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Member-At-Large: Christopher L. Grote, Ph.D, ABPP-CN cgrote@rush.edu

**ANNUAL MEMBER ATTESTATION FORM**

**2022**

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| **PROGRAM INFORMATION:** | | |
| Program Name: |  | |
| Primary Contact: |  | |
| e-mail: |  | |
| phone: |  | |
| Dues Contact:  (☐ same as above) |  | |
| e-mail: |  | |
| phone: |  | |
| Mailing Address: |  | |
| Website Address: |  | |
|  |  | |
|  | | |
| Number of intern positions: | | # = \_\_\_\_ |
| Current year: | | # = \_\_\_\_ |
| Anticipated next year: | | # = \_\_\_\_ |
| Number of neuropsychology supervisors: | | # = \_\_\_\_ |
| List neuropsychology supervisors’  names/degrees/board certification (optional): | |  |

|  |  |  |
| --- | --- | --- |
|  | | |
| **MEMBERSHIP STATUS:** | | |
| APA/CPA Accreditation status (check all that apply): | \_\_ current (date accreditation expires: \_\_\_\_\_\_\_\_\_\_\_\_\_)  \_\_ renewal pending (optional: describe status below)  \_\_ no longer accredited (optional: describe below) | |
| % Neuropsychology Training: | 1) At least 30% of training time in clinical neuropsychology | \_\_\_ YES  \_\_\_ NO |
| Education: | Didactic experiences consistent with Houston  Conference guidelines for knowledge and skill. | \_\_\_ YES  \_\_\_ NO |
| Supervision: | Provides supervision by a full-time clinical neuropsychologist. | \_\_\_ YES  \_\_\_ NO |
| Adjunctive activities: | Provide adjunctive activities that facilitate socialization, acculturation, and diversification of the intern. | \_\_\_ YES  \_\_\_ NO |

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| **Optional Narrative/Explanations/Comments/Questions:** |

Please return completed form to:

[spenna@emory.edu](mailto:spenna@emory.edu)