



JOHNS HOPKINS
UNIVERSITY

Department of Psychiatry & Behavioral Sciences

Postdoctoral Residency in Clinical Neuropsychology



MISSION STATEMENT

The residency in clinical neuropsychology at the Johns Hopkins University School of Medicine provides advanced training and supervision in the clinical application of scientific knowledge of normal and abnormal brain function and behavior, across the life span, to postdoctoral psychologists. The program includes didactic and practicum experiences in assessment and intervention that are consistent with the *Policy Statement of the Houston Conference on Specialty Education and Training in Clinical Neuropsychology*. Its aim is to develop in psychologists the clinical competencies that enable them to qualify for certification in clinical neuropsychology by the American Board of Clinical Neuropsychology (ABCN/ABPP). The residency program was one of the original members of the *Association of Postdoctoral Programs in Clinical Neuropsychology (APPCN)* but is no longer participating in the match program.

INTRODUCTION

The Johns Hopkins University holds a distinguished position in the history in American psychology, beginning with the founding of the first psychological laboratory in America by G. Stanley Hall in 1883. Among the faculty of the School of Medicine, founded in 1893, have been a large number of eminent behavioral scientists who have shaped American psychology, including John B. Watson, Karl S. Lashley, Curt Richter, John Money, and Joseph Brady. Johns Hopkins has also been the home of many distinguished neuroscientists, including Harvey Cushing, Walter Dandy, Phillip Bard, Vernon Mountcastle and Solomon Snyder. In fact, the first documented use of the term “neuropsychology” was by Sir William Osler, first Professor of Medicine at Johns Hopkins, at the dedication of the Phipps Psychiatric Clinic in 1913. While clinical neuropsychology residents at Johns Hopkins inevitably assimilate this historical perspective on the development of our discipline, they also are exposed to the most advanced contemporary theories and state-of-the-art methods in the behavioral and neural sciences, as well as best practices in clinical service delivery.

Located at Johns Hopkins Hospital, the Department of Psychiatry & Behavioral Sciences has more than 50 Ph.D. psychologists on its full- and part-time faculty. These psychologists are engaged in a wide variety of clinical and academic activities, ranging from direct patient care to basic behavioral and neuroscience research. For many years, the Division sponsored a *predoctoral* internship in medical psychology, in which graduate students received supervised experience in the assessment and treatment of patients in the Phipps Psychiatric Service of Johns Hopkins Hospital. While this was a successful program in many respects, the *predoctoral* status of these trainees made it difficult for them to benefit maximally from our training opportunities. In 1990, the Division switched its focus to *postdoctoral* training and accepted its first clinical residents. Our residents are able to take full advantage of the many clinical and research opportunities within and beyond our academic medical center. Indeed, the Johns Hopkins University has ranked among the top 5 medical schools in the country for many years, and the Johns Hopkins Hospital has been rated one of the best hospitals in America by *U.S. News and World Report* every year for over 25 years.

GOALS OF THE RESIDENCY PROGRAM

The purpose of the fellowship program is to provide Ph.D./Psy.D. psychologists with two years¹ of supervised experience in:

- 1) Clinical psychological and neuropsychological assessment,
- 2) Consultation to physicians and other health care professionals on issues of cognitive and emotional functioning and psychological management of patients,
- 3) Psychological intervention with patients with neuropsychiatric or medical disorders,
- 4) Design and implementation of research in neuropsychology

It is expected that many residents will be preparing for academic careers in clinical neuropsychology, geriatric psychology, or a related specialty within professional psychology. Others will likely be planning careers primarily as practitioners, working as neuropsychologists in general hospitals or psychiatric facilities.

¹ See page 6 for a description of the “three-year option.”

CORE FACULTY & CLINICAL STAFF



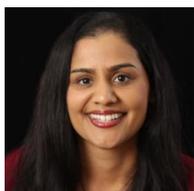
David J. Schretlen, Ph.D., ABPP(CN)
Professor
Director, Division of Medical Psychology
Department of Psychiatry & Behavioral Sciences
Department of Radiology and Radiological Sciences



Jason Brandt, Ph.D., ABPP(CN)
Professor
Department of Psychiatry & Behavioral Sciences
Department of Neurology
Joint Appointment, Department of Mental Hygiene
JHU Bloomberg School of Public Health



Tracy D. Vannorsdall, Ph.D., ABPP(CN)
Assistant Professor
Director of Clinical Training
Department of Psychiatry & Behavioral Sciences
Department of Neurology



Vidya Kamath, Ph.D., ABPP(CN)
Assistant Professor
Director of Research
Department of Psychiatry & Behavioral Sciences



Richard Allen Lanham, Jr., Ph.D.
Assistant Professor (part-time)
Department of Psychiatry & Behavioral Sciences



Christopher C. Cranston, Ph.D.
Assistant Professor (non-tenure track)
Department of Psychiatry & Behavioral Sciences



Lindsay Morra, Ph.D.
Assistant Professor (non-tenure track)
Department of Psychiatry & Behavioral Sciences

CURRICULUM

Supervised Clinical Work

This is the major component of the residency experience, estimated to require 60% of the fellow's time and effort. Residents will conduct psychological and neuropsychological evaluations, including the administration, scoring and interpretation of standardized and newly developed tests, under the supervision of core program faculty. The major referral sources of outpatients are the Johns Hopkins specialty services (especially geriatric/neuropsychiatry and neurology specialty clinics). In addition, outpatients are referred by generalist and specialist physicians in the community, government agencies, and insurance company case managers. Inpatients are referred from eight specialty units (including geriatric, neuropsychiatry, affective disorders, eating disorders, substance abuse, and pain treatment) of the Phipps Psychiatric Service, as well as the Hospital's medical and surgical units.

Although this residency program is within the Department of Psychiatry & Behavioral Sciences, our clinical services are the primary neuropsychology resources for the Departments of Neurology and Neurosurgery as well. For example, we have programmatic relationships with the epilepsy surgery program and the Parkinson's Disease and Movement Disorders Center. Our fellows are involved in performing Wada procedures and preoperative neuropsychological exams of patients receiving focal resections for epilepsy and deep brain stimulation for movement disorders and (increasingly) neuropsychiatric conditions. Our Department of Psychiatry has a decades-long commitment to the care of patients with neurodegenerative and neuropsychiatric disorders, including Alzheimer's disease. We are also a primary resource for the Departments of Medicine and Surgery, as well as the Cancer Center and the Frontotemporal Dementia (FTD) and Young-Onset Dementias Clinic.

Residents ordinarily conduct neuropsychological assessments 3 to 4 days per week. On each of these days, the resident works with one of the core faculty who supervises his or her clinical work. As part of their assessment of inpatients, residents interact with the attending and resident physicians on the inpatient services. They gather relevant information about their patients from house officers and discuss the clinical questions that the assessment is intended to answer. The neuropsychology residents typically discuss their evaluation findings with inpatient treatment team and/or present them at ward rounds.

Neuropsychology residents receive advanced training and supervised experience in conducting clinical interviews of patients and collateral informants, test selection, synthesizing test results with aspects of history and the results of other diagnostic procedures, case formulation, planning and implementing interventions, and communicating effectively with patients, families, physicians, and other referral sources. Although it is not a primary focus of our program, the opportunity exists for residents carry out therapeutic interventions. Some cases might involve psychotherapy or related

interventions for patients with affective, anxiety, or behavior disorders or with difficulties adapting to medical illnesses and their treatments; others might require rehabilitation of cognitive deficits related to an acquired brain injury. Again following an apprenticeship model, residents receive supervised training in the treatment of such patients.

Because the supervising psychologists are faculty members who share a suite of offices with the residents, clinical supervision is readily available. Indeed, residents usually confer with their supervisor before, during, and after each patient encounter. Although most of the supervision is on a one-to-one basis, residents also are expected to present their clinical cases during Morning Report (described below), where all the faculty can provide input. As the fellowship progresses, residents ordinarily assume greater responsibility for, and autonomy in, clinical decision making and management.

If residents become involved in a major way with one of the faculty's research programs, and can secure stipend support from one of those studies, they may decrease their clinical load to only two days per week. In this case, the fellow may request to spread his/her fellowship over three years, to insure that s/he accumulates the necessary clinical hours to seek ABPP certification in clinical neuropsychology and to bring research projects to fruition. This three-year model has worked very successfully for several residents.

Supervised Research and Scholarly Activity

Although the focus of this program is clinical service delivery, all residents are expected to engage in research as well. This typically involves participation in ongoing research projects with the program faculty, and averages 20% of a resident's time and effort. By the completion of fellowship, we expect that residents who are working towards an academic career will have presented data at a scientific conference, submitted at least one manuscript, or authored a grant submission in collaboration with a faculty mentor. Alternately, residents working towards primarily clinical careers are expected to author at least one chapter, qualitative review paper, or case study in collaboration with a faculty mentor.

The following is a brief outline of each core faculty members' research interests and representative publications:

Dr. David Schretlen's research interests include: cognitive and behavioral correlates of brain imaging in normal and abnormal aging, methods of inference in neuropsychology, transcranial direct current stimulation, and the development of global regression-based norms for neurocognitive assessment, including the International Neuropsychological Normative Database Initiative (INNDI) and Global Neuropsychological Assessment (GNA).

Schretlen, DJ, Peña, J, Aretouli, E, Orue, I, Cascella, NG, Pearlson, GD, Ojeda, N. Confirmatory factor analysis reveals a latent cognitive structure common to bipolar disorder, schizophrenia, and healthy adults. *Bipolar Disorders*. 2013; 15: 422–433.

Schretlen DJ, Varvaris M, Ho TE, Vannorsdall TD, Gordon B, Harris JC, Jinnah HA. A cross-sectional study of regional brain volume abnormalities in Lesch-Nyhan disease and its variants. *Lancet Neurology*. 2013; 12: 1151–1158.

Unschuld, PG, Buchholz, AS, Varvaris, M, van Zijl, PMC, Ross, CR, Pekar, JJ, Hock, C, Sweeney, JA, Tamminga, CA, Keshavan, MS, Pearlson, GD, Thaker, GK, Schretlen, DJ. Prefrontal brain network connectivity indicates degree of both schizophrenia risk and cognitive dysfunction. *Schizophrenia Bulletin*. 2014; 40(3): 653–664

Reckess, GZ, Varvaris, M, Gordon, B, Schretlen, DJ. Within-person distributions of neuropsychological test scores as a function of dementia severity. *Neuropsychology*. 2014; 28(2): 254–260.

Guerin JM, Copersino ML, Schretlen DJ. Validation of the Geriatric Depression Scale (GDS-15) for clinical use with young and middle-aged adults. *Journal of Affective Disorders*. 2018; 241: 59–62. <https://doi.org/10.1016/j.jad.2018.07.038>

Dr. Jason Brandt's research interests include: amnesia, presymptomatic indicators of Huntington's disease, dietary treatment of mild cognitive impairment and Alzheimer's disease, epilepsy and its surgical treatment, deep brain stimulation for movement disorders, cognitive impairment among physicians, and neuropsychological test development.

Aretouli, E.A., Tsilidis, K.K. & Brandt, J. (2012). Four-year outcome of mild cognitive impairment: The contribution of executive dysfunction. *Neuropsychology*, *27*, 95-106.

Brandt, J., Blehar, J., Anderson, A. & Gross, A.L. Further validation of the internet-based Dementia Risk Assessment. *Journal of Alzheimer's Disease*, *41*, 937-945.

Brandt, J., Rogerson, M., Al-Joudi, H., Reckess, G., Shpritz, B., Umeh, C.C., Aljehani, N., Mills, K. & Mari, Z. (2014). Betting on DBS: effects of subthalamic nucleus deep brain stimulation on risk-taking and decision-making in patients with Parkinson's disease. *Neuropsychology*, *29*, 622-631.

Brandt, J. (2016). Diet and dementia. In, E.H. Kossoff, Z. Turner, S. Doerrer, M. Cervenka & B.J. Henry, *The Ketogenic and Modified Atkins Diets: Treatments for Epilepsy and Other Disorders* (6th edition). New York: Demos Health.

Brandt, J. & Bakker, A. (2018). Neuropsychological investigation of "The Amazing Memory Man." *Neuropsychology*, *32*, 304-316.

Dr. Tracy Vannorsdall's research interests include: cognitive effects of cancer and its treatment, transcranial direct current stimulation, neuropsychology of multiple sclerosis, and serum biomarkers of cognitive aging.

Vannorsdall, T.D., Schretlen, D.J. Andrejczuk, M., Ledoux, K., Bosley, L.V., Weaver, J.R., Skolasky, R.L., & Gordon, B. (2012). Altering automatic verbal processes with transcranial direct current stimulation. *Frontiers in Psychiatry*, *3*: 73, 1 - 6.

Vannorsdall, T.D., Kueider, A.M., Carlson, M.M., Schretlen, D. J. (2014). Higher baseline serum uric acid is associated with poorer cognition but not rates of cognitive decline in women. *Experimental Gerontology*, 60:136 – 139.

Van Steenburgh, J.J., Varvaris, M., Schretlen, D.J., Vannorsdall, T.D., & Gordon, B. (2017). Balanced bifrontal transcranial direct current stimulation enhances working memory in adults with high functioning autism: a sham-controlled crossover study. *Molecular Autism*, 8(1): 40

Redmond, KJ, Hales, RK, Anderson-Keightly, H, Zhou, X, Kummerlowe, M, Sair, H, Duhon, M, Kleinberg, L, Rosner, GL, & Vannorsdall, TD (2017). A prospective study of hippocampal sparing prophylactic cranial irradiation (PCI) in limited stage small cell lung cancer (SCLC). *International Journal of Radiation Oncology Biology Physics*, 98(3); 603-611.

Vannorsdall, T.D. (2017). Cognitive Changes Related to Cancer Therapy. *Medical Clinics of North America*. 101(6):1115-1134.

Dr. Vidya Kamath's primary research interests include olfaction in schizophrenia and Parkinson's disease, altered taste and feeding behavior in frontotemporal dementia, anhedonia and emotion processing in schizophrenia, and altered taste processing and weight gain in opioid use disorders. She employs neurophysiology (event-related potentials) and structural/functional neuroimaging methods to study food reward neuropsychiatric and neurologic conditions.

Kamath, V., Chaney, G.S., DeRight, J.F., Onyike, C.U. (in press). A meta-analysis of neuropsychological, social cognitive and olfactory functioning in the behavioral and language variants of frontotemporal dementia. *Psychological Medicine*.

Kamath, V., Crawford, J., DuBois, S., Nucifora, Jr., F.C., Nestadt, G., Sawa, A., Schretlen, D.J. (in press). Contributions of olfactory and neuropsychological assessment to the diagnosis of first-episode schizophrenia. *Neuropsychology*.

Kamath, V., Lasutschinkow, P., Ishizuka, K., Sawa, A. (2018). Olfactory functioning in first-episode psychosis. *Schizophrenia Bulletin*, 44, 672-680.

Kamath, V., Paksarian, D., Cui, L., Moberg, P.J., Turetsky, B.I., Merikangas, K.R. (2018). Olfactory processing in bipolar disorder, major depression, and anxiety. *Bipolar Disorders*, 20(6), 547-555.

Didactic Program

Residents are expected to attend and participate in the following seminars conferences, and rounds within the time constraints imposed by their clinical activities:

Morning Report (Daily, 8:30 - 9:00 a.m.)

Residents meet with the program faculty, psychometrists, externs, and other trainees to review patients recently seen for clinical assessment or treatment, and to review the current day's schedule. Teaching follows the "recitative" method, and focuses on issues of clinical assessment, diagnostic formulation, and treatment strategies. This activity helps residents refine their skills in the communication of clinical findings to colleagues and prepare for the ABCN/ABPP Work Sample and Fact Finding examinations. Residents also present clinically

focused scientific articles for discussion once per week (e.g. updated diagnostic guidelines, new assessment tools).

Department of Psychiatry Grand Rounds (Mondays, 11:00 -12:30 p.m.)

Clinical faculty present patients who exemplify specific disorders or treatment issues to the Psychiatrist-in-Chief, and then review the relevant literature and their own research on the topic.

Kennedy Krieger Institute Neuropsychology Seminar (Mondays, 4:30 - 5:30 p.m.)

Faculty neuropsychologists apply a primarily systems-based approach to the discussion of brain development, structure, and functioning.

Departmental Research Conference (Tuesdays, 12:00 - 1:00 p.m.)

Departmental faculty and guest speakers present current research on topics related to psychiatry.

Medical Psychology Seminar (Wednesdays, 12:00 - 1:00 p.m.)

Seminar (1 – 2 times per month): Faculty psychologists and physicians present interactive seminars on a broad array of ethical, clinical, and scientific topics to Division members and guests. Residents are expected to deliver at least one presentation each year.

Neuropsychology Journal Group (1 – 3 times per month): An article appearing in the current research literature is selected by a faculty member or resident and read by all attendees. The presenter is responsible for leading the group discussion of the article, critiquing the research, arguing theoretical points, and discussing its implications.

Neuropsychology Fact Finding (monthly): Residents will have the opportunity to participate in this ABPP exam style exercise that involves step-by-step gathering of historical information and data pertaining to a clinical case seen in our neuropsychology service. The ultimate goal is to demonstrate sound clinical reasoning in the process of formulating an accurate diagnosis and appropriate recommendations.

Kennedy Krieger Institute Professional Development Seminar (Wednesdays, 4:00 - 5:00 p.m.)

Faculty neuropsychologists deliver a series of interactive presentations outlining key components involved in the transition from trainee to successfully practicing board-certified neuropsychologist.

Medical Psychology Brown-Bag Lunch (Fridays, 12:00 - 1:00 p.m.)

Once a week, the fellows and faculty eat lunch together and discuss matters related to research, clinical work, or professional matters (e.g., interesting ethical dilemmas, licensure and board certification process, economics of clinical practice, upcoming national and international meetings). While this meeting is as much social as didactic, it has proven to be a very useful forum for residents' professional development.

In addition to these activities, a large number of elective specialty conferences are open to all residents. The ones they attend depend on their individual interests and time schedules. A small sampling of these is listed below.

Epilepsy Conference (Tuesdays, 8:30 - 10:00 a.m.)

Schizophrenia Seminar Series (1st Wednesday of each month, 3:00 - 4:00 p.m.)

Movement Disorders/Deep Brain Stimulation Conference (3rd Wednesday of each month, 3:00 – 5:00 p.m.)

Neuropsychiatry Conference (Thursdays, 12:00 - 1:00 p.m.)

Brain Cutting (Thursdays, 2:30 p.m.)

Neurology Grand Rounds (Thursdays, 3:30 - 5:00 p.m.)

Service Rounds (Inpatient Psychiatry) (Fridays, 10:00 - 12:00 p.m.)

Geriatric Psychiatry and Neuropsychiatry Seminar (Fridays 12:00 – 1:00 p.m. Bayview campus)

Mind the Gap Workshop Series (Fridays, 12:00 - 1:00 p.m.)

Finally, all fellows are encouraged to become actively involved in relevant professional organizations and attend national scientific meetings.

Teaching/Supervision Experiences

Fellows will have the opportunity to provide clinical supervision of predoctoral practicum students and externs. Additional supervision of undergraduate students who work with faculty and fellows on research projects is also available.

Fellows typically present clinical cases in Epilepsy Case Conference, Movement Disorders Conference and Department of Psychiatry Grand Rounds. Each fellow is also asked to present in the Medical Psychology Seminar Series.

Baltimore, “Charm City”



Baltimore offers a unique blend of historic charm, ethnic heritage, and urban vitality. From the dynamic Inner Harbor to the rolling estates on the edges of the city, Baltimore is a community for people of all backgrounds and interests. The Inner Harbor is the centerpiece of the city's renaissance featuring a variety of shops, food stands, and restaurants. The National Aquarium, the Maryland Science Center, the U.S.F. Constellation, Camden Yards, and the Baltimore Maritime Museum are but a few of the numerous Inner Harbor attractions available for tourists and locals alike. Fort McHenry offers a glimpse of Baltimore's past, as do the B&O Museum (celebrating the inception of the railroad), the Maryland Historical Society, the Peale Museum, and Carroll Mansion. Visits to the homes of Edgar Allen Poe, Babe Ruth, and H.L. Mencken provide a look into the lives of some of Baltimore's most famous citizens.

Baltimore offers a diverse and lively cultural scene. The Meyerhoff Symphony Hall is home of the world renowned Baltimore Symphony Orchestra. The elegant Lyric Opera House, the Peabody Conservatory, and the outdoor stages of Merriweather Post Pavilion, Pier 6, and Oregon Ridge play host to every musical taste from classical and jazz to country and rock. Theater-lovers are blessed with numerous outlets including the Hippodrome Theater, Centre Stage, Theater Project, and Everyman Theater. The Walters Art Gallery and the Baltimore Museum of Art offer remarkable permanent collections and host prominent traveling exhibits.

Sports fans will find the Baltimore-Washington area an exciting place to call home. The Baltimore Orioles and Ravens serve as the backbone of a proud sports' tradition, which also includes professional soccer and lacrosse. College sports also thrive in the “Charm City” and include powerhouses such as Hopkins lacrosse and Maryland basketball. The entire Baltimore community looks forward to annual sporting events such as the Governor's Cup yacht race and the Preakness, the second jewel in the Triple Crown of horse racing.

BALTIMORE NEIGHBORHOODS

Part of Baltimore's charm is the "small town" atmosphere found in its diverse neighborhoods. The following outlines the most popular locations our residents call home.

FELL'S POINT: Fell's Point is a historic waterfront area, home to over 350 original colonial period buildings, including the oldest house in Baltimore, which is now a museum. The area remains an attraction for all ages, with numerous restaurants, pubs, boutiques, and antique shops. Fell's Point is approximately one and a half miles south of the Johns Hopkins Hospital.

CANTON: Canton is a recently developed waterfront area adjacent to Fell's Point with numerous shops, clubs, bars, restaurants, and dessert spots. It is an area that attracts young professionals for exciting nightlife and relaxing Sunday brunches. Canton is approximately two miles southeast of the Johns Hopkins

MOUNT VERNON: Mount Vernon is the geographic and cultural center of the city with fine galleries, relaxing parks, fountains, statues, and gardens. The 178-foot Washington Monument dominates this area. Fashionable apartments and ornate townhomes make it a popular place to live. Mount Vernon is about two miles west of the Johns Hopkins Hospital and has a direct shuttle to the Hospital.

FEDERAL HILL: Federal Hill is an area near the Inner Harbor that is growing rapidly. Part of it remains an old-town colonial community with elegant row houses. Growing along the harbor are condominiums and townhomes. With historic and charming restaurants, bars, and shops, the area is perfect for an afternoon ramble. The bustling nightlife attracts young professionals and sports fans to the area. Cross Street Market is a centrally-located place for sports fans, seafood lovers, and friendly neighbors to gather. Federal Hill is approximately three miles southwest of the Johns Hopkins Hospital.

BOLTON HILL: Bolton Hill is a quaint, beautiful residential neighborhood with historic townhomes and brick sidewalks, and home to the Maryland Institute College of Art. Bolton Hill is approximately three miles northwest of the Johns Hopkins Hospital.

CHARLES VILLAGE: Charles Village is residential neighborhood adjacent to the Johns Hopkins University undergraduate campus and the Baltimore Zoo. Charles Village is approximately four miles northwest of the Johns Hopkins Hospital.

HAMPDEN: Hampden has an eclectic and artistic ambience and a wide range of restaurants, vintage clothing stores, thrift shops, and used furniture stores. Hampden is approximately five miles northwest of the Johns Hopkins Hospital.

MOUNT WASHINGTON: Mount Washington has a quaint, suburban feel. There are lush natural surroundings with greenery and parks. Young and retired professionals enjoy the coffee shops, wine markets, and fine restaurants. Mount Washington is approximately eight miles northwest of the Johns Hopkins Hospital.

SURROUNDING BALTIMORE

Baltimore enjoys a central position on the East Coast. AMTRAK services in Baltimore are available at the newly renovated Penn Station, two miles from the Johns Hopkins Hospital. There is frequent service to Washington D.C. (30-minute trip), Philadelphia (90-minute trip), and New York City (three-hour trip). The Baltimore-Washington International Airport (BWI) is 12 miles from the city and offers a full range of national and international flights daily.

CURRENT AND FORMER NEUROPSYCHOLOGY RESIDENTS

The following table shows the current professional positions held by recent graduates of our fellowship program in clinical neuropsychology and our current fellows:

Name	Residency Years	Current Position
Lei Lu, Ph.D.	2002-2004	Assistant Professor University of Texas Medical Branch Galveston, Texas
Angela Buffington, Ph.D., ABPP/CN	2003-2005	Assistant Professor Department of Family Medicine & Community Health Mankato Clinic, Ltd. Mankato, Minnesota
Lisle Kingery, Ph.D.	2003-2005	Clinical Science Director Cogstate New Haven, Connecticut
Anjeli Inscore, Psy.D., ABPP/CN	2004-2006	Staff Neuropsychologist Director of Clinical Training Department of Veterans Affairs Medical Center Baltimore, Maryland
S. Marc Testa, Ph.D., ABPP/CN	2004-2007	Neuropsychologist Director, Division of Neuropsychology Sinai Hospital Baltimore, Maryland
Tracy Vannorsdall, Ph.D., ABPP/CN	2006-2009	Assistant Professor Department of Psychiatry & Behavioral Sciences Department of Neurology The Johns Hopkins University School of Medicine Baltimore, Maryland
Laura Wulff, Ph.D., ABPP/CN	2007-2009	Staff Neuropsychologist Brooks Rehabilitation Hospital Jacksonville, Florida
Sally Long, Ph.D.	2008-2010	Assistant Professor Department of Neurology Georgetown University Washington, D.C.
Eleni Aretouli, Ph.D.	2008-2010	Assistant Professor School of Psychology Aristotle University Thessaloniki, Greece
Mark Rogerson, Ph.D.	2009-2011	Neuropsychologist Associates in Mental Health and Neuropsychology Niskayuna, New York
David Maroof, Ph.D., ABPP/CN	2009-2011	Neuropsychologist Neuropsychology of Orlando Orlando, Florida
Ozioma Okonkwo, Ph.D.	2009-2011	Assistant Professor of Medicine and Public Health University of Wisconsin Madison, Wisconsin
Gwendolyn Gerner, Psy.D.	2010-2012	Assistant Professor Department of Neuropsychology

Name	Residency Years	Current Position
		Kennedy-Krieger Institute Baltimore, Maryland
Xi Bessa, Ph.D.	2010-2012	Neuropsychologist The Neurology Center Washington, D.C.
Gila Reckess, Ph.D.	2011-2013	Assistant Professor SUNY Upstate Medical University Syracuse, New York
Carrington Wendell, Ph.D., ABPP/CN	2012-2014	Clinical Neuropsychologist Chesapeake Neuropsychology Severna Park, Maryland
Campbell Sullivan, Psy.D., , ABPP/CN	2011-2013	Assistant Professor of Neurology University of Texas Health Science Center San Antonio, Texas
Jacqueline Weaver, Psy.D.	2013-2015	Neuropsychologist University of Maryland Rehabilitation & Orthopaedic Institute Baltimore, Maryland
Antonio Puente, Ph.D.	2014-2016	Assistant Professor of Psychiatry George Washington University School of Medicine & Health Sciences Washington, DC
Jonathan DeRight, Ph.D.	2014-2016	Neuropsychologist Woodbridge Psychological Associates, PC Woodbridge, Virginia
Renee Poulin, Ph.D.	2015-2017	Neuropsychologist Lurie Center for Autism Massachusetts General Hospital Boston, Massachusetts
Lindsay Morra, Ph.D.	2016-2018	Assistant Professor Johns Hopkins University School of Medicine Baltimore, Maryland
Christina Figueroa, Ph.D.	2016-2018	Clinical Neuropsychologist Arizona Neurology Associates Phoenix, Arizona
Victor DelBene, Ph.D.	2017-2019	2 nd year resident; vdelben1@jhmi.edu
Alison Buchholz, Ph.D.	2017-2020	2 nd year resident; abuchho1@jhmi.edu
Tam Nguyen-Louie, Ph.D.	2018-2020	1 st year resident; tnguye87@jhmi.edu
Emily Grullon, Ph.D.	2018-2020	1 st year resident; egrullo1@jhmi.edu

You are welcome to contact current fellows at the email addresses provided.

Benefits

The fellowship stipends follow NIH guidelines. Stipend levels for 2019-2020 are approximately \$48,432 for first-year residents (PGY-0) and \$48,804 for second-year residents (PGY-1). Individual health insurance coverage is also provided. Spouse and family coverage are also available.

In addition to official University holidays, fellows are allotted two weeks of paid vacation each year. They are also allowed 10 “professional days” each year to attend scientific/professional meetings, interview for jobs, etc.

All residents have individual offices, a computer, and online access to the Johns Hopkins University medical library system. The Division maintains a full suite of test instruments, scoring programs, dictation software, and statistical packages. Licensed psychometrists are available to help administer testing and score/table the results for residents in many – though not all – cases.

APPLICATION PROCEDURES

Typically, this two-year Postdoctoral Residency in Clinical Neuropsychology accepts one or two new residents each year.

To apply for the fellowship, please send a *c.v.* and a letter outlining your academic and professional interests to our program coordinator, Ms. Karen Adamski, at kadamsk1@jhmi.edu.

Please also arrange for three letters of recommendation to be sent to Dr. Schretlen, in care of Ms. Adamski.

We do not require academic transcripts or sample clinical reports; please do not send them.

The deadline for applications is January 1. Early applications are encouraged.

We typically receive a large number of applications, and not all applicants can be offered interviews. Those whom we wish to interview will be notified.

We typically conduct interviews via Skype or Google Hangouts in January. Faculty members often attend the annual meeting of the International Neuropsychological Society (INS) in February, where additional interview meetings can be arranged, if we have not already filled our residency slots before the meeting.