

Program Brochure

Pre-doctoral Residency in Clinical Neuropsychology 2027-2028

Baycrest

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INTRODUCTION

INTRODUCTION

TORONTO

Toronto is Canada's largest and most diverse city, where over 200 languages are spoken and more than half the population comes from racially and culturally diverse backgrounds. This vibrant multiculturalism is reflected in its neighbourhoods, cuisine, festivals, and arts scene. You can explore world-class museums, galleries, and theatres, enjoy professional sports like hockey, basketball, and soccer, and shop in everything from trendy boutiques to major malls. The city hosts major festivals year-round, including the Toronto International Film Festival, Toronto Caribbean Carnival, Pride Toronto, and Nuit Blanche. Outdoor enthusiasts will appreciate the city's extensive waterfront trails, urban parks, and easy access to Lake Ontario for kayaking, cycling, or simply relaxing on the beach. Toronto offers an exciting and welcoming environment where residents can live, learn, and thrive.



INTRODUCTION

BAYCREST

Baycrest is a global leader in residential living, healthcare, research, innovation and education, with a special focus on brain health and aging. Baycrest is home to a robust research and innovation network, including one of the world's top research institutes in cognitive neuroscience, the Rotman Research Institute; the scientific headquarters of the Canadian Consortium on Neurodegeneration in Aging, Canada's largest national dementia research initiative; and the Baycrest-powered Centre for Aging + Brain Health Innovation, a solution accelerator focused on driving innovation in the aging and brain health sector. Fully affiliated with the University of Toronto, Baycrest provides excellent care for older adults combined with an extensive clinical training program for the next generation of healthcare professionals.



VISION

A world where every older person lives with purpose, fulfilment and dignity.

MISSION OF BAYCREST HOSPITAL

Founded and grounded in Jewish tradition and values, we are committed to providing exceptional care with kindness and compassion. Powered by our cutting-edge research, education, and innovation, we serve the physical, mental, and spiritual needs of older persons from all backgrounds.

VALUES

- **Inclusive.** We promise a workplace culture that welcomes and appreciates everyone equally and without discrimination or judgement.
- **Collaborative.** We focus on teamwork and nurture the cooperation of internal and external partners to maximize our collective strengths.
- **Ambitious.** We are driven by relentless curiosity and an imperative to challenge the status quo by making bold choices, learning from failure and celebrating success.
- **Respectful.** We treat everyone with compassion, professionalism and kindness and believe each person is unique with intrinsic dignity and worth.
- **Excellent.** We are committed to excellence in everything that we do by fostering a culture of continuous improvement.

INTRODUCTION

NEUROPSYCHOLOGY & COGNITIVE HEALTH PROGRAM

Part of Baycrest Hospital, the Neuropsychology and Cognitive Health program provides clinical services, education and training, and clinical research related to the assessment and treatment of memory and other cognitive abilities in older adults. The mission of our program is to provide excellence and leadership in clinical neuropsychology services. Our staff is made up of psychologists, social workers, behaviour analysts, and administrative support, as well as volunteers and trainees.

CLINICAL SERVICES

The program provides neuropsychological assessment, intervention, and consultation across Baycrest programs and to external organizations.

- Neuropsychological evaluation services contribute to the diagnosis of cognitive disorders and treatment planning.
- Neuropsychological intervention is offered to clients with mild to severe cognitive changes.
 - The Memory and Aging Program® serves older adults with age-normal memory changes.
 - Learning the Ropes for Living with Mild Cognitive Impairment (MCI)® serves clients with MCI and their family members.
 - Memory Link® provides training and support for clients with severe memory impairment and their family members.
 - Goal Management Training® is designed to help individuals with impairments in executive functioning improve their organization and ability to achieve goals.
- Behavioural consultation assists teams in managing psychological and behavioural symptoms of dementia.
- Psychotherapy services are offered on a limited basis to older adults with mental health problems.

EDUCATION AND TRAINING

We offer training opportunities for undergraduate students; graduate practicum students in social work, behaviour analysis, and psychology; pre-doctoral neuropsychology residents; and postdoctoral clinical and research fellows. We also provide numerous rounds and seminars for trainees in neuropsychology.

CLINICAL RESEARCH

Our team members are involved in clinical research investigating cognitive and behavioural changes and interventions for healthy older adults and those with age-related cognitive disorders.

OVERVIEW OF THE RESIDENCY PROGRAM

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ACCREDITATION

The program has been accredited by the Canadian Psychological Association in clinical neuropsychology since 2008-09. In 2023, we were accredited for a 6-year period, with our accreditation term ending following the 2028-2029 academic year. Information regarding accreditation status can be obtained from the CPA Accreditation Office at: Office of Accreditation, Canadian Psychological Association, 1101 Prince of Wales Drive, Suite #230, Ottawa, K2C 3W7; or by e-mail at accreditation@cpa.ca.



PROGRAM MISSION AND MODEL

The mission of the Pre-doctoral Residency in Clinical Neuropsychology is to educate, train, and evaluate our residents in order to support achievement of competence in evidence-based, clinical neuropsychology practice and research.

Our scientist-practitioner model of training consists of the following components: (1) staged and sequential development of clinical skills in neuropsychological assessment, diagnosis, consultation, and intervention; (2) integration of science and practice through exposure to theoretical and applied research and methodologies in evidence-based practice; and (3) mentorship by faculty to foster residents' professional development.

PROGRAM ALUMNI

Graduates of our program go on to a wide variety of opportunities after their residency. In the past several years, our graduates secured clinical and research post-doctoral fellowships at St. Joseph's Healthcare Hamilton, Toronto Western Hospital, Princess Margaret Cancer Centre, and the Rotman Research Institute at Baycrest. Others started clinical positions in private practice and at various hospitals, including Baycrest.

OVERVIEW OF THE RESIDENCY PROGRAM

PROGRAM GOALS AND OBJECTIVES

Our goals and objectives are operationalized in a planned, sequenced set of training experiences designed to reflect the mission of Baycrest and the Neuropsychology and Cognitive Health Program, as well as the professional expertise of our faculty. In a recent survey of our alumni, 96% of satisfaction ratings of these goals were “very good” or “excellent.”

Goal 1: To provide residents with training to develop competence in adult neuropsychological assessment, diagnosis, and consultation.

Objective 1: Residents will acquire competency in neuropsychological assessment with diverse age groups and populations.

Objective 2: Residents will provide feedback to clients, families/caregivers, and clinical team members with respect to assessment results and recommendations.

Objective 3: Residents will attend and participate in didactic training in weekly Neuropsychology Seminars with topics in assessment, diagnosis, and consultation. Residents will present at least one clinical case within this series.

Goal 2: To provide residents with training to develop competence in intervention for cognitive and behavioural or mental health disorders.

Objective 1: Residents will acquire competency in neuropsychological intervention with diverse age groups and populations.

Objective 2: Residents will learn, deliver, and evaluate manualized interventions.

Objective 3: Residents will attend and participate in didactic training in weekly neuropsychology seminars with topics in intervention and program evaluation.

Goal 3: To foster the integration of science and practice through exposure to clinical and applied research and methodologies in evidence-based practice.

Objective 1: Residents will attend and participate in clinical research presentations in Psychology Research Rounds and at required didactics of their choosing.

Objective 2: Residents will attend and participate in the Evidence-based Practice in Psychology seminar. Residents will present a critical evaluation of the evidence to address a clinical question at least once within this series.

OVERVIEW OF THE RESIDENCY PROGRAM

Objective 3: Residents will carry out at least one individualized supervised research project, typically within the context of one of their rotations.

Goal 4: To facilitate the formation of the residents' identities as professional psychologists.

Objective 1: Residents will attend and participate in didactic seminars in professional standards and ethics.

Objective 2: Residents will discuss issues pertaining to ethical professional conduct or standards of practice as they relate to specific clients.

Objective 3: Residents will receive didactic and applied training in the provision of supervision.

Objective 4: Residents will train in an interprofessional practice environment.

Objective 5: Residents will participate in the Equity, Diversity, and Inclusion Journal Club series.

Objective 6: Residents will receive education and training related to work and reconciliation with Indigenous Peoples in Canada.

Goal 5: To engage the residents in continuous quality improvement of the residency program.

Objective 1: Residents will provide evaluative feedback with respect to didactics, specific rotations, supervision, and general structure of the residency.

Objective 2: Residents will participate in the residency training committee.



OVERVIEW OF THE RESIDENCY PROGRAM

DIDACTIC EXPERIENCES

Residents are introduced to specific topic areas by clinical and research seminars. In addition to mandatory attendance at the core seminars, residents are required to attend an average of one self-chosen seminar per week from the variety of offerings described below. These include research seminars, grand rounds, medical rounds, and lectures by visiting scientists and clinicians at both Baycrest and other hospitals. Attendance at professional conferences may also be arranged during the residency year.

NEUROPSYCHOLOGY SEMINAR (CORE)

This is a weekly didactic lecture series that is required for all residents and open to the hospital community. Presentations focus on core topics in the practice of clinical neuropsychology (e.g., major disorders, test interpretation, making diagnoses, providing feedback, neuroimaging, intervention, rehabilitation, program evaluation, consultation, supervision, ethics and professional issues). Each resident is expected to give one presentation during the year focused on a neuropsychological disorder, namely, a case presentation of a patient the resident has seen during a neuropsychological assessment rotation.

EVIDENCE-BASED PRACTICE IN PSYCHOLOGY SEMINAR (CORE)

This series is required for all residents and open to the hospital community. The purpose of this seminar series is to familiarize the participants with the logic and tools of evidence-based practice. Topics include evaluation of the clinical utility of diagnostic tests, clinical studies and trials, risks and benefits of treatments, and program evaluation. Participants will learn how to formulate clinically relevant questions from cases, efficiently search the literature for relevant evidence, and critically evaluate the available evidence. Participants are expected to develop a clinical question and lead a discussion of the relevant clinical evidence that addresses the question by applying principles learned in the seminar.

PSYCHOLOGY RESEARCH ROUNDS (CORE)

This series is required for residents and open to the hospital community. Speakers from within and beyond Baycrest give presentations on research projects relevant to the practice of neuropsychology.

DIVERSITY, EQUITY, AND INCLUSION JOURNAL CLUB (CORE)

Hosted by the residency programme training committee, the Diversity, Equity, and Inclusion Journal Club is mandatory for residents and open to all interested staff and trainees. This group meets

OVERVIEW OF THE RESIDENCY PROGRAM

throughout the academic year to discuss articles of relevance to diversity and the professional practice of psychology. This allows residents and staff to become more familiar with current issues and literature, and encourages them to examine conceptions of what diversity, equity, and inclusion mean within the context of neuropsychological practice.

GREATER TORONTO AREA (GTA) RESIDENT SEMINAR (MANDATORY)

Created in 2015, these half-day quarterly rounds are open to all psychology residents in the Toronto area. Topics include clinical supervision, ethics and professional issues, equity/diversity/inclusion, licensing process in Ontario, and early career decisions. Sessions are a mixture of didactic presentations, discussions, and informal opportunities to connect with residents.

CANADIAN COUNCIL OF PROFESSIONAL PSYCHOLOGY PROGRAMS (CCPPP) RESIDENT SEMINAR (MANDATORY)

Created in 2020, these 2-hour workshops occur three times per year and are open to all psychology residents in Canada. High-profile presenters share expertise and lead discussion on timely, professional topics. Sessions are a mixture of didactic presentations, discussions, and informal opportunities to connect with residents at other settings at a national level.

GROUP SUPERVISION (ELECTIVE)

This is a biweekly, one-hour case-based discussion group designed to strengthen clinical conceptualization skills in trainees. Each session focuses on developing a progressive hypothesizing approach to conceptualization, encouraging reflective discussion about what information may be helpful, what differentials to consider, and how to approach complex presentations that don't fit textbook patterns. Cases are drawn from real clinical material, and a different trainee or supervisor leads each session, promoting active engagement and peer learning.

CITY-WIDE BEHAVIOURAL NEUROLOGY ROUNDS (ELECTIVE)

These weekly rounds focus on issues relevant to behavioural neurology, and may be clinical or research-based. Hosted at Baycrest, these rounds are broadcast via telehealth to other health care settings internationally. The target audience is neurologists, psychiatrists, neuropsychologists, or others that work with persons with neurological conditions.

GERIATRIC MEDICINE ROUNDS (ELECTIVE)

These monthly rounds focus on issues relevant to geriatric medicine, and may be clinical or research-based. Speakers include both in-house faculty and invited guests from other institutions.

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BEHAVIOURAL SUPPORTS ONTARIO ROUNDS (ELECTIVE)

These monthly rounds focus on assessment and interventions for behavioural and psychological symptoms of dementia (BPSD). The target audience is point-of-care staff at long-term care, hospital, and community settings. Hosted at Baycrest, these rounds are broadcast via telehealth to other health care settings in Ontario. These rounds are open to all members of the Baycrest community.

PSYCHIATRY GRAND ROUNDS (ELECTIVE)

These weekly rounds focus on issues relevant to (primarily geriatric) psychiatry, and may be clinical or research-based. Speakers include both in-house faculty and invited guests from other institutions.

GERIATRIC MENTAL HEALTH (GEMH) EDUCATION NETWORK ROUNDS (ELECTIVE)

These monthly video-conferenced education sessions connect persons across Canada on topics related to geriatric mental health. The GeMH team has pioneered the concept of “virtual blended learning” and produces 2-part learning activities that partner self-directed on-line learning modules with subsequent live webinars. Speakers include both in-house faculty and invited guests from other institutions.

ROTMAN RESEARCH TRAINING CENTRE, VARIED OFFERINGS (ELECTIVE)

The Research Training Centre offers varied technical (e.g., MRI/fMRI, MATLAB, R Studio, Partial Least Squares) and professional training (e.g., CV writing, interviewing, networking) opportunities for Baycrest trainees, the majority of which are open to residents.

ROTMAN RESEARCH ROUNDS (ELECTIVE)

This is a weekly seminar that focuses on cognitive neuroscience research. Speakers include postdoctoral fellows and faculty from the Rotman Research Institute and prominent visiting scientists from around the world. In July and August, these rounds shift to a less formal structure and focus on professional development topics for research trainees.

RESEARCH EXPERIENCES

Our faculty are engaged in clinical research which is both informed by and informative to the science of cognition and neuropsychology. There are many opportunities for residents to engage in supervised clinical research relevant to their training experiences and interests. Residents can also access research resources offered by KL-CARE and the Rotman Research Institute (both described above). **During the residency year, residents are required to carry out one individualized supervised research project, typically within the context of one of their rotations.**

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In alignment with CPA accreditation standards, this requirement allows residents to participate in one of the many exciting research projects ongoing in our department in a contained manner, without overextending during a busy residency year. Specific objectives for the project are determined collaboratively with the supervising staff member, and formalized in a research contract outlining resident and supervisor responsibilities, submitted to the Director of Training by December 1st to ensure that the project is within scope for the residency year. Examples of possible projects include: evaluating a novel intervention, a detailed case study of a client evaluated on a neuropsychological assessment rotation, program evaluation of a group intervention, completing and submitting a post-doctoral application through APPIC, developing and submitting a funding application for postdoctoral training or research (e.g., a SPARK grant), or a systematic review/meta-analysis of a clinical topic of interest. Note that this requirement is waived for residents who select a research rotation, which has its own requirements, see below.

RESIDENT CONTRIBUTIONS TO TRAINING



Residents are key contributors to the program and are expected to shape their training experience. Residents are members of a standing training committee focused on the functional structure of the residency. Topics include rotation content and scheduling, residents' evaluations of the residency, work-life balance and time management, activities related to accreditation, preparation for applicant interviews and applicant evaluations. The program values residents' contributions and has a history of making changes

in response to resident feedback. These include, for example, individualizing rotations to align with learning goals, reducing caseload and presentation expectations to promote work-life balance, and expanding training opportunities for staff and residents with respect to equity, diversity, and inclusion.

SALARY AND BENEFITS

The 2025-2026 annual salary was \$49,504 less applicable statutory and other deductions. Salaries are reviewed and adjusted annually in November for alignment with Ontario Living Wage rates. Residents are given the equivalent of 15 vacation days and 13 statutory/religious holidays. As Baycrest staff, residents are entitled to emergency days for illness, injury, bereavement, and other medical and family emergencies. Residents are eligible to participate in the Healthcare of Ontario Pension Plan. Residents and their immediate family have access to a confidential employee and family assistance program sponsored by Baycrest, which provides free support, resources, and information for personal and

OVERVIEW OF THE RESIDENCY PROGRAM

work-life concerns. Services include short-term counselling, financial information and resources, referrals and resources for major life events (e.g., child care, elder care, moving and relocation, adoption), and wellness coaching to support positive lifestyle change.

SUPPORT FOR RESIDENTS

We are committed to providing a learning environment that welcomes and supports everyone. Residents are encouraged to share any questions or concerns, and to let staff know if they require accommodations to participate in the residency program. Baycrest complies with the Ontarians with Disabilities Act. As such, we offer an accessible workplace, including office space, washrooms, dining facilities, parking, and equipment, for both clients and residents with disabilities.

Our program works hard to support work-life balance in our residents and staff. We achieve this through a dedicated focus on self-evaluation, modeling, and empowering self-advocacy. We continue to successfully implement initiatives in response to resident feedback seeking balance and flexibility. Past changes include simplification of the rotation structure, increased autonomy and flexibility in rotation selection, reduction in caseload and presentation expectations and increased rotation offerings.



During the residency year, residents lead a committee that engages other trainees in the department in creating social events. Residents are given a small budget to schedule a minimum of two events per year that are held during work hours and attended by program staff and trainees. This affords residents with the opportunity for creativity and self-expression beyond work expectations, and fosters a spirit of collaboration among residents and staff. Past examples include holiday themed

parties, departmental trivia games, a cultural pot-luck, and many others. Residents also sit on the residency training committee which provides a forum for routine discussion and proactive resolution of potentially emerging work-life balance concerns. Residents are encouraged to raise potential concerns with supervisors and/or the Director of Training/Deputy Director of Training to facilitate collaborative problem-solving.

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Should a resident not be able to complete a portion of their residency due to illness, pregnancy/childbirth, etc., an appropriate schedule to complete the program requirements may be negotiated between the resident and program administrators. This may depend on the length of the leave of absence, supervisor availability, institutional policies, and physical space. Financial support cannot be guaranteed beyond the regular contract period. Such unique cases would be addressed on an individual basis. Graduation certificates will be issued only to residents who have met minimum program requirements. Nevertheless, we aim to offer support to our residents who may be navigating difficult circumstances and/or life transitions.

DIVERSITY AND INCLUSION

At Baycrest, we celebrate the diversity within our community and believe it makes us stronger. We work to remove barriers, foster inclusion, and ensure equitable access to opportunity across our organization.

The Pre-doctoral Residency is committed to employment equity, welcomes diversity, and encourages applications from all qualified individuals, including members of visible minorities, Aboriginal People, neurodiverse individuals, sexual and gender minorities, and persons with disabilities.

Training in issues of equity, diversity, inclusion, and human rights takes many forms within the residency program. Residents work with diverse populations within their rotations. Potential personal biases are discussed with respect to cultural and individual differences, and self-reflection and self-awareness are encouraged during supervisory meetings. Didactic opportunities are infused within the various core program seminar series offerings, as well as within the institution wide elective rounds, workshops, and seminar offerings. A Diversity, Equity, and Inclusion Journal Club is hosted by the residency program training committee and open to all interested staff and trainees. Beyond that, our residents attend formal training opportunities offered by other associations such as the Canadian Council for Professional Psychology Programs, National Academy of Neuropsychology, the College of Psychologists and Behaviour Analysts of Ontario, and Communication Disabilities Access Canada, among others. Our program is always evolving, and we encourage our residents to share their ideas for education, training, and other opportunities to promote equity, diversity, and inclusivity.

OVERVIEW OF THE RESIDENCY PROGRAM

PROGRAM STRUCTURE

Our program offers **nine** rotations: Sam & Ida Ross Memory Clinic Assessment, Mental Health Services Assessment, Geriatric Assessment Clinics, Memory and Aging Program, Learning the Ropes for Living with MCI, Memory Link, Research, Goal Management Training, and Behaviour Management & Psychotherapy. See detailed descriptions of each rotation below.

Residents will choose **four** of the nine offerings to complete during their residency year, with one year-long cognitive intervention rotation and at least one neuropsychological assessment rotation. This affords residents the freedom to select experiences in line with their training goals and needs, and to individualize their residency experience.

	<i>Category</i>	<i>Rotation Offerings</i>	<i>Length of time</i>
1	Cognitive Intervention	Memory and Aging Program; Learning the Ropes for Living with MCI; Memory Link	12 months, 1 day/week
2	Neuropsychological Assessment	Sam & Ida Ross Memory Clinic Assessment; Geriatric Assessment; Mental Health Services Assessment	4 months, 3 days/week
3	Any	Behaviour Management & Psychotherapy; Goal Management Training; Research; Sam & Ida Ross Memory Clinic Assessment; Geriatric Assessment; Mental Health Services Assessment	4 months, 3 days/week
4	Any	Behaviour Management & Psychotherapy; Goal Management Training; Research; Sam & Ida Ross Memory Clinic Assessment; Geriatric Assessment; Mental Health Services Assessment	4 months, 3 days/week

The residency year is structured in three periods lasting four months each. Throughout the year, residents will spend one day per week engaged in a year-long cognitive intervention rotation, three days involved in an additional rotation, and one day involved in didactics, supervision (four hours per week), and protected time for non-clinical work such as research or preparation of presentations. The specific rotations will be jointly determined by the resident and Director/Deputy Director of Training after acceptance to the program. Sample schedules are laid out below.

Note that the first week of residency is devoted to orientation activities, including human resources and corporate orientation, review of the electronic medical charting system, and individual meetings with supervisors, the Director/Deputy Director of Training, and the Program Director. Upon completion of each period, there will be a short transition phase during which relevant orientation activities will occur to assist residents in transitioning to new rotations.

OVERVIEW OF THE RESIDENCY PROGRAM

Sample Schedule A

Period	Monday	Tuesday	Wednesday	Thursday	Friday
1	<u>Mandatory Assessment:</u> Geriatric Assessment	<u>Mandatory Assessment:</u> Geriatric Assessment	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Learning the Ropes for Living with MCI	<u>Mandatory Assessment:</u> Geriatric Assessment
2	Sam & Ida Ross Memory Clinic Assessment	Sam & Ida Ross Memory Clinic Assessment	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Learning the Ropes for Living with MCI	Sam & Ida Ross Memory Clinic Assessment
3	Research	Research	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Learning the Ropes for Living with MCI	Research

Sample Schedule B

Period	Monday	Tuesday	Wednesday	Thursday	Friday
1	Research	Research	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory and Aging Program	Research
2	<u>Mandatory Assessment:</u> Mental Health Services Assessment	<u>Mandatory Assessment:</u> Mental Health Services Assessment	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory and Aging Program	<u>Mandatory Assessment:</u> Mental Health Services Assessment
3	Behaviour Management & Psychotherapy	Behaviour Management & Psychotherapy	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory and Aging Program	Behaviour Management & Psychotherapy

Sample Schedule C

Period	Monday	Tuesday	Wednesday	Thursday	Friday
1	Geriatric Assessment	Geriatric Assessment	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory Link	Geriatric Assessment
2	Goal Management Training	Goal Management Training	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory Link	Goal Management Training
3	<u>Mandatory Assessment:</u> Sam & Ida Ross Memory Clinic Assessment	<u>Mandatory Assessment:</u> Sam & Ida Ross Memory Clinic Assessment	Didactics Supervision Protected Time DoT Office Hour	<u>Mandatory Cognitive Intervention:</u> Memory Link	<u>Mandatory Assessment:</u> Sam & Ida Ross Memory Clinic Assessment

DESCRIPTION OF THE ROTATIONS

DESCRIPTION OF THE ROTATIONS

All residents complete four rotations during the residency year including one year-long rotation in cognitive intervention and a minimum of one rotation in neuropsychological assessment. For all rotations, the specific responsibilities are established collaboratively by the resident and the supervisor at the outset of the rotation and formalized in a rotation and supervision contract, based on the core program requirements and the resident's personal training goals. Across rotations, every effort is made to provide residents with opportunities to mentor junior trainees, and this is specified in every rotation contract.

NEUROPSYCHOLOGICAL ASSESSMENT

Residents will complete a minimum of one rotation in neuropsychological assessment, and can choose from the following three services: Geriatric Assessment, Sam and Ida Ross Memory Clinic, or Mental Health Services. In all settings, the resident will carry out supervised neuropsychological assessment of individuals presenting with a range of conditions such as neurodegenerative disease, stroke, traumatic brain injury, psychiatric disorders, and systemic disease.



Residents will learn to administer and score neuropsychological tests, summarize the results, interpret the findings, and report behavioural observations made during testing. Initially, the supervisor will conduct the clinical interview, but the resident will lead the interview as the rotation progresses. Residents will prepare written reports based on the assessments (following discussion of the results with the supervisor), including delineation of cognitive strengths and weaknesses, diagnosis of cognitive impairment, and recommendations regarding further assessment or treatment. Residents will also provide information about the assessment results (including communication of diagnoses) to patients and their families in feedback sessions as well as referral sources where applicable, and document client interactions appropriately in the electronic medical record. In all three services, the resident will have the opportunity to collaborate with interprofessional teams and train in a rich academic environment.

Across the three assessment rotations described below, the primary role of the resident is to conduct comprehensive individual assessments, write integrative reports, and provide feedback to clients, their families, and referring agents where applicable.

DESCRIPTION OF THE ROTATIONS

NEUROPSYCHOLOGICAL ASSESSMENT ROTATIONS

1. SAM AND IDA ROSS MEMORY CLINIC

4-month rotation, 3 days per week

Primary supervisor: Dr. Kathryn Stokes

The Sam and Ida Ross Memory Clinic is a specialized, outpatient clinic. The primary focus is on differential diagnosis of cognitive impairment due to neurological disorders, cerebrovascular disease and neurodegenerative diseases such as Alzheimer's disease, frontal-temporal lobar degeneration, Parkinson's disease, and other neurodegenerative conditions. Opportunities may arise to evaluate patients with complex or atypical neurodegenerative syndromes, such as Progressive Supranuclear Palsy and Posterior Cortical Atrophy. In addition to the primary resident role, the resident will participate in weekly team meetings focused on diagnostic conceptualization and treatment planning with colleagues from neurology, psychiatry, nursing, social work, and speech and language pathology.

2. GERIATRIC ASSESSMENT

4-month rotation, 3 days per week

Primary supervisor: Dr. Susan Vandermorris

In this rotation, the resident will be involved in outpatient neuropsychological assessment of older adults with cognitive concerns for the purposes of diagnosis and treatment planning. Client referrals come from the Baycrest Geriatric Assessment Clinic or the Outpatient Mental Health Program. The Geriatric Assessment Clinic is staffed by geriatricians who provide holistic and comprehensive assessment for persons referred with concerns about their physical health or memory. The Outpatient Mental Health Program is staffed by psychiatrists and interprofessional colleagues who provide assessment and time-limited treatment for clients and families dealing with mental health problems. In both referral streams, the primary focus of the neuropsychological assessment is characterization of cognitive status in the context of medical and psychiatric complexity, differential diagnosis, and treatment planning.

3. MENTAL HEALTH SERVICES

4-month rotation, 3 days per week

Primary supervisor: Dr. Komal Shaikh

In this rotation, the resident will have the opportunity to engage in neuropsychological assessment of older adult inpatients with various psychiatric presentations (e.g., mood disorders, anxiety-related disorders, schizophrenia spectrum disorders). Clients are referred from the Inpatient Psychiatry Program. The resident will work as part of a collaborative interprofessional team (made up of hospitalists, psychiatrists, social workers, occupational therapists, recreational therapists, nurses, pharmacists, speech language pathologists and spiritual care) to inform recommendations for managing cognition and functioning post-discharge. Based on available opportunities and learning

DESCRIPTION OF THE ROTATIONS

goals, the resident may also select a breadth opportunity, such as psychotherapy or outpatient neuropsychological assessment.

COGNITIVE INTERVENTION

Residents will complete one year-long rotation in cognitive intervention, and can choose from the following three services: Memory Link®, Memory and Aging Program®, and Learning the Ropes for Living with MCI®. In these rotations, residents engage in memory intervention activities involving the entire range of memory dysfunction, from mild changes associated with normal aging and mild cognitive impairment to severe memory impairment (amnesia) secondary to neurological dysfunction and/or acute injury. The resident will learn to integrate neuropsychological findings in order to develop and implement individualized and/or group memory interventions. The approach of these services is to collaboratively apply findings from basic and clinical research to help clients master challenges in day-to-day memory functioning.



Residents will provide group and individual psychoeducation, implement and refine evidence-based memory interventions, and provide clients and families with psychosocial support and feedback. When indicated, the resident will also perform cognitive assessments to confirm diagnoses, clearly define clients' strengths and weaknesses, and tailor interventions to meet their abilities and needs. A unique aspect of these rotations is the opportunity to contribute to the development and evaluation of novel memory interventions.

A fourth cognitive intervention rotation, Goal Management Training®, is not offered as a year-long rotation, and is described under Other Rotations below.

YEAR-LONG COGNITIVE INTERVENTION ROTATIONS

1. MEMORY AND AGING PROGRAM®

12-month rotation, 1 day per week

Primary supervisor: Dr. Susan Vandermorris



The Memory and Aging Program® is an education and group intervention program for older adults who are experiencing normal age-related memory changes. The program provides education, support, and memory strategy training targeted to the day-to-day needs of older adults. The majority of clients in the program are self-referred healthy older adults. Over the course of multiple cycles of program delivery, the resident will train to independently deliver and manage all aspects of the program. At the

DESCRIPTION OF THE ROTATIONS

mid-point of the rotation, the resident will select a breadth opportunity based on available opportunities and learning goals. Past examples have included small projects focused on program evaluation, research, or knowledge mobilization, and cross-over exposure to other rotations of interest.

2. LEARNING THE ROPES FOR LIVING WITH MCI®

12-month rotation, 1 day per week

Primary supervisors: Dr. Keera Fishman, Dr. Dora Ladowski



The Learning the Ropes for Living with MCI® program is a multi-session group intervention designed for older adults living with mild cognitive impairment (MCI) and their close family/friends. The program is focused on enhancing functional memory ability through practical strategy application, optimizing cognitive health via lifestyle factors such as nutrition and exercise, and improving family members' abilities to manage the personal impacts of living with someone experiencing MCI. Specific memory interventions include both internal memory strategies (e.g., elaboration and spaced repetition strategies) and external memory aids (e.g., memory organizers). Psychologists and a social worker are involved in delivery of the program, which consists of six weekly sessions as well as a one-month follow up session. The resident will receive exposure to in-person and virtual program delivery. Over the course of multiple cycles of program delivery, the resident will train to independently deliver the program. Pending interest and opportunity, the resident may also supervise trainees on the service, participate in ongoing research and/or program evaluation projects, and contribute to ongoing program improvement initiatives.

3. MEMORY LINK® PROGRAM

12-month rotation, 1 day per week

Primary supervisors: Dr. Brandon Vasquez, Dr. Dora Ladowski



Individual and group intervention is provided within the Memory Link® program: a clinical rehabilitation service for adults of all ages (18+) with moderate to severe memory problems due to acquired brain injury (e.g., stroke, anoxia, tumour, traumatic brain injury, and other neurological disorders). The Memory Link® program primarily provides consultation on how to compensate for memory dysfunction in daily life and training on commercial technologies (i.e., smartphones and apps) to improve independence. The program may also assist with referral to outside agencies for community reintegration, and provide support to clients' family members. Within an interprofessional team, the resident will provide one-to-one training to clients, which involves helping clients learn to use mobile applications to enhance memory functioning in daily life. The memory training method is manualized, but must necessarily be customized to the unique neuropsychological and personal context of each individual client. The core training protocol is evidence-based, using the principles of

DESCRIPTION OF THE ROTATIONS

errorless learning and vanishing cues, and capitalizes on preserved implicit procedural memory to circumvent impairments in explicit episodic memory. The resident will also be involved with intake consultation and goal setting. Opportunities for neuropsychological assessment, co-leading a support group, program evaluation, and clinical research may also be available depending on resident interest.

OTHER ROTATIONS

1. RESEARCH

4-month rotation, 3 days per week

Primary supervisor: Dr. Nicole Anderson

This rotation provides residents with research experience in clinical neuropsychology through the Rotman Research Institute. Under supervision, residents will familiarize themselves with the appropriate theoretical and empirical background, and carry out a focused study. This study may take the form of a systematic review of a particular neuropsychological condition, analysis of more than 10 years of retrospective clinical data, or detailed single-case design, for example. Residents may have a role in primary data collection and supervision of research assistants. Residents will be expected to conclude the rotation by writing a report of the study and findings, ideally for publication. Residents are expected to attend Rotman rounds and lab meetings during this rotation.

2. GOAL MANAGEMENT TRAINING®

4-month rotation, 3 days per week

Primary supervisor: Dr. Komal Shaikh

In this rotation, the resident will work with clients who are experiencing significant difficulty in their day-to-day activities associated with executive dysfunction due to a variety of neurological and neuropsychiatric conditions (e.g., stroke, multiple sclerosis, mood disorders). The resident will learn and apply a manualized cognitive

rehabilitation program, Goal Management Training®, to address real-world problems. The program is designed to teach participants strategies that they can use in their daily lives to improve their ability to achieve goals; participants learn to sustain their attention and stay focused, formulate realistic plans, and organize, prioritize, and complete tasks in a timely fashion. The program is offered in a group format and prior group therapy skills would be an asset. The resident will also perform intake assessments in order to clearly define clients' strengths and weaknesses and tailor the interventions to meet their abilities and needs. There are program evaluation opportunities with this service if that is aligned with the resident's goals.



DESCRIPTION OF THE ROTATIONS

3. BEHAVIOUR MANAGEMENT AND PSYCHOTHERAPY

4-month rotation, 3 days per week

Primary supervisor: Dr. Yael Goldberg

Behaviour management and psychotherapy is provided through the Virtual Behavioural Medicine (VBM) Program in the Pamela & Paul Austin Centre for Neurology & Behaviour Support. The VBM interprofessional team supports health care teams in acute care hospitals and long-term care homes, as well as family members across the GTA in the management of challenging behavioural symptoms of dementia. This service is completely virtual, delivered using the Ontario Telemedicine Network.

In this rotation, the resident will participate in and learn to (a) conduct functional behavioural assessments where factors that contribute to behaviours are identified, (b) develop individualized behaviour care plans with non-pharmacological strategies, (c) facilitate interviews, feedbacks and follow-up sessions, (d) attend weekly interdisciplinary rounds, (f) co-facilitate psychotherapy sessions with health care teams and/or family caregivers experiencing burn out. In this rotation, principles of applied behaviour analysis are utilized in understanding and treating behavioural symptoms of dementia. Prior clinical training in behaviour management is not a pre-requisite for completing this rotation.



PROGRAM FACULTY

CORE PROGRAM FACULTY

Anderson, Nicole, PhD, CPsych (University of Toronto). Senior Scientist at the Rotman Research Institute. Research interests focus on cognitive aging (in healthy aging and mild cognitive impairment), memory processes, and dementia risk reduction.

Anderson, N.D., D'Amico, D., Rotenberg, S., Addis, D.R., Gillen, J., Moore, D., Furlano, J.A., Tan, B., Binns, M., Santarossa, M., Chertkow, H. for the Canadian Consortium on Neurodegeneration in Aging (CCNA) CAN-THUMBS UP Study Group. (2024). Validation of a community-based approach toward personalized dementia risk reduction: The Kimel Family Centre for Brain Health and Wellness. *Journal of the Prevention of Alzheimer's Disease*, 11(5), 1455-1466.

Myftaraj, E., Skrepnek, O., & **Anderson, N. D.** (2025). The butcher on the bus is less familiar to older adults as she is to younger adults. *Journals of Gerontology: Psychological Sciences*. 80(2), gbae184.

Fishman, Keera, PhD, CPsych (University of Ottawa). Provides intervention services through the Learning the Ropes for Living with MCI® program; provides neuropsychological assessment services to the Geriatrics units at Ontario Shores Centre for Mental Health Sciences. Neuropsychology Practicum Co-ordinator. Research interests involve exploring the impact of neuropsychiatric symptoms on memory and executive function, as well as creating and implementing interventions to support living well with cognitive decline in older adults.

Fishman, K. N., McLaughlin, P., Tan, B., Troyer, A.K. Orange, J. B., Roberts, A. C., Kwan, D., Levine, B., Rashkovan, N., Swartz, R. H. (2026). Maximizing Fidelity of Neuropsychology Assessments in Fully Remote Studies. *Applied Neuropsychology: Adult*, 1-18. doi: 10.1080/23279095.2026.2637842.

Fishman, K. N., Pilioci, C., Truong, L., Rowe, G., Climans, R., Yusupov Rose, I., & Murphy, K.J. (2025). Cognitive health promotion through a low-intensity high-volume webinar intervention for older adults at risk of future dementia. *Frontiers in Psychology*, 16. Doi:10.3389/fpsyg.2025.1613890.

Goldberg, Yael, PhD, CPsych, RBA(Ont) (University of Waterloo). Director of Training. Provides behaviour management services to healthcare teams and family caregivers through the Virtual Behavioural Medicine program in the Pamela & Paul Austin Centre for Neurology & Behaviour Support. Primary clinical and research interests focus on evidence-based assessment of behavioural and psychological symptoms of dementia (BPSD), non-pharmacological intervention strategies used to treat them, and applying technology to support behaviour management skill development.

Hatch, S., Seitz, D.P., Bruneau, M.A., Ewa, V., Feldman, S., **Goldberg, Y.**....Watt, J.A. (2025). The Canadian Coalition for Seniors' Mental Health Canadian Clinical Practice Guidelines for assessing and managing behavioural and psychological symptoms of dementia (BPSD). *Canadian Geriatrics Journal*, 28:1, 91-102.

Sokoloff, L., Nemethy, K., **Goldberg, Y.**, Santiago, A.T., Brookes, J., & Berall, A. (2022). The Virtual Trigger Room – A proof of concept. *International Journal of Healthcare Simulation*, 1, S6-S8.

PROGRAM FACULTY

Ladowski, Dora, PhD, CPsych (University of Western Ontario). Provides clinical intervention services through the Learning the Ropes for Living with MCI® and Memory Link® programs. Clinical interests include neuropsychological assessment and intervention with adults and older adults. Research interests include optimizing the assessment and treatment of memory changes in brain injury and illness.

Chadwick, C., O'Reilly, M., Abbas, H.H., **Ladowski, D.**, Ghazaleh, N., Khan, A., Burneo, J.G., Steven, D.A., Mirsattari, S.M., Johnsrude, I. (2022, September). Homotopic coupling in persons with epilepsy using movie-driven and resting-state fMRI. Paper presented at the Canadian Epilepsy Research Initiative, Kelowna, BC, Canada.

Ladowski, D., Nandan, A., Gold, D., McAndrews, M.P. (2021, Sept.) Pattern separation and hippocampal integrity in temporal lobe epilepsy. Poster presented at the Canadian League Against Epilepsy, virtual.

Shaikh, Komal, PhD, CPsych (York University). Provides neuropsychological assessment and psychotherapy services through the Inpatient Psychiatry Program; provides clinical intervention services through the Goal Management Training® Program. Clinical interests include psychological and neuropsychological assessment and intervention with older adults, individuals with severe psychiatric illness, and acquired brain injury. Research interests include everyday impact of cognitive changes in older adults.

Baptist-Mohseni, N., Singh, A., Vander Morris, S., Troyer, A. K., Rich, J. B., & **Shaikh, K. T.** (2025). The short-form Memory Impact Questionnaire: Development and validation among community-dwelling middle-aged and older adults. *The Gerontologist*, 65(11), gnaf188.

Shaikh, K. T., Zaidi, K. B., Wong Gonzalez, D., Dimech, C., Gilson, Z. M., Stokes, K. A., & Paterson, T. S. (2025). Cultural bias in the assessment of language: A closer look at the Boston naming test among multicultural Canadian older adults. *Applied Neuropsychology: Adult*. Online ahead of print.

Stokes, Kathryn, PhD, CPsych (University of Virginia). Provides neuropsychology assessment services to outpatients in the Sam and Ida Ross Memory Clinic. Primary research interests focus on validation of tools for early detection of cognitive impairment, and neuropsychological profiles within neurodegenerative disorders such as posterior cortical atrophy syndrome.

Bentvelzen, A. C., Kochan, N. A., Saks, D. G., Chander, R. J., Koncz, R., Aam, S., Alves, G. S., Briceno, E. M., Brodtmann, A., Cerami, C., Clancy, U., Cysique, L., Deary, I. J., DeCarli, C., Dodich, A., Godefroy, O., Jochems, A. C. C., Jokinen, H., Kang, Y., Karayanidis, F., Kessels, R. P. C., Kyläheiko, I., Lancaster, K., Laukka, E. J., Levine, D. A., Marseglia, A., Pase, M. P., Peters, R., Salmon, D. P., Salvadori, E., Shirk, S. D., **Stokes, K. A.**, Sudo, F. K., Summers, M. J., Vander Morris, S., Vasquez, B. P., & Sachdev, P. S. (2025). Consensus-Harmonized Neuropsychological Assessment for Vascular Cognitive Impairment and Dementia. *JAMA Network Open*, 8(12), e2547948-e2547948.

Shaikh, K. T., Zaidi, K. B., Wong Gonzalez, D., Dimech, C., Gilson, Z. M., **Stokes, K. A.**, & Paterson, T. S. (2025). Cultural bias in the assessment of language: A closer look at the Boston naming test among multicultural Canadian older adults. *Applied Neuropsychology: Adult*. Online ahead of print.

PROGRAM FACULTY

Vandermorris, Susan, PhD, CPsych (University of Victoria). Provides intervention services through leadership of the Memory and Aging Program® and neuropsychological assessment services to the Geriatric Assessment and Mental Health Clinics. Primary clinical interests are neuropsychological assessment and intervention in older adult populations. Research interests in cognitive aging, memory intervention, within-person variability, and use of technology in education and intervention.

D'Amico, D., Yusupov, I., Zhu, L., Lass, J. W., Plunkett, C., Levine, B., Troyer, A. K., & **Vandermorris, S.** (2024). Feasibility, acceptability, and impact of a self-guided e-learning memory and brain health promotion program for healthy older adults. *Clinical Gerontologist*, 47(1), 4-16.

Vandermorris, S., Au, A, Gardner, S., & Troyer, A. K. (2022). Initiation and maintenance of behavior change to support memory and brain health in older adults: A randomized controlled trial. *Neuropsychological Rehabilitation*, 32(4), 611-628.

Vasquez, Brandon, PhD, CPsych (University of Toronto). Provides memory intervention services in the Memory Link® program. Primary clinical interests include cognitive rehabilitation and neuropsychological assessment of acquired brain injury. Research interests are focused on improving memory intervention methods through the application of current technologies, understanding skill learning in individuals with memory dysfunction, and the cognitive underpinnings of response time intraindividual variability.

Vasquez, B.P., Cretu, A., Max, A., & Moscovitch, M. (2023). Early mobile app training proficiency predicts how well memory-impaired individuals learn to use digital memory aids in the real world. *Neuropsychological Rehabilitation*, 33(6), 1411-1429.

Vasquez, B.P., Lloyd-Kuzik, A., Moscovitch, M. (2022). Mobile app learning in memory intervention for acquired brain injury: neuropsychological associations of training duration. *Neuropsychological Rehabilitation*, 32(6), 1048-1074.

OTHER PROGRAM CONTRIBUTORS

Brickman, Ruth, MSW, RSW (University of Toronto). Member of the Memory Link® team. Supervises MSW students as an Adjunct Lecturer with the Factor-Inwentash Faculty of Social Work at the University of Toronto. Provides psychosocial support to clients and family members. This includes individual counselling, facilitation of psychoeducational support groups, and assistance for clients in accessing a variety of resources in their communities.

Ovsyannikova, **Brickman**, Berall, Brookes & Vasquez (2026). Bridging the gap: A qualitative evaluation of an ongoing virtual support group for individuals with memory changes post-acquired brain injury. *Social Work with Groups* 49(3), 301–323.

Brickman, R. (2020). Supportive groups: Client support. In B. P. Vasquez (Ed.), *The Memory Link Handbook* (pp 180-89). Baycrest Centre for Geriatric Care.

Coutts-MacNeil, Alexandra, MADS, RBA (Ont), BCBA. (Brock University). A behaviour analyst working primarily with the Behavioural Neurology Unit and consulting throughout the Hospital. Working as a

PROGRAM FACULTY

member of an inter-professional team, Alexandra provides evidence-based, non-pharmacological intervention strategies to manage behavioural symptoms of dementia.

Lin, Jessie, MSW, RSW (University of Toronto). Member of the Learning the Ropes for Living with MCI® team. Provides psychosocial support to clients and family members. This includes individual counselling, family and couples counselling, facilitation of psychoeducational support groups and assistance for clients in accessing a variety of resources in their communities.

Moscovitch, Morris, PhD (University of Pennsylvania). Senior Scientist at the Rotman Research Institute. Research focuses on cognition and memory with particular emphasis on the neural mechanisms mediating explicit and implicit memory, face recognition, and attention.

Tarder-Stoll, H., Sekeres, M. J., Levine, B., **Moscovitch, M.** (2026) Adaptive episodic memory: how multiple memory representations drive behavior in humans and nonhumans. *Physiological Reviews*. 106(2):841-889. doi: 10.1152/physrev.00005.2025. Epub 2025 Nov 4. PMID: 41187993.

Ciaramelli, E., Waisman, A., Stendar, D., , & **Moscovitch, M** (2026). The detection of episodic memory in others biases social choice. *Proceedings of the National Academy of Sciences*, 123(15) e2530482123.



APPLICATION PROCESS

APPLICATION PROCESS

ELIGIBILITY REQUIREMENTS

There will be a maximum of two residents enrolled in the residency program each year. Prospective residents must meet the following requirements:

- Doctoral dissertation proposal approved (prior to application).
- Graduate-level coursework complete (prior to residency start).
- A minimum of 600 hours of supervised practicum experience, including at least 300 hours of direct client contact. Supervision shall be no less than 25% of the total time spent by the student in direct service-related activities with clients (prior to residency start). We will consider telepsychology (telephone contact or virtual video-conference) interaction to be equivalent to face-to-face direct patient/client contact if delivered in compliance with existing guidelines from relevant professional and regulatory bodies, including but not limited to those published by the CPA.

We strongly encourage residents to complete as much of their dissertation prior to the start of residency as possible. Completion of their oral defence prior to residency would be ideal. At a minimum, data collection should be completed prior to beginning the residency.

Students from CPA-accredited programs in clinical neuropsychology are eligible to apply. Students from CPA- or APA-accredited programs in clinical psychology with training in neuropsychology are encouraged to apply, and should summarize the nature and extent of their neuropsychology training in their cover letter (e.g., coursework in neuroanatomy, cognitive neuroscience, neuropsychology, a thesis project in neuropsychology, etc.). Applicants from non-accredited programs that include equivalent training will be considered. Such students should provide sufficient documentation to demonstrate program equivalence, including certification from the director of clinical psychology that the training is equivalent to accredited programs. In the interest of full transparency, please note that historically our match rate with PsyD applicants and applicants from non-accredited programs is quite low. These and other statistics are publicly available on the APPIC website.

Any offer from Baycrest is contingent upon the applicant providing a *Vulnerable Sector Screen* and *Criminal Reference* and/or background check satisfactory to Baycrest and upon the applicant providing Baycrest with a copy of a valid work permit that affirms legal status to be employed in Canada and a social insurance number.

APPLICATION PROCESS

Within the first two weeks of employment, residents are required to complete a health evaluation in the Occupational Health and Safety Department. This includes completing a two-step TB skin test or documentation of any previous TB Skin testing. Documentation of up-to-date immunizations will also be required.

Fit testing of the N95 respirator mask has been mandated by Ontario's Ministry of Health and Long Term Care for healthcare workers. When conducting the test, and in instances requiring wearing the mask, all Baycrest staff (including residents) must be clean shaven where the respirator seals to the skin of the face or neck. As per Occupational Health and Safety, religious accommodation is available, where the individual would be exempt from performing work or visiting areas where an N95 mask is required.

International students with a valid Canadian work permit are welcome to apply. We regret that we have been unable to identify a viable path to assist non-Canadian citizens from anywhere other than the United States in obtaining work permits for the residency year.

Citizens of the United States with or without a valid work permit are also welcome to apply. In the event of a match, the training program will assist with necessary paperwork to support the resident's work permit application, although Baycrest cannot guarantee that the application will be approved by Immigration, Refugees and Citizenship Canada. Any costs associated with this process are the responsibility of the resident.

APPLICATION MATERIALS

- Prospective residents must complete the APPIC Application for Psychology Residency (AAPR), which can be obtained from the website <http://www.appic.org/>.
- **In your cover letter, please include a statement of your career goals and a description of your training goals for the residency year. Please identify which four rotations from our nine offerings are the best fit with your goals.**
- We welcome self-disclosure of any special circumstances or diversity considerations in written materials which may be helpful in evaluating your application.
- Your complete, online application must be uploaded to the APPIC website by 11:59 P.M. EST, **November 1, 2026.**

INTERVIEW PROCEDURES

Remote interviews will take place on **January 19 and 21, 2027**. Interviews are full-day affairs, generally from 9:00am EST to about 4:00pm EST, with several breaks between meetings. Applicants will be given a

APPLICATION PROCESS

general overview of the program and rotations by the Director of Training, participate in two separate interviews with faculty members, and attend a group meeting with our current residents. Applicants will be provided with the opportunity to meet with as many faculty members as possible. Specific interview details will be shared upon offer.

In keeping with the CCPPP residency interview notification process, notification for interviews will be made on **Friday, December 4, 2026** via email from the Director of Training. Applicants invited for interview will also receive an automated email from the NMS Interview Scheduler, which will provide a link that will allow applicants to schedule their preferred interview date.

In selecting residents, the Baycrest Pre-doctoral Residency in Clinical Neuropsychology follows APPIC guidelines. This residency site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any resident applicant. Applicants, agencies, and programs are urged to report any violations of these guidelines to the Chairperson of the APPIC Executive Committee.

The APPIC member code number for our residency program is 1837.

IMPORTANT DATES FOR 2027-2028

- Deadline for online applications: November 1, 2026
- Notification sent to candidates selected for an interview: December 4, 2026
- Interview dates: January 19 and 21, 2027
- Match dates: per APPIC website <https://www.appic.org/internships/Match/About-The-APPIC-Match/APPIC-Match-Dates>
- Dates of residency program: September 7, 2027 to August 25, 2028

Baycrest

3560 Bathurst Street
Toronto | Ontario | Canada | M6A 2E1

Main Phone: 416-785-2500 | baycrest.org

For more information, please contact:

Dr. Yael Goldberg, Ph.D., C.Psych., R.B.A.(Ont.)

Director of Training

416-785-2500 x2445

psychinternship@baycrest.org

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