



NORTHEAST NEUROPSYCHOLOGY
BRAIN & BEHAVIORAL HEALTH PARTNERS

PRACTICUM TRAINING
Application Information Sheet

Name: _____

Email Address: _____

Phone Number: _____

Graduate Program Name: _____

Number of Years in Graduate Program: _____

Graduate Program Director of Training Name (for informational purposes only; we will not contact your program for information about you as part of the application process):

Track applying to: Adult Neuropsychology
 Lifespan (*adult and pediatric*) Neuropsychology

Please send this information sheet, a cover letter, and your CV to the Director of Training at
drwrocklage@neneuropsych.com

Sincerely,

Kristen Wrocklage, Ph.D.
Clinical Neuropsychologist
Director of Training