Methodist Rehabilitation Center & University of Mississippi Medical Center Training Consortium Neuropsychology Fellowship
Overview

The Methodist Rehabilitation Center (MRC)/University of Mississippi Medical Center (UMC) Postdoctoral Fellowship in Clinical Neuropsychology is a collaborative training program of MRC, the UMC Department of Neurology and Neurosurgery, and the GVSM VAMC Neuropsychology Clinic. The MRC/UMC fellowship is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN) and complies with the training guidelines developed by the Houston Conference on Specialty Education and Training in Clinical Neuropsychology and the International Neuropsychological Society/American Psychological Association Division 40. The fellowship is a two-year program. Expected start date is 8/1/16.

The fellowship was founded in 1998 by Mark Sherer, Ph.D., ABPP-CN and is currently directed by Dr. Clea Evans and Dr. Joy Clark., ABPP-CN. Other faculty of the fellowship are Jim Irby, Ph.D., ABPP-CN, Robert Adams, Ph.D., Danny Burgess, Ph.D., Ted Bennett, Ph.D., and Edward Manning, Ph.D. The goals of the fellowship are to: (1) prepare fellows for independent practice in clinical neuropsychology, (2) provide training...
in research in clinical neuropsychology and facilitate fellows’ completion of professional presentations and publications, and (3) prepare fellows to become board certified in clinical neuropsychology by the American Board of Professional Psychology – American Board of Clinical Neuropsychology.

Training activities include supervised clinical work, supervised research projects, seminars, courses, teaching rounds, and others. Fellows spend 70% or more of their time in supervised clinical work. Research occupies 10-15% of the fellow’s time, depending on fellow’s interests. Other training experiences include a variety of courses, seminars, teaching rounds, training of psychometrists, and opportunity to attend court proceedings. Fellows take the Medical Neurobiology class and lab course with 1st year medical students at UMC. Fellows also attend seminars in clinical neuropsychology, psychiatry, and neuropsychology.

There are three main units at MRC: Brain Injury, Stroke, and Spinal Cord. As a result, we serve patients with a wide variety of neurological and spinal cord conditions, including traumatic brain injury, anoxic brain injury, brain tumor, brain infection, strokes of all etiologies, progressive neurological disorders, traumatic spinal cord injury, significant orthopedic injuries, and movement disorders (e.g., Parkinson’s). We also work with patients with rare neurological disorders such as West Nile encephalitis, von Hippel-Lindau syndrome, and Devic’s syndrome.

MRC receives referrals from the entire state of Mississippi, which facilitates exposure to an ethnically, religiously, educationally, and economically diverse population. In addition to clinical care, MRC is involved in training and clinical research. MRC is the site for several funded grants. Patient populations served at UMC’s Neurology and Neurosurgery Department include seizure disorders (in the seizure surgery program), acute neurotrauma, pediatric rehabilitation, stroke, developmental disorders, progressive neurologic disorders, brain tumor, and geriatrics. Opportunities at GVSM VAMC include outpatient and inpatient assessment with Veterans from numerous service eras.

**ABPPCN**

The Postdoctoral Fellowship in Clinical Neuropsychology at Methodist Rehabilitation Center and the University of Mississippi Medical Center is a member of the Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN). The mission of APPCN is to foster the development of advanced postdoctoral education and training programs in clinical neuropsychology and to establish standards for residency programs in clinical neuropsychology that lead to the development of competency in this area of specialty practice.

Programs affiliated with APPCN seek to train residents in clinical competencies that will qualify them for ABCN/ABPP diplomat status. Member directors of APPCN are ABCN/ABPP diplomats. APPCN endorses the scientist-practitioner model of training. Thus APPCN programs provide research and academic experiences in addition to clinical training.

APPCN is not an accrediting body. APPCN has developed training standards in clinical neuropsychology, specific ethical standards and a code of conduct, and a uniform notification date for residency offers. APPCN member programs voluntarily comply with these standards. APPCN disseminates information about affiliated programs. APPCN developed from earlier work to develop the profession of Clinical Neuropsychology. Division 40 (Clinical Neuropsychology) of APA was established in 1980 and clinical neuropsychology was recognized as a specialty by the American Board of Professional Psychology (ABPP) in 1983. A task force sponsored by the International Neuropsychological Society (INS) and Division 40 developed guidelines for training at the doctoral, internship, and postdoctoral levels.

A group of postdoctoral programs in the Midwest formed a consortium in 1988 to implement the INS/Division 40 training guidelines and facilitate development of program evaluation and accreditation procedures. At the encouragement of the Midwest Neuropsychology Consortium, ABPP sponsored a conference in Minneapolis in September 1991 on the accreditation of postdoctoral programs in professional psychology. This conference was attended by representatives of many national organizations. The Minneapolis conference called for the development of national organizations of postdoctoral program directors in each of the postdoctoral specialties. In response, the Midwest Neuropsychology Consortium hosted the inaugural national meeting of postdoctoral clinical neuropsychology training programs in San Diego in February 1992. APPCN grew out of this meeting of program directors. APPCN adopted by-laws and was formally incorporated in 1994. In 1997, APPCN was a sponsor and participated in the further development of guidelines for education and training in clinical neuropsychology at the Houston Conference.


**Rotations**

**Methodist Rehabilitation Center—Primary Rotation**

You will work 4-5 days per week at the main hospital. You will see patients from the MRC inpatient brain injury, stroke, spinal cord, orthopedic units. You and your supervisor will attend staffing for each unit and report on the status of the patient. You will collaborate with the team on treatment plans (rehabilitation, behavioral, psychological) and take responsibility for educating patient, family, and other team members.

Fellows will also be expected to follow patients in the Outpatient Neuropsychology Clinic. Fellows will be assigned a case to interview and evaluate under the supervision of a staff member, often seeing their inpatients on follow-up. In addition, you have the option to do minor rotations at UMC (adult and pediatric patients) under the supervision of Dr. Edward Manning or at the VA Medical Center under Dr. Ted Bennett.

**Inpatient Brain Injury, Stroke, & Spinal Cord Units**

**Structure:** You will carry a caseload of 6 to 10 inpatients to follow on a weekly basis. You will attend team staffing and see patients (informally & formally) for evaluation and treatment. You will be expected to see patients a minimum of twice each week (unless indicated otherwise) and occasionally daily (depending on the medical, psychological, and behavioral issues involved). The content of your bedside exam will vary depending on the referral question, patient impairments, and style of your supervisor.

**Staffing:** The staffing for each rehabilitation unit is on different days and includes the patient’s physiatrist, therapy team (i.e., physical, occupational, and speech therapy), respiratory therapy, therapeutic recreation, nurse manager, case manager, and social worker. You will report on the status and progress of your patients and work collaboratively with the treatment team to problem-solve as needed and assist with discharge planning.

**Bedside Evaluation:** You will learn to perform a bedside evaluation using many brief tests that will assist you in quantifying change over time in patient’s level of responsiveness, behavior, and cognition. Measures such as the Coma Recovery Scale, Galveston Orientation & Amnesia Test, Agitated Behavior Scale, Mississippi Aphasia Screening Test, Confusion Assessment Protocol, and Montreal Cognitive Assessment are commonly used. Additionally, supervisors will familiarize you with other methods of patient examination to index neurologic impairment and subsequent improvement (e.g., Confusion Assessment Protocol). Initially, you will be following supervisors on the unit. Over time you will become independent from your supervisor in conducting bedside examination, giving family feedback, and behavioral management.

**Neuropsychological Evaluation:** When an inpatient is ready for full neuropsychological evaluation, you will be involved in obtaining more background information, administering tests, scoring tests, and writing a report. When you have patients scheduled, it is expected that you will do some testing administration—psychometrist services may be used, when available and appropriate. Initially, you should review what tests to select with your supervisor and will be expected to generate the test battery over time with limited supervision. A written summary should be placed in the patient’s medical chart no later than one day after scoring is completed. A formal report is due within three to five working days of completion of testing. Initially, you will type reports and later dictate them. Be prepared to report the results of testing in team staffing.

**Family Education/Feedback:** Educating family members is one of the primary responsibilities on the inpatient unit. You should introduce yourself as a fellow in training and identify your supervisor. In addition, you should provide an explanation about what a neuropsychologist does on the unit and what role you will be playing on the rehabilitation team. You will be obtaining history from family members as often patients are unable to do so.
Other activities involving family members include: providing feedback about course of recovery, anticipated behavioral and cognitive impairments, results of testing and treatment recommendations, and counseling as indicated. You may take some responsibility for support groups for family members.

**Behavior Management:** Behavioral changes are common after brain injury. Often neuropsychology staff members are asked to assist in developing behavioral interventions to assist team members and family members adjust to these types of changes. In addition to providing education to the parties involved, you may attend therapy sessions to actually observe the behavior and provide feedback directly to the consumers of your treatment suggestions. Use of ratings scales to document improvement in behavior and subsequent feedback to the team during staffing is suggested.

**Neuropsychology Outpatient Clinic**

The Neuropsychology Outpatient Clinic provides comprehensive neuropsychological evaluation and consultation services. Most patients are seen in follow-up after discharge from inpatient rehabilitation. The postdoctoral fellow facilitates appropriate scheduling for follow-up for inpatients that he/she is following. Other patients are seen as direct outpatient referrals.

**Structure:** The postdoctoral fellow will often take the lead on outpatient follow-up evaluations for patients they originally saw on inpatient. In addition, they may be assigned additional cases in the Neuropsychology Outpatient Clinic. The fellow may be responsible for some or all of the following for a particular case: testing, scoring, recording scores on the summary sheet, completion of research protocols, submitting charges, test selection, interview, report generation, feedback, obtaining outside records, etc. Specific responsibilities on a case should be clarified with the supervising neuropsychologist. Length of evaluation is determined by the specific needs of the patient. Reports are to be generated within 5 working days of completion of the evaluation.

**QUEST Program (minor rotation)**

The QUEST program is an outpatient, community-based day treatment brain injury program. The goal of the QUEST program is to help people who have sustained brain injuries due to head trauma, stroke, or other neurological problems return to their pre-injury activities such as work, school, and independence in their home life. Treatment is a mixture of individual and group therapies provided by an interdisciplinary team of physical therapists, occupational therapists, speech/language pathologists, vocational specialists, and psychologists. Clients are taught compensatory strategies to address residual cognitive deficits and environmental supports are arranged to maximize clients’ functioning. Issues addressed include accommodations at vocational placement sites, transportation, family relationships, and others. Counseling and education are provided to address personal and family adjustment, and to improve accurate self-awareness. Treatment initially focuses on simulated activities in the clinic and is transitioned to productive activities in the community. Therapies take place at the QUEST program offices, but activities are often also moved into real life community settings. Treatment is designed to decrease the impact of the client’s physical, cognitive, and emotional/behavioral impairments on their daily functioning. Fellows have the opportunity to rotate to the Quest Program for training 1-2 days/week during the second year of fellowship.
Educating family members continues to be an important part of your training and responsibilities over at QUEST. Fellows coordinate family conferences, conduct family evaluations upon a client’s initial entry into the program, and provide education to family members in an ongoing fashion. In addition, fellows have the opportunity to provide individual therapy and lead some group therapies as part of their QUEST rotation. Group therapies address such issues as memory compensation, problem solving/reasoning skills, organizational skills, brain injury education, adjustment issues, communication skills, independence skills, stress management, anger management, substance abuse, healthy lifestyles, job seeking, and work related skills.

**University of Mississippi Medical Center—Minor Rotation**

**Weekly Rounds:** Consults for this service are typically from Adult and Pediatric Neurology, Adult and Pediatric Neurosurgery, Trauma, and Pediatric Physiatry. Patient populations include acute head trauma, acute stroke, anoxic brain injury, seizure, non-epileptic seizure, encephalopathy, and movement disorders. You will be assigned 1-2 patients per week. You will be expected to review the patient chart, perform a bedside exam, and be prepared to present the case during weekly rounds (Tuesday afternoons). Weekly rounds will consist of Fellow presentation of cases and participation in examination of new cases. You will be expected to see patients at least two times per week (some cases may require more frequent contact) with use of appropriate serial evaluation protocol. You will be responsible for charting the results of your initial and subsequent exams.

**Epilepsy Program:** A collaborative effort exists between Neurosurgery and Neurology for the treatment of intractable epilepsy. Currently, multidisciplinary team meetings are held the 2nd and 4th Thursdays of each month (8am, Neurosurgery conference room, 7th floor, UMC) to discuss adult and pediatric cases. You will have the opportunity to assist in pre-surgery neuropsychological evaluations, Sodium Amytal (Wada) procedures, grid stimulation procedures, cortical mapping, and post-surgery evaluations.

**G.V. (Sonny) Montgomery VA Medical Center—Minor Rotation**

Opportunities are available to rotate to the Neuropsychology Clinic at the GVSM VAMC. The Neuropsychology clinic is part of the postdoctoral training program at GVSM VAMC and includes one postdoctoral fellow every two years (on an overlapping schedule with the MRC fellow). The MRC fellow will be supervised by Dr. Ted Bennett and will work closely with the VAMC fellow. Opportunities are available for outpatient and inpatient neuropsychological assessment for Veterans with a wide variety of neurological and psychiatric disorders, as well as for provision of feedback and collaboration with primary care and/or mental health teams. In addition, the fellow is able to attend didactics offered at GVSM VAMC, including in-services and the psychology postdoctoral fellow didactic seminars.

**Supervision & Didactics**

**Supervision**
The fellow is supervised by the neuropsychologist assigned to each service (e.g., Dr. Joy Clark will largely supervise patients from the stroke service). Supervision is an ongoing and dynamic process, involving both formal and informal aspects. In addition, the fellow may wish to consult with other supervisors on particularly complicated cases and is encouraged to do so, with supervisor permission. A minimum of two hours of supervision is expected weekly.

**Neuropsychology CE Seminar**
The neuropsychology department, staff physiatrists, and various other professionals in the community participate in weekly continuing education seminar which occurs yearly. Guest speakers and staff present on topics relevant to brain injury, neuropsychological assessment, and various professional issues and the format provides an opportunity to discuss issues throughout. Fellows are expected to present approximately one to two times each year on a relevant topic. You will receive feedback from staff regarding presentation style in order to prepare you for future job talks. Attendance to this seminar is required. **Time and location:** Tuesdays at noon; typically on the second floor of MRC in the Conference Center.
Neuropsychology Fellowship

Neurology/Neurosurgery Grand Rounds
The Departments of Neurology and Neurosurgery at University of Mississippi Medical Center sponsor a weekly seminar on various neurological and neurosurgical topics for presentation by staff and invited speakers. Audience typically includes personnel from departments of Neurology, Neurosurgery, Physiatry, and Neuropsychology. You will be expected to attend this meeting as often as you can and you are required to attend at least 10 times each year. In the event you have staffing on the brain injury unit that overlaps with this seminar, you can leave the seminar early to attend staffing. **Time and location:** Wednesdays from 8:00 to 9:00 AM on the 2nd floor of MRC in the Conference Center.

Psychiatry/Psychology Grand Rounds
The Department of Psychiatry and Human Behavior at University of Mississippi Medical Center sponsors weekly grand rounds on various topics relevant to professionals in the mental health field. Speakers are staff and invited guests. Audience includes mental health, neurology, and other professionals in the community. Certain presentations are mandatory for staff and trainees. **Time:** Fridays from 11:00 to 12:00.

Medical Neurobiology Course
This class is offered through the Department of Neuroscience at UMC School of Medicine and is a study of the human nervous system using lecture presentations, clinical correlations and laboratory material/demonstrations with case diagnosis. The course covers neuroanatomy, neurophysiology, and some clinical neurology. This class is crucial for preparation for the written examination required for board certification in neuropsychology. **Time:** Fellows complete this class from January to April of the 1st year of the fellowship and have a reduced case-load during this time.

**Research**

**Expected Productivity:**
APPCN guidelines indicate that fellows in clinical neuropsychology should spend at least 10% of their training time in research. Fellows have the opportunity and responsibility to work on grant-funded projects, but fellows may work on other projects under the supervision of various faculty and develop their own projects to be completed with assistance from faculty. APPCN clinical neuropsychology fellowship exit criteria require that each fellow demonstrate research competence by submission of a study or literature review for publication or presentation or by submission of a grant proposal. It is the expectation of our fellowship that each fellow will have at least one paper/poster accepted for presentation at a Neuropsychology meeting (International Neuropsychological Society, National Academy of Neuropsychology, American Psychological Association - Division 40) and at least one paper submitted for review for publication before graduation from the fellowship.

**Conference Attendance:**
Fellows are generally allowed 5 release days per year for conference attendance or other outside educational activities. Use of these days is subject to approval by Dr. Evans. Unused days from year 1 do not rollover to year 2. Additional days may be approved if the fellow is presenting a paper at a conference. Funding for conference attendance is dependent on hospital and departmental budgetary status. Generally, fellows have been funded to attend one neuropsychological conference in each year of the fellowship.

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<td><strong>Clea Evans, Ph.D.</strong></td>
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<td>Dr. Clea Evans is the Director of the Postdoctoral Fellowship in Clinical Neuropsychology at Methodist Rehabilitation Center/University of Mississippi Medical Center. She also serves as Director of Neuropsychology at Methodist Rehabilitation Center. Dr. Evans completed a postdoctoral fellowship in clinical neuropsychology at Baylor College of Medicine/The Institute for Rehabilitation and Research (TIRR). She completed her M.S. and Ph.D. in Clinical Psychology at the University of Georgia, followed by a one year clinical internship at the University of Mississippi Medical Center /VA Medical Center. She serves as the primary supervisor for the Brain Injury service. She serves on the Women in Leadership committee of the National Academy of Neuropsychology. Research and clinical interests include early neurobehavioral recovery, community integration, and functional outcome following brain injury.</td>
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<td><strong>Joy Clark, Ph.D., ABPP-CN</strong></td>
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<td>Dr. Joy Clark received her B.A., M.A., and Ph.D. at Texas Tech, and completed a predoctoral internship at the University of Mississippi Medical Center/VA Medical Center Consortium. She completed her 2-year clinical neuropsychology fellowship at Methodist Rehabilitation Center/ University of Mississippi Medical Center Training Consortium. She serves as the primary neuropsychologist for the stroke service but sees patients with a variety of other neurological conditions as well. She is also an adjunct professor of psychology at Millsaps College and serves on the Culture and Diversity committee of the National Academy of Neuropsychology. Research and clinical interests include prevention of secondary stroke, effects of cardiovascular risk factors on cognition, and use of neuropsychological assessment measures in diverse populations.</td>
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<td><strong>Jim Irby, Ph.D., ABPP-CN</strong></td>
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<td>Dr. James Irby is a graduate from Millsaps College. He earned his Ph.D. in clinical psychology from the University of Southern Mississippi. He completed his internship at the University of Oklahoma Health Science Center in Oklahoma City and a two-year postdoctoral fellowship in clinical neuropsychology at the University of Virginia Medical Center in Charlottesville, Virginia. He is currently an adjunct professor of psychology at Millsaps College. His clinical and research interests include emotional and motivational disorders following neurological injury, the neurobehavioral consequences of substance abuse, and the therapeutic alliance between clinicians, clients, and their families.</td>
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<td><strong>Robert Adams, Ph.D.</strong></td>
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<td>Dr. Rob Adams completed his Ph.D. from CSPP and his neuropsychology fellowship at Methodist Rehabilitation Center and University of Mississippi Medical Center Training Consortium. He has supervised the psychological services at a nursing home system and supervised the psychological assessment services at Mississippi State Hospital. He has been in private practice and consulted for local hospitals and treatment facilities. He conducted neuropsychological and psychological forensic evaluations for two facilities regarding impaired professionals (e.g., physicians and lawyers referred by their medical board and bar, respectively). Research and clinical interests include: stroke, dementia, and psychiatric conditions.</td>
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<td>Dr. Danny Burgess, Ph.D.</td>
<td>Dr. Edward Manning, Ph.D., ABPP-CP</td>
<td>Dr. Ted Bennett, Ph.D.</td>
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Dr. Danny Burgess is a clinical psychologist for the Quest Program. He received his MS and PhD in clinical psychology at Auburn University. He completed his pre-doctoral internship and post-doctoral fellowship in clinical health psychology at the University of Wisconsin Hospital and Clinics. During this time, Dr. Burgess received specialized training in inpatient and outpatient settings with patients exhibiting a wide range of acute and chronic medical issues, including trauma, burn, strokes, orthopedic injuries, spinal cord/brain injury, cardiovascular, organ transplant, and cancer. His research interests have focused on the classification of personality disorders, compliance issues with organ transplant patients, and PTSD of burn patients.

Dr. Edward Manning obtained his B.S. from Millsaps College and his M.S. & Ph.D. from the University of Mississippi, Oxford. He completed his internship at the VA Medical Center in Houston, TX. He is board certified in clinical psychology. He is currently Assistant Professor in the Department of Neurology at University of Mississippi Medical Center. His clinical practice and current research interests include: neurobehavioral consequences of stroke, head trauma, and epilepsy. He works with adult and pediatric populations.

Dr. Ted Bennett is a staff psychologist at the GVSMVAMC and holds an appointment as an Assistant Professor in the Department of Psychiatry and Human Behavior at UMMC. He received his Ph.D. in Psychology from the University of Mississippi in 2004 and completed his predoctoral internship at the Central Arkansas Veterans Healthcare System. He also completed a 2-year postdoctoral fellowship in Neuropsychology and Rehabilitation at the Methodist Rehabilitation Center in Jackson, Mississippi. His research interests are in the areas of ecological validity of neuropsychological testing, assessment of effort in neuropsychological testing, assessment of functional abilities in dementia patients, and psychotherapy with patients suffering from impaired awareness.
Methodist Rehabilitation Center & University of Mississippi Medical Center Neuropsychology Training Consortium (Match Site# 9922) Application Process

The following is requested to complete your application.

_____ Letter of interest
_____ Curriculum vita
_____ Official graduate transcript
_____ Three letters of recommendation
_____ Letter from your dissertation chair or director of clinical training indicating when you will have completed all requirements for your degree

Application materials are due January 4th, 2016. Send materials to:

Dr. Clea Evans
Department of Neuropsychology
Methodist Rehabilitation Center
1350 East Woodrow Wilson Drive
Jackson, Mississippi 39216
cevans@mmrcrehab.org
Fax: 601-364-3558

Feel free to contact our office with questions, 601-364-3448 or email: cevans@mmrcrehab.org

Interviews will be conducted at the INS Meeting in Boston (meeting dates Feb 3-6, 2016). Alternate interviews arrangements (on-site or by phone/Skype) may be considered if an applicant is unable to attend INS.

Important Dates (https://www.natmatch.com/appcnmat/aboutdates.html):
January 15, 2016 Recommended date by which applicants should register for the Match.
January 27, 2016 Beginning on this date applicants and programs will be able to submit Rank Order Lists for the Match using the NMS Match System.
February 11, 2016 Final date for submission of applicant and program Rank Order Lists. No Rank Order Lists, registrations or withdrawals can be accepted after this date.
February 22, 2016 Results of the Match are released to applicants and program directors. No action to fill positions remaining unfilled is to be taken prior to 12 noon Eastern Time on this date. Program directors must send letters of confirmation of the Match result to matched applicants, according to APPCN Match Policies.

More information about postdoctoral training in clinical neuropsychology and the APPCN match can be obtained at http://www.appcn.org/.