

College of Psychology Psychology Postdoctoral Residency Program (PPRP) 2026-2027

Last Name	First & Middle Nar	mes	Data (This information is gathered for statistical purposes only and does not in any way affect your candidacy for the PPRP.)	
Street Address				
			Ethnic Origin:	
State	Zip Code		Date of Birth (mm/dd/year):	
E-mail Address:			Primary Contact Number:	
Please indicate which track(s) to which you are applying: □ Track I: NSU Developmental Assessment Training Program and Behavioral Psychology (2 positions) □ Track II: NSU University School and Developmental Assessment Training Program □ Track III: NSU School-Related Psychological Assessments and Clinical Interventions (SPACI) Clinic □ Track IV: NSU General Psychology If you are applying for multiple tracks, please indicate your first choice: □ I □ III □ III □ IV				
Education - Please provide information on the colleges/universities from which you have earned your degree.				
Pre-doctoral Internship Name		APA Accreditation ☐Yes ☐No		Month / Year Completed
Site Location (City / State)		Primary Supervisor		Contact Number
Doctorate Granting University/College Name		APA Accreditation		Date Degree Conferred
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				\square Ph.D. \square Psy.D. \square Ed.D.
Address		Area of Specialization/Concentration		
Name References (please include letters with application) Contact Number				
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APPLICATION MATERIALS: Applicants must submit this application along with the following items to Dr. Peter Caproni at pc491@nova.edu by <u>December 31, 2025</u> for the <u>2026-2027 PPRP</u> year.				
□Cover letter □Curriculum Vitae				
☐ Three letters of recommendation (Official letterhead required; Referrer may send his/her letter directly to Dr. Caproni via email)				
☐ Official transcripts of all graduate work to Dr. Caproni at NSU, Maxwell Maltz Bldg. Room 2077, 3300 S. University Drive, Fort Lauderdale, FL 33328-2004				
Writing sample: Psychological Assessment Report				