), two-year (2,080 hours each year) experience (4,160 hours total across both years). Residents accrue a total of 13 days of personal leave as well as sick leave over the course of each year. In addition, residents are granted up to four days of leave for educational and/or professional development, such as job interviews, per year. There are also 11 paid federal holidays throughout the year (specific dates). The stipend for the 2023-2024 training year was \$58,222 for first year residents and \$61,369 for second year residents, and this stipend is expected to be at least the same for the 2024-2025 training year.

This residency training brochure outlines specific policies regarding grievance options and procedures, due process with regard to resident performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.

Resident Evaluation

As a training program, we are committed to facilitating each resident's professional development across the range of areas of professional functioning. The neuropsychology residency training program uses supervision and direct observation of other professional functioning to inform evaluation ratings. We seek to make the feedback process something that is clear, predictable, and useful for all our trainees. The program also strives to make providing feedback (both to and from trainees) something that is built into the culture of the training program.

Evaluation process and tools

Evaluations for residents are completed at the 3-month, 6-month, 9-month, and 12-month marks in the training year, at the end of each rotation. During each of the formal evaluation periods, residents and their supervisors have a designated meeting to specifically review together the resident's performance to date and the resident's experiences of the training program, as well as to plan for any additional experiences or areas of emphasis the resident wishes to increase. Prior to feedback meetings for the 6-month and 12-month time points, supervisors collaboratively complete a comprehensive competency rating form, derived from the 2019 update of the APA Standards of Accreditation profession-wide and specialty competency areas, which also includes narrative comments on strengths and growth edges. Criteria for acceptable ratings on both general and specific competencies at each evaluation period are delineated on the competency rating form.

Resident Deficiencies

The following procedures will be followed in advising and assisting residents who are not performing at an expected competency level regarding clinical skills and professional behavior.

At any time during the training year, if evaluation of a resident by one or more of his/her supervisors indicates that the resident is not meeting expected competencies or is not performing as expected regarding professional or program requirements, then the supervisor(s) is to notify the resident as rapidly as possible of any difficulties. Residents are also encouraged to actively seek feedback on an ongoing basis.

It is expected that relatively minor deficiencies will initially be addressed informally by the resident's preceptor or other supervisors. Should such informal means of addressing the issue not adequately resolve the problem, then the protocols described below will be implemented, starting with a written remediation plan.

The supervisors assigned to the resident jointly discuss the current situation and decide upon what professional area(s) is at issue. A written remediation plan, outlining current deficits along with expected target behaviors, is prepared, signed by the resident, all

supervisors, and the director of training. This signed copy is added to the resident's training file.

Monitoring and monthly review will be the responsibility of the director of training and supervisor(s). Updated signed remediation plans, documenting improvement and ongoing deficits, are completed on a monthly basis and added to the resident's training file. Changes may be necessary in the resident's activities or rotations to continue progress toward objectives.

Monthly written summaries will be provided to the resident. When the resident has shown satisfactory progress for two months, achieving the learning objectives outlined in the remediation plan, the intensified review process will be terminated. If the resident fails to make progress toward the revised goals and objectives, then the following additional steps will be taken.

Recommendation for probation is the initial step towards potentially removing the resident from the training program. Following notification of being placed on probation, the resident will have no less than one month to significantly improve the behavior(s) at issue. After this time, the Neuropsychology Training Committee will review any changes in the resident's performance over the past month.

If some improvement (but less than full resolution of the deficits) in performance is noted by the resident's supervisors, the Neuropsychology Training Committee may elect to continue monthly reviews of the resident's progress. However, if at any point it is determined that the resident's performance has fallen to the level of what initially prompted probation or has not made sufficient progress toward improvement, the program will move to have the resident removed from the residency.

If it is the consensus of the Neuropsychology Training Committee that a resident should be removed from the program, a specific set of recommendations will be communicated by the training director to the resident. These recommendations will serve to guide the resident towards remediation of his or her deficits in future training and clinical practice elsewhere.

Professional Standards for Residents

It is expected that all residents will abide by appropriate standards of professional and ethical behavior in all of their interactions and activities. Problematic, unethical, or illegal conduct by a resident should be brought to the attention of the training director. Any person who observes such behavior, or reasonably questions that such behavior has occurred, whether staff or resident, has the responsibility to report the incident.

1. Incidents of a very minor nature may be dealt with by the training director, the supervisors, and the resident. Such incidents may be documented at the discretion

of the training director or possibly the training committee. If the incident is determined to involve a particularly problematic behavior or otherwise constitute an illegal or unethical action, a written record is made of this complaint and action. All written records become a permanent part of the resident's file.

2. Any such particularly problematic or illegal/unethical behavior, or two to three minor infractions, must be reviewed by the training committee or training quorum. After a careful review of the case, the Neuropsychology Training Committee will recommend either probation or dismissal of the resident. Recommendations of a probationary period must include specific guidelines including a time frame and periodic review as described above. A violation of the probationary contract will necessitate the termination of the resident's appointment.

Grievance policy

Two procedures for addressing grievances are available to residents -- an internal conflict resolution procedure designed specifically for the training program as well as a hospital-wide mediation procedure (Alternative Dispute Resolution) through EEO should the internal procedure not achieve the desired resolution.

When possible, a resident with a grievance is encouraged to first address the problem with the individual that is the focus of the grievance. Informal means of resolving problems before they reach the grievance stage are recommended.

If resolution is not achieved, the resident should contact the training director. If the non-resolved grievance is against the training director, the resident will go directly to either of the associate training directors or the chief of the Psychology Service.

Subsequently, the training director will convene a meeting with the persons involved to gather relevant facts, establish the specific nature of the grievance, and explore options for change which will adequately resolve the grievance. If the meeting does not resolve the grievance to everyone's satisfaction, the Neuropsychology Training Committee, in consultation with the chief of the service, will review the details of the situation and make a determination about how best to proceed.

At each step of the process, the goal of the training committee is to optimally support the student who has the grievance, and when reasonable and appropriate, intervening to directly address issues with staff and/or modifying the intern's training context and supervisory assignments. Should such resolutions not satisfy the resident's concerns, the hospital's mediation program is available to all employees.

Program records

The program permanently retains all records for each of the residents who has entered the program, such records necessarily include the resident's application file and a program file. The program file contains all evaluations of the resident from each evaluation period. When relevant, the program file will also contain any remediation-related documentation (such as a remedial plan and subsequent updates documenting intern progress toward expected outcomes).

Whenever a former resident may need the program to verify or document their residency training experience, the program will do so. Contacting the current Director of Neuropsychology Training or the Psychology Service is all that is needed to facilitate this request.

Facility and training resources

All residents are provided with offices, which are located on campus in the same building as the Neuropsychology faculty. Each resident has a computer assigned to them and access to network printers and a scanner. Computer access allows the resident internet access as well as access to the sophisticated Computerized Patient Record System (CPRS) of the VA.

The administrative assistant to the psychology service provides program and clerical support to the postdoctoral program. Administrative and support staff throughout the healthcare system provide support to residents working within particular areas.

The library service at Bedford, as a member of the VA library network and various biomedical library consortia, has access to the collections of major research, university, hospital and public libraries.

Staff standards

All staff are required to abide by the highest ethical standards and any staff behavior that reasonably raises questions about adherence to such standards (including but not limited to boundary violations, dual roles, etc.) and that impacts psychology trainees should be brought to the attention of the training director (or to the chief of psychology if the behavior at issue involves the training director). As appropriate, the procedures outlined above under residential grievance procedure shall be followed to review and act upon this information.

Application & selection procedures

The program seeks qualified applicants from doctoral training programs in clinical and counseling psychology. The residency program seeks applicants with prior training and

experience in neuropsychology, with a clearly demonstrated intent to pursue a career as a neuropsychologist.

Applicants must have completed all requirements for their doctoral degree, which includes the successful defense of their dissertation, prior to starting the postdoctoral residency. In order for the program to make an offer to an applicant who has not yet completed their defense, a letter from the dissertation chair attesting that the dissertation will be completed prior to the start of the residency is required. In addition, the Department of Veterans Affairs requires that both doctoral degree and internship have been completed from programs that are accredited by the American Psychological Association (please see section “Eligibility Requirements for VA Postdoctoral Residency Training Programs” toward the end of this brochure for additional eligibility requirements).

Postdoctoral residents are selected on the basis of academic excellence, clinical experience, research experience, recommendations of professors and supervisors, and interview.

Selected applicants generally have two to three interviews within the program, including interviews with current residents.

Please note: The neuropsychology postdoctoral residency program does *not* participate in the APPCN Match system.

Please note, by accepting a postdoctoral training position at our agency, the applicant is agreeing to complete TWO full years of residency training. Consequently, it is fully expected that once an applicant accepts a position at our site, they will cease to pursue other postdoctoral or staff positions and will plan to complete the full training program at this facility. If an applicant has any reason to believe that he/she may not complete the residency program, they should not apply nor accept an offer for training at this site.

Application materials & process

All application materials are to be submitted electronically within a single email, as described below. Please note that paper materials mailed to the program cannot be accepted.

Email application materials to maureen.oconnor@va.gov with the subject heading: **Postdoctoral Application [YOUR LAST NAME]**; for example, for John Doe: Postdoctoral Application Doe.

Letters of reference should be emailed directly from the reference source and should include the subject heading: **LOR [YOUR LAST NAME]**; e.g, for John Doe: LOR Doe

The following materials are required

1. A cover letter detailing:
 - a) Description of your interest and experience in neuropsychology
 - b) Description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion
2. CV (which includes a brief description of internship rotations)
3. One redacted comprehensive neuropsychological evaluation report
4. Three (3) signed letters of recommendation (at least one from an internship supervisor, and at least one from doctoral program faculty). **References are asked to email their letters of recommendation directly to the program.**
5. **Please also include in the body of your email:** (1) Graduate program, Degree (Ph.D. or Psy.D.), and APA accreditation status ("Yes", "No", "Probation") (2) Internship and APA accreditation status ("Yes", "No", "Probation") (3) Defense date (either "completed", "set" or "projected") (4) U.S. Citizen ("Yes" or "No") (5) contact information (email, home address, phone numbers we can use to contact you)

APPLICATION DUE DATE – Dec. 6, 2024

For application questions:

Dr. Maureen K. O'Connor
Director of Neuropsychology
maureen.oconnor@va.gov

Interviews will be conducted virtually. Four interview dates will be offered: 12/17/24, 12/19/24, 1/7/25, 1/9/25. We will begin making offers following completion of interviews until our available positions are filled.

Accreditation status

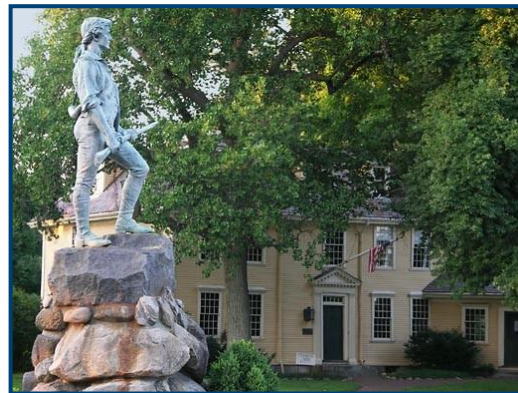
The Clinical Neuropsychology Psychology postdoctoral residency program at **Edith Nourse Rogers Memorial Veterans Hospital at VA Bedford Healthcare System** is accredited by the Commission on Accreditation of the American Psychological Association. In 2015, APA conducted a re-accreditation site visit, and the program was awarded the highest level (7 years) of re-accreditation status (through 2022). Questions related to the program's accredited status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002
Phone: (202) 336-5979 / Email: apaaccred@apa.org
Web: www.apa.org/ed/accreditation

Program setting

The neuropsychology training program at VA Bedford Healthcare System is a component of the psychology service, which employs 40 psychologists along with a large number of associated staff. The training program offers three tracks of training in clinical psychology: *postdoctoral training involving a full-time yearlong APA-accredited General Clinical residency and a two-year APA-accredited clinical neuropsychology residency; *a full-time yearlong APA-accredited doctoral internship;

and *a part-time (20-25 hour/week) practicum for ten months. The training program will have approximately 35-40 students per year across all tracks. The neuropsychology program contains three postdoctoral residents, one intern, and two to three practicum students per year. Students from nursing, social work, psychiatry, neurology, and other disciplines also train at the medical center each year.



Psychologists are involved in a range of leadership positions around the hospital, many of whom are program directors within their respective areas. Staff areas of expertise are broad, with a particular emphasis on psychosocial rehabilitation, integrative psychotherapy, evidence-based practices, and posttraumatic stress disorder (PTSD). Regarding the practice of psychosocial rehabilitation, a number of psychology service-run programs have received national awards for innovation. In addition, many staff are involved with research activities. A number of psychology service staff members are involved in research through the psychology service Mental Illness Research, Education, and Clinical Center (MIRECC). The Bedford campus also houses the nationally recognized

Geriatric Research, Education, and Clinical Center (GRECC) and staff psychologists are also active in research being conducted through this program. Psychology service and the training program are academically affiliated with the Boston University School of Medicine, where a number of VA Bedford psychologists hold faculty appointments. Staff are also active in a range of outside teaching and research at surrounding universities.

Local information



VA Bedford Healthcare System is located in Bedford, Massachusetts, a town of 14,000 residents that retains the charm of a quiet New England town although its expansion over the years marks it clearly as a suburb of Boston some 20 miles to the southeast. Bordered by Concord to the west and Lexington to the south, Bedford lies within earshot of the “shot heard ‘round the world” that initiated the American Revolution

(www.lexingtonchamber.org). Minuteman National Historical Park offers historical tours and events, as well as 11 miles of trail for biking, running, or walking.

Heading southwest from Bedford, metro-Boston and surrounding cities, such as Cambridge and Somerville are a close and commutable 15-20 mile drive. Boston is one of America’s oldest cities (founded in 1630) and retains its cozy European charm (www.bostonusa.com; www.boston-online.com). Like any big city, Boston offers an array of cultural events and opportunities, such as large theater productions, smaller independent theater, annual film festivals, and music venues both large and small. Cambridge and Somerville are smaller cities surrounding Boston and offer myriad restaurants, theaters, and music venues. The famed Charles River, which runs through Cambridge, offers opportunities for rowing and miles of trails for running, and serves as the backdrop for many area festivals. Harvard Square, one of the most well-known areas of Cambridge and home to Harvard University, is well known for its bookshops, coffeehouses, music, festivals, and street theater. Harvard University and Cambridge Center for Adult Education offer an impressive array of continuing education courses. MIT, Boston University, Boston College, and Tufts are other major schools that make the Boston/Cambridge area a world center for higher education. The Boston area is also known for its world class hospitals including Mass General, Mass Eye and Ear, Beth Israel, Brigham and Women’s, Dana Farber Institute, Children’s, and McLean. Various lectures and educational opportunities are available through area academic centers and teaching hospitals.

Heading two hours north from Bedford one finds the White Mountains of New Hampshire and the Green Mountains of Vermont, with some of the finest hiking, climbing, and skiing in the Northeast. Cape Cod's expansive beaches lie two hours to the south and Martha's Vineyard and Nantucket Islands are accessible by ferry from the Cape. Other beautiful ocean beaches are less than an hour from Bedford. Walden Pond (actually a small lake), where Thoreau lived and swam, is just 15 minutes from the hospital and is perhaps the prettiest of the local fresh water swimming options. Stockbridge, the home of both Alice's Restaurant and the Austen Riggs Center, is in the southern Berkshire Mountains two hours to the west. The natural beauty and artistic offerings (music at Tanglewood, dance at Jacob's Pillow and several first rate summer theaters) of the Berkshires are among the reasons many urbanites establish this as their second home.



Primary training staff

Malissa Kraft, Psy.D., ABPP-CN, is a clinical neuropsychologist working primarily within the Teleneuropsychology Clinic, serving Veterans in New Hampshire and Vermont. She is also involved in clinical research related to this newly emerging field. Dr. Kraft's clinical and research interests include geriatric neuropsychology and integrating telehealth technology into providing ongoing care for aging Veterans with dementia.

Maureen K. O'Connor, Psy.D., ABPP-CN, is the director of the neuropsychology service at VA Bedford Healthcare System. She is an Associate Professor at Boston University School of Medicine in the Department of Neurology and Leader of the Boston University Alzheimer's Disease Research Center Education Core. She is also a research investigator in the VA Bedford GRECC. Dr. O'Connor serves as the lead neuropsychologist for the Memory Diagnostic Clinic, a multidisciplinary team clinic focused on evaluation of older adult veterans. Dr. O'Connor's funded research is focused on the development of treatment interventions designed to improve daily living and well-being in aging individuals with and without neurocognitive disorders and their family members.

Melissa Rindge, PsyD, is a clinical neuropsychologist working within VA Bedford's neuropsychology service. Dr. Rindge serves as the lead neuropsychologist for the Inpatient Neuropsychology, Cognitive Rehabilitation, and Decision-Making Capacity Clinics. Dr. Rindge identifies as generalist and enjoys evaluating adult patients with a variety of medical and psychiatric presentations. She also has a strong interest in providing psychotherapeutic interventions through a neuropsychology lens in the settings of feedback and cognitive rehabilitation. Other research interests include quality improvement and program development in neuropsychology.

Sara K. Sullivan, Ph.D., is a clinical neuropsychologist working within the neuropsychology service. Dr. Sullivan serves as the lead neuropsychologist for the Acquired Brain Injury Clinic, evaluating Veterans with traumatic brain injury and/or stroke. In addition to providing services in the general outpatient neuropsychology clinic and inpatient units on campus, she works closely with the Polytrauma/TBI Interdisciplinary Team, a multidisciplinary team that screens returning veterans for traumatic brain injury. Her clinical and research interests include neuropsychological functioning in TBI and various neurological / neuropsychiatric conditions, cognitive processes affected by emotions and modifiable lifestyle factors, and the effects of symptom attribution on functional abilities.

Adjunct Training Staff

Adjunct staff supervisors within the neuropsychology program augment and expand resident training experiences by bringing to the training program skills, knowledge and expertise that complement those of the training committee. There are four adjunct supervisors providing mentorship or supervision in their respective professional roles.

Andrew Budson, MD, is a behavioral neurologist and cognitive neuroscientist. He is the Associate Chief of Staff for Education at VA Boston Healthcare System, the Director of the Education Core at the BU-ADRC, and the founder and lead investigator at the Center for Translational Cognitive Neuroscience (CTCN). Dr. Budson provides mentorship to postdoctoral residents engaging in research activities at the BU-ADRC and the CTCN.

Lauren Moo, MD, is a behavioral neurologist and Site Director of the Bedford Campus of the New England Geriatric Research, Education, and Clinical Center. She also provides neurological examinations via telehealth. Dr. Moo provides support and mentorship for neuropsychology trainees engaging in research through GRECC.

Michael L. Alosco, Ph.D., is a licensed clinical neuropsychologist and the Director of the Boston University (BU) Alzheimer's Disease Research Center (ADRC) Clinical Core, as well as Co-Director of Clinical Research at the BU CTE Center. He has an established research program that focuses on the following: (1) development of in vivo biomarkers for AD and AD related dementias (ADRD); (2) the contribution of cerebrovascular disease to the clinical and neuropathological expression of AD, and ADRD; and (3) the relationship between repetitive head impacts (RHI) from contact and collision sport play and traumatic brain injury (TBI) with later-life cognitive and neuropsychiatric decline, as well as neurodegenerative disease(s). His expertise affords neuropsychology residents an opportunity to receive extensive mentoring in research activities within the BU ADRC and CTE Center.

Thor Stein, M.D., Ph.D., is a neuropathologist and Associate Director of the Pathology Core at the BU-ADRC. He conducts brain cuttings at VA Bedford Healthcare System weekly and serves as the primary supervisor for neuropsychology students attending brain cuttings.

VA Bedford Healthcare System neuropsychology alumni:

Practicum Students:

Alicia Semiatin (2006-07)

Psychologist, InsideView Therapy Center

Lili Shaughnessy (2007-09)

Neuropsychologist, California Pacific Medical Center

Lindsay Muir-Embree (2009-10)

Neuropsychologist, UCLA

Rachel Bieu (2010-11)

Neuropsychologist, Baptist Health

Taylor Dunlap (2011-12)

Psychologist, Life Changes Group

Elizabeth Schwaiger (2011-12)

Melissa Stone (2012-13)

Psychologist, Child & Family Psychological Services

Erika Updegrove (2012-13)

Psychologist, CHE Senior Psychological Services

Megan Kavanagh (2013-14)

Neuropsychologist, Northshore Children's Center for Neuropsychology

Rebecca Stacy (2013-14)

Psychologist, Federal Bureau of Prisons

Ashley Wood (2014-15)

Christopher Malone (2014-15)

Central Institute of Mental Health (Research Postdoc)

Janelle Eloi (2015-16)

Clinical Scientist, Cogstate

Emily Williamson (2015-16)

Neuropsychologist, Gaylord Specialty Healthcare

Ashley Couto (2016-2017)

Neuropsychologist, Private Practice, Massachusetts

Emma Gosselin (2016-2017)

Neuropsychologist, Providence VA HCS

Samuel Gable (2016-2017)

Lauren Baumann (2017-2018)

Neuropsychologist, Private Practice, Massachusetts

Holly Dulaney (2017-2018)

UC Davis Medical Center (postdoc)

Haroon Malik (2017-2018)

Neuropsychologist, Beth Israel Deaconess Hospital

August Price (2018-2019)

Neuropsychologist & Concussion Program Director, Bellapianta Orthopaedics & Sports Medicine

Jason Alan (2018-2019)

Neuropsychologist, Private Practice
Joseph Boscarino (2018-2019)
Neuropsychologist, VA Tampa Healthcare System
Melissa Gardner (2019-2020)
Massachusetts General Hospital (Postdoc)
Meaghan Valler (2019-2020)
NAC Clinic (postdoc)
Elina Talis (2019-2020)
Staff Psychologist, NYU Langone
Sarah Boucher (2019-2020)
Neuropsychologist, Childrens Health Andrews Institute
Lawrence Chan (2020-2021)
Providence VAMC (postdoc)
Ammara Malik (2020-2021)
Dartmouth Hitchcock (postdoc)
Amy Overpeck (2020-2021)
Staff Psychologist, Altus Air Force Base
Karlie Ibrahim (2021-2022)
JFK Johnson Rehabilitation Institute (postdoc)
Barrington Latham (2021-2022)
Solomon Carter Fuller Mental Health Center (intern)
Melanie Robinson Findlay (2021-2022)
Neuropsychology Practicum Student
Camille Smith (2021-2022)
VA Bedford HCS (intern)
Jewel Heald (2022-2023)
Johns Hopkins School of Medicine (postdoc)
Hayden Ferguson (2022-2023)
Oregon Health and Sciences University (postdoc)
DJ King (2022-2023)
Neuropsychology Practicum Student
Chinye Nolisa (2023-2024)
Brenner Center for Assessment (intern)
Andrea Ruf (2023-2024)
Neuropsychology Practicum Student
Jonah Kildon (2023-2024)
Kaiser Permanente (intern)

Interns:

Malissa Kraft (2005-06):
Neuropsychologist, VA Bedford Healthcare System
Esther Misdraji (2006-07):
Neuropsychologist, Radius TBI; Adjunct Professor, Nova Southeastern University
Irene Pirytsky (2007-08):

Neuropsychologist, NAC Clinic
Kelly Jones (2008-09):
Neuropsychologist, private practice
Erin Reynolds (2009-10)
Neuropsychologist, Baylor, Scott, & White Sports Concussion Program
Anya Potter (2010-11)
Neuropsychologist, LifeStance Health
Thomas Laudate (2010-11)
Neuropsychologist, Tufts University
Lindsay Miarmi (2011-12)
Neuropsychologist, LifeStance Health
Haley Trontel (2012-2013)
Neuropsychologist, The Portland Clinic
Erika Clark (2013-2014)
Director of Neuropsychology, UMass Medical School
Renee Poulin (2014-2015)
Neuropsychologist, MGH for Children – Lurie Center
Michael Sugarman (2015-16)
Neuropsychologist, MUSC
Kayla Whearty (2016-2017)
Neuropsychologist, Northwell Health
Katherine Hartnack (2017-2018)
Neuropsychologist, University of Colorado Anschutz Medical Campus
Ashley Couto (2018-2019)
Neuropsychologist, Private Practice
Emma Gosselin (2019-2020)
Neuropsychologist, Providence VAMC
Sarah Boucher (2020-2021)
Neuropsychologist, Childrens Health Andrews Institute
Ryan Mulligan (2021-2022)
Central Western Massachusetts VA Healthcare System (postdoc)
Karlle Ibrahim (2022-2023)
JFK Johnson Rehabilitation Institute (postdoc)
Jewel Heald (2023-2024)
Johns Hopkins School of Medicine (postdoc)

Postdoctoral Residents:

Lee Ashendorf (2005-07):
Neuropsychologist, VA Central Western Massachusetts, Worcester MA
John Smolinsky (2007-09):
Staff Psychologist, VA Bedford Healthcare System, Bedford, MA
Paul Costanza (2008-10)
Hector Adames (2008-10)
Professor, Chicago Professional School of Psychology

Neuropsychologist, private practice, Chicago IL
 Meghan Mitchell (2009-11)
 Neuropsychologist, Tewksbury Hospital
 Julie Horwitz (2009-11)
 Neuropsychologist, UCHHealth, CO Springs
 Erin Reynolds (2010-12)
 Neuropsychologist, Baylor, Scott, & White Sports Concussion Program
 Neuropsychologist, NFL Dallas Cowboys
 Kalika Kelkar (2011-13)
 Neuropsychologist, VA Cincinnati Healthcare System, Cincinnati OH
 Rachel Berman (2013-15)
 Neuropsychologist, Senior Clinical Scientist, Bracket
 Erika Clark (2014-16)
 Director of Neuropsychology, UMass Medical Center
 Brett Bundy (2015-2017)
 Neuropsychologist, Private Practice, Washington DC
 Michael Sugarman (2016-2018)
 Neuropsychologist, Medical University of South Carolina, Charleston SC
 Sara Sullivan (2016-2018)
 Neuropsychologist, VA Bedford Healthcare System, Bedford MA
 Robyn Migliorini (2017-2019)
 Neuropsychologist, Private Practice, Oregon
 Erica Appleman (2018-2020)
 Neuropsychologist, Clinical Scientist, Bracket
 Ramona Rostami (2018-2020)
 Neuropsychologist, Hefner VAMC, Salisbury NC
 Melissa Rindge (2019-2021)
 Neuropsychologist, VA Bedford Healthcare System, Bedford MA
 Brandon Frank (2020-2022)
 Neuropsychologist, VA VISN 1 Clinical Resource Hub, Boston MA
 Lauren Strainge (2020-2022)
 Neuropsychologist, Private Practice, Connecticut
 Zoe Bell (2021-2023)
 Neuropsychologist, VA National Center for Dementia
 Kassondra Bertulis (2022-2024)
 Neuropsychologist, Manchester VAMC

Appendix A – Expected Competencies (Summarized)

Integration of Science and Practice

1. Maintain currency of knowledge and skills in clinical neuropsychology practice, using scientific literature, seminars, conferences, training sessions, and/or other evidence-based resources.
2. Demonstrate and utilize knowledge about
 - a. the neuropsychology of behavior and additional areas as relevant to practice, especially neuroanatomy, neural systems, brain development, and neuropathology.
 - b. psychometrics and the scientific basis of assessment and test selection
 - c. signs/symptoms, patterns of prevalence and incidence, patterns of impairment, and the functional impact of a variety of neurological, psychiatric, and medical conditions.
3. Apply key components of evidence-based practice in selecting appropriate assessments/interventions, recommendations, and supervision methods.

Ethical and Legal Standards/Policy

1. Have knowledge of, and consistently act in accordance with, the current APA Ethical Principles of Psychologists and Code of Conduct, as well as relevant laws, statutes, regulations, rules, and policies governing the practice of clinical neuropsychology at the organizational, local, state, regional, and federal levels.
2. Be conversant with ethical and legal issues relevant to psychologists and neuropsychologists.
3. Recognize ethical dilemmas as they arise, apply ethical decision-making processes to resolve dilemmas, and utilize professional and legal consultation as appropriate.
4. Conduct self in an ethical manner in all professional activities.

Individual and Cultural Diversity

1. Demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
2. Integrate current theoretical and empirical knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation
3. Understand and appreciate how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations.
4. Demonstrate the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles

Professional Identity and Relationships/Self-Reflective Practice

1. Possess knowledge of the varying roles of clinical neuropsychologists across settings.

2. Demonstrate professional behavior and comportment that reflects the values and attitudes of clinical neuropsychology.
3. Maintain productive relationships with a variety of individuals and demonstrate effective interpersonal and communication skills.
4. Engage in reflective self-assessment regarding limits of competence (e.g., knowledge base and skill sets necessary for practice).
5. Exhibit awareness of personal and professional problems and demonstrate positive coping strategies with personal and professional stressors and challenges.

Interdisciplinary Systems/Consultation

1. Understand the key issues, concepts, and roles in related disciplines (e.g., neurology, psychiatry, neuroradiology, rehabilitation, and education) and other health professions, communicate effectively with other professionals, place appropriate referrals, and integrate the perspectives of other disciplines into case conceptualizations.
2. Function effectively in consulting roles across settings, clarify referral questions, apply knowledge appropriate to each setting, and effectively communicate results to referral sources both verbally and in writing.

Assessment

1. Accurately discern and clarify neuropsychological assessment questions, including who will be the “consumers” of the assessment results, and how assessment results will be utilized.
 - a. Effectively gather information essential to addressing assessment questions through clinical interviews, targeted behavioral observations, records review, and objective test scores.
2. Interpret assessment results to produce integrated conceptualizations, accurate diagnostic classifications, and useful recommendations.
3. Communicate the results and conclusions both orally and in written reports in an accurate, helpful, and understandable manner, sensitive to a range of audiences.
4. Address issues related to specific patient populations by referring to providers with specialized competence when appropriate, obtaining consultation, utilizing appropriate normative data, and describing limitations in assessment interpretation.

Intervention

1. Understand evidenced-based intervention practices to address cognitive and behavioral problems present in different clinical populations.
2. Understand how complex neurobehavioral disorders and sociocultural factors can affect the applicability of interventions.
3. Employ assessment and provision of feedback for therapeutic benefit.

Research

1. Accurately and effectively perform neuropsychological research activities, monitor progress, evaluate outcome, and communicate research findings.
2. Apply knowledge of existing neuropsychological literature and the scientific method to generate appropriate research questions and determine effective research design and appropriate analysis.

Teaching/Supervision/Mentoring

1. Demonstrate knowledge of teaching, supervision, and mentoring theories, methods, and practices relevant to clinical neuropsychology.
2. Teach, supervise, and mentor more junior trainees in clinical neuropsychology effectively and appropriately.

Management/Administration

1. Possess knowledge of common administrative and business practices in neuropsychology practice.
2. Manage responsibility for key patient care tasks and contacts with effective documentation in a timely manner.

Appendix B – Competency Rating Chart

1	2	3	4	5	6	7	8	9
Below resident level			At resident level			Independent practice		
Needs remediation (likely in the form of a PIP) Needs substantial supervision	Deficiencies noted in possibly more than 1 area, still may be PIP-worthy, continue to monitor; very close supervision needed	Some level of deficiency noted in at least one part of the respective domain; close supervision needed	Operating as an entry level resident; No glaring deficiencies, but needs some supervision to improve and refine skills (Average resident should start here)	Operating at a satisfactory level; Still needs some supervision, but has generally sound skills, professional behavior, instincts (above average residents may start here)	Operating as a highly functioning fellow; has benefitted from training, has a good repertoire of clinical skills, refined diagnostic skills; little to no supervision needed (Ideally, residents at the end of their training should be here)	Operating at a level of an independent psychologist; Needs minimal supervision other than what is required by statute	Operating at a level of a licensed independent practitioner; no supervision needed	ABPP, operating at an advanced level

Appendix C: Postdoctoral Residency Admissions, Support, and Initial Placement Data (Updated October 2023)

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Residents	At least \$58,222
Annual Stipend/Salary for Half-time Residents	n/a
Program provides access to medical insurance for resident?	Yes
If access to medical insurance is provided:	
Trainee contribution to cost required?	Yes
Coverage of family member(s) available?	Yes
Coverage of legally married partner available?	Yes
Coverage of domestic partner available?	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	104 accrued
Hours of Annual Paid Sick Leave	104 accrued
Hours of Annual Administrative Authorized Absence	32 accrued
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes
<p>Other Benefits (please describe): Residencies are for 2080 hours to be completed over a twelve-month period. Residents accrue a total of thirteen days of personal leave as well as sick leave over the course of the year. In addition, residents are granted up to eight days for educational leave and/or professional development (such as dissertation-related activities, attending training or professional conferences, or postdoctoral interviews) across the two-year program (four days per year).</p> <p>The training brochure of the residency outlines specific policies regarding grievance options and procedures, due process with regard to resident performance or professional functioning issues, and other relevant policies related to the medical center and the training program specifically.</p>	

Program Disclosures

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p><u> X </u> Yes</p> <p><u> </u> No</p>
<p>If yes, provide website link (or content from brochure) where this specific information is presented: Eligibility requirements for all VA residency training programs</p> <ol style="list-style-type: none"> 1. Completion of an APA-accredited graduate program in Clinical or Counseling psychology. Persons with a doctorate in another area of psychology who meet the APA criteria for respecialization training in Clinical or Counseling Psychology are also eligible. 2. U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All interns and residents must complete a Certification of Citizenship in the United States prior to beginning VA training. 3. A male applicant born after 12/31/1959 must have registered for the draft by age 26 to be eligible for any US government employment, including selection as a paid VA trainee. Male applicants must sign a pre-appointment Certification Statement for Selective Service Registration before they can be processed into a training program. Exceptions can be granted only by the US Office of Personnel Management; exceptions are very rarely granted. 4. All staff and students are subject to fingerprinting and background checks. Beginning the training year is contingent on passing these screens. 5. VA conducts drug screening exams on randomly selected personnel as well as new employees. Interns and residents are not required to be tested prior to beginning work, but once on staff they are subject to random selection for testing as are other employees. 	

Postdoctoral Program Admissions

Briefly describe important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:

Our program seeks qualified applicants from doctoral training programs in clinical psychology, with prior training and experience in neuropsychology and a clearly demonstrated intent to pursue a career as a neuropsychologist.

Applicants must have completed all requirements for their doctoral degree, which includes the successful defense of their dissertation, prior to starting the postdoctoral residency. In order for the program to make an offer to an applicant who has not yet completed their defense, a letter from the dissertation chair attesting that the dissertation will be completed prior to the start of the residency is required. In addition, the Department of Veterans Affairs requires that both doctoral degree and internship have been completed from programs that are accredited by the American Psychological Association (please see section below "Eligibility Requirements for VA Postdoctoral Residency Training Programs").

Residents are selected based on academic excellence, clinical experience, research experience, recommendations of professors / supervisors, interview, and interests. Consideration is given to aspects of life experience, particularly the ability to understand human diversity.

The program typically interviews selected applicants from December to mid-January. Selected applicants generally have three to four interviews within the program, sometimes including current residents. All interviews will be offered remotely for multiple reasons, including minimization of exposure due to the pandemic and to increase accessibility to applicants from varying socioeconomic backgrounds. If applicants are interested, we are happy to arrange an in-person interview experience so that they may be able to assess the local area and resources of the VA. However, the decision on whether to interview remotely or in-person will NOT be considered in candidate selection. Offers are generally made in early-mid January.

Please note: The neuropsychology postdoctoral residency program does not participate in the APPCN Match system.

Please note, by accepting a postdoctoral training position at our agency, the applicant is agreeing to complete TWO full years of residency training. It is fully expected that once an applicant accepts a position at our site, they will cease to pursue other postdoctoral or staff positions and will plan to complete the full training program at this facility. If an applicant has any reason to believe that they may not complete the residency program, they should not apply nor accept an offer for training at this site.

Describe any other required minimum criteria used to screen applicants:
<p>The following materials are the minimum requirements for application review:</p> <ol style="list-style-type: none"> 1. A cover letter detailing: <ol style="list-style-type: none"> c) A description of your interest and experience in neuropsychology d) A description of the status of your dissertation, including details related to phase of the project and expected dates for subsequent phases and/or completion 2. CV (which includes a brief description of internship rotations) 3. One redacted comprehensive neuropsychological evaluation report 4. Three (3) signed letters of recommendation (at least one from an internship supervisor, and at least one from doctoral program faculty). References are asked to email their letters of recommendation directly to the program. 5. Please also include in your email: (1) Graduate program, Degree (Ph.D. or Psy.D.), and APA accreditation status (“Yes”, “No”, “Probation”) (2) Internship and APA accreditation status (“Yes”, “No”, “Probation”) (3) Defense date (either “completed”, “set” or “projected”) (4) U.S. Citizen (“Yes” or “No”) (5) contact information (email, home address, phone numbers we can use to contact you)

Initial Post-Residency Positions

(Aggregate of seven cohorts)	2018-2024	
Total # of residents who were in the seven cohorts	10	
Total # of residents who remain in training in the residency program	3	
	PD	EP
Academic teaching		
Community mental health center		
Consortium		
University Counseling Center		
Hospital/Medical Center		1
Veterans Affairs Health Care System	3	5
Psychiatric facility		
Correctional facility		
Health maintenance organization		
School district/system		
Independent practice setting		
Other		1