

**AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY
AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY**



**The American Board of
Clinical Neuropsychology**

BOARD CERTIFICATION GUIDELINES AND PROCEDURES

**CANDIDATE'S MANUAL
August 2020**

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Please see the APPENDIX for sample forms used in the oral exam.

***Please report any broken links within this manual
to the ABCN Office (nunce@umich.edu)***

Note: The information in this manual pertains to ABCN **Specialty certification in Clinical Neuropsychology**. The Candidate Manual for individuals interested in **Subspecialty Certification in Pediatric Clinical Neuropsychology** can be found [here](#). Any ABCN applicant, candidate, or Specialist may apply for subspecialty certification in pediatric clinical neuropsychology; however, individuals whose subspecialty credentials are approved may enter the subspecialty examination process only after they have been awarded Specialty board certification through the ABCN parent examination process.

I. DEFINITION OF A CLINICAL NEUROPSYCHOLOGIST

Clinical Neuropsychologists have specialized knowledge and training in the applied science of brain-behavior relationships. Clinical Neuropsychologists use this knowledge in the assessment, diagnosis, treatment, and rehabilitation of patients across the lifespan who have developmental, neurological, medical, or psychiatric conditions.

The Clinical Neuropsychologist employs psychological and behavioral methods to evaluate patients' cognitive and emotional strengths and weaknesses and relates these findings to normal and abnormal central nervous system functioning.

Clinical Neuropsychologists use this information, in conjunction with information provided by family members and other medical/healthcare providers, to identify and diagnose neurobehavioral disorders, conduct research, counsel patients and their families, or plan and implement intervention strategies.

Further definition of clinical neuropsychology, a description of the work settings in which Clinical Neuropsychologists are employed, and other associated information can be found in the [Practice Guidelines](#) published by the American Academy of Clinical Neuropsychology (AACN).

The services provided by Clinical Neuropsychologists typically include:

- Neuropsychological assessment (to establish a diagnosis, to document baseline performance, track treatment effects and/or plan interventions)
- Counseling (helping patients and families understand the meaning and implications of neurological conditions and/or assessment results)
- Consultation with other professionals in diverse settings
- Intervention (treatment, prevention)
- Clinically-relevant research
- Supervision, teaching, and management activities (e.g., training, program development, administration)

It is expected that Clinical Neuropsychologists will demonstrate sensitivity to and skill in dealing with multicultural/diverse populations. In this manual, we will use the terms 'multicultural' and 'individual and cultural diversity' interchangeably. Individual and cultural diversity recognizes the broad scope of such factors as race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religion/spiritual orientation, and other cultural dimensions.

Preparation for the practice of clinical neuropsychology at the specialty level of competence characteristically entails a combination of doctoral training, pre-doctoral internship, and post-doctoral education and training experience. Specialized competence presumes the establishment of both a basic and applied generic core knowledge base in psychology. Beyond this generic core, competence in the specialty of clinical neuropsychology requires a foundation in the clinical neurosciences, including neurology, neuroanatomy, and neuropathology. At least three years of overall experience in the specialty area are required to become eligible for the certification process in clinical neuropsychology. Additional specific experience requirements will be detailed later in this manual.

II. COMPETENCIES OF THE SPECIALTY OF CLINICAL NEUROPSYCHOLOGY

A. Functional Competencies. The ABCN Examination process evaluates one's command of clinical and scientific knowledge and the ability to integrate this information to benefit and inform patient care. Candidates are given opportunities to demonstrate their knowledge, skills, and experience in the specialty practice of Clinical Neuropsychology through a written examination, practice sample review, and oral examination.

Functional competencies are selected and defined by each ABPP Specialty Board. The specific functional competencies evaluated through the ABCN certification process include Assessment, Consultation, and Intervention. Candidates who engage in other competency areas such as Research, Teaching, Clinical Supervision, Management-Administration, and/or patient Advocacy activities as part of their professional practice as a neuropsychologist are provided opportunities to discuss those activities during the Professional Identification interview of the oral examination, and when salient to other portions of the examination. Only the core competencies of Assessment, Consultation, and Intervention, however, are formally evaluated. The expectations of ABCN candidates regarding demonstration of these core functional competencies are described below.

- 1. Assessment.** Clinical neuropsychological assessment serves as a foundation of clinical neuropsychology practice and is evaluated throughout the ABCN examination process. Candidates should be well versed in the application of appropriate evaluative methods for different patient populations and problems in a variety of contexts. They should be knowledgeable about test construction, standardization, validation, or related psychometric issues as applied to clinical neuropsychological assessment techniques. Assessment practices, profile interpretation, communication of results, and use of assessment results are evaluated in the examination process. As well, the candidate is evaluated on the ability to understand and appropriately address individual and cultural diversity factors, ethical issues, and legal issues as they relate to assessment choices, interpretation of results, intervention, and outcome evaluation.
- 2. Consultation.** Candidates must demonstrate the ability to communicate and apply knowledge in consultation with others such as health care professionals from other disciplines, educational personnel, social service agencies, nursing homes, rehabilitation staff, industry, legal systems, public policy makers, and individuals in other institutions and settings. They must be skilled at clarifying the referral question and effectively communicating results to referring/treating providers and patients both verbally and in writing. Candidates who are professionally involved in non-evaluative settings such as clinical research or as policy consultants should demonstrate effective collaboration and integration of neuropsychological science and practice as appropriate.

- 3. Intervention.** Candidates must demonstrate knowledge of potential treatments and interventions to address the cognitive and behavioral problems observed on neuropsychological assessment. Knowledge of evidence-based intervention methods and a rationale appropriate to address deficits in cognition, attention, learning and memory, problem solving, sensory motor processing, and psychological disorders is expected. In some forms of professional practice, assessment and intervention are integral parts of the same process. In other clinical circumstances, specific recommendations for managing the problem are made through referrals to other appropriate professionals. Candidates should be able to demonstrate informed decision-making regarding choice of therapeutic or environmental interventions to address cognitive, behavioral, or psychosocial deficits in the context of considerations regarding individual diversity and life circumstances.

B. Foundational Competencies. Cutting across all functional competencies are the foundational competencies of scientific knowledge and methods, evidence-based practice, individual and cultural diversity, ethical legal standards and policy, professionalism, relationships, interdisciplinary systems, and reflective practice/self-assessment/self-care. Scientific Knowledge and Methods, Evidence Based Practice, Individual and Cultural Diversity, Ethical Legal Standards & Policy, Interdisciplinary Systems, and Professionalism are evaluated across examination phases of the ABCN process (i.e., Written Examination, Practice Sample, Oral Examination). The Oral Examination provides an opportunity for candidates to also demonstrate the competencies of Relationships and Reflective Practice/Self-Assessment/Self-Care.

- 1. Scientific Knowledge & Methods.** Candidates must be knowledgeable about the research basis of clinical neuropsychological practice as defined by the core knowledge base domains described in the [Houston Conference](#) guidelines for education and training in neuropsychology. These include research methodology in clinical populations, neurodevelopment, psychopathology, functional neuroanatomy, clinical syndromes, and specialized neuropsychological assessment techniques. Candidates must be knowledgeable of the history of clinical neuropsychology and demonstrate familiarity with recent scientific and scholarly developments in clinical neuropsychology. They must also be able to demonstrate the ability to apply this knowledge appropriately in clinical practice.
- 2. Evidence Based Practice** The clinical neuropsychologist must be knowledgeable of the recent literature on normal and abnormal brain development and function, assessment methods, and intervention strategies and must be able to apply this knowledge according to evidence-based practice concepts.
- 3. Individual and Cultural Diversity.** Awareness of all aspects of individual and cultural diversity and how these issues inform assessment, consultation,

intervention, and scientific knowledge must be demonstrated. Candidates must recognize the impact of cultural, linguistic, socio-environmental, and other areas of diversity as they pertain to cognitive development and brain function/dysfunction. They must also be aware of their own individual and cultural characteristics as they influence functioning across competency domains and interpersonal interactions.

4. **Ethical Legal Standards & Policy.** A successful candidate is aware of: (1) current APA/CPA ethical principles and practice standards; (2) current statutory and regulatory provisions applicable to professional practice; (3) the implications of these principles to protect patients, society, and the profession; and (4) how to recognize and avoid adverse ethical and legal circumstances and address them appropriately.
5. **Professionalism.** Clinical neuropsychologists must understand their role in different contexts and systems relevant to clinical populations served. They must remain current in knowledge and skills of brain-behavior assessment and, whenever appropriate, contribute to advancements in the field. They should strive to continuously improve their practice and comport themselves in a professional manner and retain a professional demeanor at all times, including in all verbal, nonverbal, and written communications. Candidates should recognize their professional accountability and be amenable to external review.
6. **Relationships.** Candidates must demonstrate the ability to interact effectively with patients, caregivers, and other providers. They must be able to establish effective working relationships across systems of care and communicate effectively with others about brain behavior relationships. They should demonstrate knowledge of and sensitivity to issues regarding the welfare, rights, and dignity of others, and they must be aware of their own impact on others.
7. **Interdisciplinary Systems.** Candidates must demonstrate knowledge of key issues and concepts in related disciplines (e.g., neurology, psychiatry, neuroradiology, rehabilitation, education) and the ability to communicate and interact knowledgeably with professionals across these disciplines. Candidates should be able to articulate the roles of other professionals with regard to patient care, integrate the perspectives of related disciplines into their case conceptualizations, display the ability to work as a member of interdisciplinary teams, and collaborate with other professionals to contribute neuropsychological information to overall team diagnostic formulation, planning, and intervention.
8. **Reflective Practice/Self-Assessment/Self-Care.** Candidates must demonstrate personal and professional self-awareness and the ability to monitor and evaluate their own professional performance. Processes for ongoing analysis of their skill set and knowledge base should be articulated. They must recognize the limits of their own competence and seek consultation and/or additional training as warranted to meet the needs of their patients.

III. ELIGIBILITY REQUIREMENTS FOR CANDIDACY

To attain board certification in any ABPP Specialty, an applicant must meet both generic and specialty-specific eligibility requirements. For details regarding these requirements, [click here](#).

- A. Generic Requirements.** Review of the applicant's *generic* credentials (i.e., doctoral degree, internship, licensure) is performed by the ABPP Central Office. In most cases, ABCN will accept ABPP's decision regarding the appropriateness of the generic credentials, including accreditation status of doctoral or internship programs. Questions regarding the adequacy of an applicant's generic credentials should be directed to the [ABPP Central Office](#).
- B. Specialty Specific Requirements.** Once the generic credentials are approved, the application is forwarded to the ABCN credentials committee for determination of eligibility specific to Clinical Neuropsychology. During the *specialty specific* review, the credentials committee examines both the content and the process by which the applicant has acquired knowledge and skill in neuropsychology. Postdoctoral residency education and training are required to develop an advanced level of competence in the specialty of clinical neuropsychology. To promote uniformity in training standards, ABCN has endorsed the [Houston Conference Guidelines](#) for specialty training in Clinical Neuropsychology for individuals who completed their neuropsychological training on or after January 1, 2005. ABCN understands, however, that training standards have changed significantly over the relatively short period during which clinical neuropsychology has been a specialty. Therefore, individuals trained prior to 2005 are required to meet eligibility criteria for postdoctoral training in place at the time training in neuropsychology was completed.

ABCN encourages applications from neuropsychologists trained during all eras, including those pre-dating the Houston Conference. Please see the ABPP website [Specialty Specific Guidelines](#) for specific information regarding your era of training, exceptions to Houston Conference Guidelines and additional guidelines regarding training.

Applicants are encouraged to review eligibility questions with the Credentials Committee prior to submitting an application. Please contact the ABCN Office nunce@med.umich.edu for more information.

IV. APPLICATION PROCESS

- A. Exam Overview (also see Infographic at the end of the Candidate Manual for a visual overview of the application process).** The American Board of Professional Psychology's (ABPP) certification in Clinical Neuropsychology is a 4-step process that includes credential review, written examination, submission of practice samples, and oral examination. The credential review assures that the candidate has received

appropriate education, training and supervised clinical experiences. Once credentials are approved, the candidate is eligible for the Written Examination in Clinical Neuropsychology. After passing the Written Examination, the candidate submits two (2) Practice Samples for review. Once the Practice Samples are approved, the candidate proceeds to the Oral Examination in Clinical Neuropsychology.

B. Application. The ABPP online Application for Specialty Certification in Clinical Neuropsychology includes submission of generic credentials, the ABCN specialty specific application form, and the appropriate application fee. Application instructions are posted on the [ABPP website](#).

C. Early Entry Option. For graduate students, trainees, and psychology postdoctoral residents not yet licensed, ABPP has established an early entry program. Students may initiate an ABPP generic application for a reduced fee of \$25 prior to graduation (a \$100 savings). As they complete each requirement for candidacy, early entry applicants simply forward documentation of completion to ABPP Central Office. ABPP will maintain Early Entry Option applications for 7 years from date of initiation unless a written request to extend this time is received and approved by ABPP. Once all the necessary documentation has been received, ABPP will review the generic credentials and, if approved, will forward the application to ABCN for credential review. You can access the Early Entry online application by using [this link](#).

D. Credential Review Process. The credential review process proceeds as described above in [Section III](#) and as summarized below.

1. Approval of Generic Credentials.

- a. If generic credentials are approved by ABPP, the application is forwarded to the ABCN credentials committee for review of ABCN-specific standards relating to education, training, and experience.
- b. If generic credentials are not approved by ABPP, the applicant is so notified with a description of areas of weakness or non-acceptability of credentials along with recommendations for strengthening the application, if any.
- c. The applicant may reapply if able to demonstrate improvements in the application. A reapplication fee may be charged, at the discretion of ABPP.

2. Approval of Specialty Credentials. The ABCN Credentials Committee reviews applications to ensure specialty-specific criteria are met. The review is returned to ABPP Central Office, which in turn notifies applicants of the review decision.

- a. If the application is approved, the applicant becomes a "candidate" for ABPP certification in Clinical Neuropsychology

- b. If the ABCN Credentials Committee requires clarification of information to arrive at a review decision, the application may be returned as 'pending'. ABPP Central Office will notify the applicant of the need for additional information, which may be submitted *without* resubmission of the full application or remittance of another application fee. Once the additional information is received, the Credentials Committee will make a final recommendation to ABPP to approve or not approve the application.
- c. If the ABCN credential review committee does not approve an application, ABPP will notify the applicant of the weakness or non-acceptability of credentials identified by the committee, as well as recommendations for strengthening the application, if any.
- d. Applicants who wish to reapply following a "not approved" decision must demonstrate improvement in the application, resubmit their full application for re-review, and resubmit the full application fee.

E. Candidacy Period. The ABPP certification process must be completed within seven years from the date credentials have been approved. The date on the applicant's credential review decision letter defines the start for this seven-year period.

V. WRITTEN EXAMINATION

Upon being admitted to candidacy, the applicant is eligible to register for the Written Examination.

A. Content. The Written Examination consists of 125 multiple choice questions covering content areas identified by Section VI of the Houston Conference guidelines as the foundational and functional/practice core knowledge bases for neuropsychologists. These include: General Psychology (including statistics and methodology), General Clinical Psychology, General Psychopathology/Neuropathology, Brain-Behavior Relationships, and the Practice of Clinical Neuropsychology. Questions may cover factual, historical, practice, and/or professional issues, including ethics and individual/cultural diversity. Please refer to the [Houston Conference](#) for further detail.

Only 100 of the 125 written examination questions are operational and count toward the candidate's final score. The other 25 items are included for pretesting to gather psychometric data; they do not count toward the final score.

B. Taking the Exam. The ABCN written exam is administered electronically at PSI Centers across North America in two-week windows, four times per year. Once candidates are deemed eligible to take the written exam, they will receive instructions from ABPP Central Office regarding how to access and complete the online Written Examination Registration. Registration and submission of the current examination fee must be completed prior to the stated deadline for the examination

window they choose. Once processed, candidates will receive confirmation of registration from the ABCN Executive Assistant and instructions on how to proceed. [Click here to access the upcoming ABCN Written Exam schedule and registration deadlines.](#)

C. Exam Results. All candidates who take the Written Exam are informed of their results by the ABCN Office. Initial notification of whether the written examination was passed is delivered via email within four (4) weeks of the close of the examination window, and followed by a formal, surface letter that includes the candidate's test score. Email notifications are delivered as soon as the exam information is received from the vendor (Alpine/PSI). We understand that candidates are eager to learn the results of their examination but request that you refrain from calling the ABCN office prior to receipt of your email notification.

1. Candidates who pass the Written Examination are provided instructions on how to prepare and submit Practice Samples for the next phase of the certification process.
2. Candidates who do not pass the Written Examination on their first or second attempt are informed that they may take the examination again within their seven-year candidacy period without prejudice, upon resubmission of the then current examination fee. Candidates may not take the written examination during two consecutive exam windows but instead will be eligible to take the written exam again during or after the second window following the failed attempt.
3. Candidates who do not pass the Written Examination on their third attempt are not eligible to take it another time under their current candidacy, and the process ends here. In this instance a candidate would need to reinitiate the entire application process with appropriate fees if they wish to continue to pursue board certification.
4. Candidates who wish to reinitiate the application process may do so at any time following their third failed attempt at the Written Examination. In such cases, the original candidacy period is terminated and a new 7-year candidacy window commences from the date on which the candidate is notified that his/her credentials have been re-approved. Regardless of the date candidacy commences, candidates who reinitiate the board certification process may not retake the written examination within one year from the time of their third failed attempt.

VI. PRACTICE SAMPLE

Once notified of passing the Written Examination, the candidate will receive instructions on how to register for the submission of the Practice Sample. For specific information regarding the format, content, quality, and review of the Practice Sample, please refer to the [Practice Sample Instructions](#) on the ABPP website.

- A. Overview.** Briefly, the Practice Sample consists of two neuropsychological case evaluations representing the candidate's original work. Each case should differ sufficiently to demonstrate a range of clinical knowledge and assessment skill, and should demonstrate clearly that the candidate practices clinical neuropsychology at the specialist level of competence.
- B. Practice Sample Submission.** ABCN uses the [ScholarOne portal](#) for submission of practice samples and accompanying information. Questions regarding the content of the Practice Sample or process of uploading documents to the ScholarOne portal should be directed to Annunciata Porterfield (nunce@med.umich.edu) at the ABCN office. Candidates who are experiencing difficulty uploading files should contact the ScholarOne Help Desk at 888-503-1050.
- C. Review Decisions.** Once submitted, the Practice Sample will be reviewed independently by three ABCN Specialists. Two reviewers must rate the sample as "acceptable" to advance the candidate to the oral examination.
1. If the Practice Sample is accepted, the candidate is notified of his/her eligibility to sit for the next oral examination where there is available space.
 2. If the Practice sample is not accepted, the candidate is so notified, along with a summary description of issues raised by the reviewers and instructions on how to submit a new Practice Sample. Candidates may continue to resubmit new Practice Samples until such time as the Sample is accepted for oral examination, or until the expiration of the candidacy period.

VII. ORAL EXAMINATION

- A. Overview.** Once the Practice Sample is accepted, the candidate is notified how to register online for the Oral Examination. The Oral Examination in Clinical Neuropsychology is the final step of ABPP certification in Clinical Neuropsychology and presents candidates with situations in which they can demonstrate the application of their professional experience, knowledge, and skill. The oral examination is designed to afford examiners an opportunity to evaluate the breadth and the depth of candidates' professional knowledge and practice. While correct answers are important, the examiners will work to discover how the candidate thinks about, evaluates and manages the neuropsychological problems that arise in daily practice. A well-reasoned and scientifically defensible diagnostic conclusion or treatment plan will be more favorably received than one that is technically correct but based on weak knowledge, an incomplete evaluation, or faulty reasoning.

Oral examiners are sensitive to the many reactions that candidates experience as they prepare for, anticipate, and finally take their oral exam. Examiners strive to

make the oral examination experience as collegial as possible so the examination is both interesting and rewarding for candidates.

No part of the oral examination is intended to be either deceptive or evasive. Most of the information below will be reviewed with candidates immediately before the oral exam begins. Nevertheless, questions inevitably arise and are always welcome. If candidates are ever uncertain about what is expected of them, questions may be directed to any of the ABCN officials who are present during the oral exam (i.e., any examiner, observer, etc.). All questions will be answered as fully as possible.

- B. Confidentiality.** Before the examination begins candidates are required to sign a Statement of Confidentiality agreement. By signing this agreement, candidates affirm that they will not (1) discuss specifics of the oral examination or reveal its contents to others at any time either during or after the exam, or (2) reveal the identity of any other candidate who is present for examination. This agreement does not preclude discussion of the oral examination procedures as they are outlined in this manual, nor does it preclude a candidate from disclosing their own participation in the examination.
- C. Exam Team.** An examination team consisting of trained clinical neuropsychology examiners assembles to conduct the oral examinations. Dates for upcoming examinations are found on the [ABCN website](#). The examination team is selected by the Oral Examination Coordinator from the [cadre](#) of examiners. In addition to the examiners, observers and trainees may also be present during the examination. Observers are senior ABCN specialists who have rotated off of the oral examiner cadre. Trainees are ABCN specialists who are learning to become oral examiners.
- D. The Exam.** The examination takes consists of three, one-hour components, each conducted by a different examiner. The three components include: (1) examination of the Practice Sample; (2) Fact Finding within the context of a neuropsychological case and (3) examination of Ethics and Professional commitment.
- 1. Procedures.** Candidates congregate before the exam, between examination exercises, and at the conclusion of the exam in a room that is reserved for them. One or more ABCN officials meet with the candidates prior to the start of the examination. At this time the procedures outlined in this manual will be reviewed and the Confidentiality Agreement will be signed. A final check will also be made to ensure that no candidate is examined by an oral examiner with whom the candidate may have had a substantive relationship that could bias the outcome – either negatively or positively.

Each of the three examination exercises begins with the examiner greeting the candidate in the waiting area and escorting the candidate to an exam room. Each examiner works in a separate exam room. An observer or trainee may be present during the examination to observe the examiner, not the candidate. Observers are present to ensure that all procedures are correctly followed. Trainees are

present to learn how the examination is conducted. Observers and trainees do not participate in the examination or the deliberations that follow, but may be called upon to clarify procedures and facts, if needed. The time allotted for each exercise is approximately 45 to 55 minutes.

Candidates may bring a pen and paper to each examination exercise, but any notes that are made during an exercise must be given to the examiner at the end of that exercise. No other material may be brought to either the Fact Finding or Ethics & Professional Practice exercises. The candidate may, however, bring a copy of their Practice Sample (original version submitted **without notes or additional markings**) to that portion of the examination.

After completing the last examination exercise, each candidate returns to the waiting area and anonymously rates each of their examiners on behaviors that are important to performing a competent and fair examination. These exit ratings are an important aspect of ABCN's quality assurance efforts.

2. Examination Components

a. Practice Sample. The Practice Sample exercise provides an opportunity to evaluate breadth and depth of knowledge and skill in an area of neuropsychological practice that has been selected by the candidate. A minimum of three ABCN Specialists have read and evaluated the candidate's Practice Sample; at least two of these reviewers judged the Practice Sample acceptable for defense at the orals. Each reviewer provided comments about the work and suggested questions for use during the examination. The examiner uses this information, along with his/her own impressions and questions, to develop and conduct the Practice Sample exercise.

The examiner assumes that the candidate is well prepared to discuss and defend all aspects of the Practice Sample. It is imperative that candidates have complete knowledge of their patients. The examiner will discuss both cases during the course of the examination, although it is not required that an equal amount of time be spent on each case. The examiner may question the candidate about specific aspects of the cases or challenge the candidate to explain and defend their work based on current professional standards, scientific knowledge, or research findings. The Practice Sample is also used as a point of departure to query the candidate about related psychometric, diagnostic, scientific, or practice-related neuropsychological issues. As with other parts of the oral examination, the critical element is the ability to demonstrate a reasonable, rational, and defensible approach to patient evaluation, treatment, and report-writing, and to communicate effectively with other professionals.

b. Fact Finding. The Fact-Finding exercise requires the candidate to demonstrate the ability to evaluate a neuropsychological problem *de novo*.

Candidates have no advance knowledge of the case that they are presented during Fact Finding, except to know that they will choose either a child or an adult case. The Fact-Finding exercise allows every candidate to work through a similar clinical problem. The examiner is interested in seeing how the candidate collects information, evaluates and integrates the information that is provided, conceptualizes the case, constructs a list of differential diagnoses, and makes recommendations for managing the problem.

The cases that are used for the Fact-Finding exercise have been selected from the practices of ABCN clinical neuropsychologists. They are real cases that have been chosen because they are considered to represent the types of problem that an appropriately trained and experienced clinical neuropsychologist should be able to evaluate, diagnose, and manage.

Candidates may only bring a pen and paper into this part of the exam. Any notes made during the Fact-Finding exercise must be given to the examiner when the exercise is finished. Although candidates are prohibited from bringing other material into the exam, there is no limit placed on what a candidate might write during the exam. Some candidates find it helpful to use the first few minutes of the exam to sketch a brief outline that serves to keep them focused and to guide their questions.

The Fact-Finding exercise begins with the examiner showing the candidate two *very brief* descriptions of patients presenting for neuropsychological evaluations; one patient is an adult and the other is a child or adolescent. The candidate then chooses one of the cases for the exam. Candidates should envision themselves performing an initial neuropsychological consultation. The candidate's task is to obtain additional information by questioning the examiner, who is the information resource, so that he or she can gain a full understanding of the problem, arrive at their own evaluation of the situation, and make recommendations for managing the problem.

The examiner has a considerable amount of information, all of which is available to the candidate. This information includes data that are normally available in the daily practice of clinical neuropsychology, such as relevant historical, demographic and medical data as well as neuropsychological and psychological test results. The Fact-Finding exercise simulates the neuropsychological evaluation of a real patient. Candidates obtain whatever information they need to conduct an evaluation by asking the examiner specific questions. If a candidate fails to ask for a relevant or important data point, it will not be provided. The examiner is prohibited from volunteering information that has not been requested by the candidate. If a candidate's questions are too general, (s)he will be asked to make them more specific. Examinees may question the examiner as extensively as they wish, except they may not ask for the examiner's opinion or conclusions.

During the Fact-Finding exercise, it is the candidate's responsibility to manage time. As suggested above, some candidates use the first few minutes to organize themselves and prepare an outline for questions. It is suggested that candidates use approximately 20-25 minutes to ask questions of the examiner to gather the data necessary to inform their case conceptualization. Requested test scores will be given to the candidate in writing to facilitate time efficiency. When the candidate is ready, or when prompted by the examiner, the candidate should plan on taking approximately 10 minutes to discuss their case conceptualization and present their conclusions and recommendations. The candidate should identify the nature and severity of the neuropsychological issues, underlying neuroanatomical considerations, probable etiologies, and recommendations to the patient, family members, and/or health professionals for managing the condition. In presenting conclusions, it is not sufficient to simply arrive at the correct conceptualization. Candidates must demonstrate their knowledge by explaining their rationale and reasoning. Even if the case conceptualization is accurate, candidates can expect to be challenged about their conclusions and questioned about domains of knowledge related to the case.

c. Ethics & Professional Practice. The Ethics & Professional Practice exercise has two purposes. The first is to examine the candidate's knowledge of, and sensitivity to, ethical issues. The second is to learn how the candidate incorporates the ABPP foundational competencies into his or her day-to-day professional practice.

- 1) **Ethics.** During the Ethics portion of the exercise, the candidate is given a brief vignette embedded with issues of professional practice and ethical considerations. The candidate must identify the relevant issues and explain the ethical principles involved. Knowing the title of an ethical principle is not necessary or sufficient; the candidate must demonstrate a clear understanding of the rationale behind the ethical principle. Candidates may also be asked to describe actions that could be taken to resolve the situation or how they would behave under similar circumstances.
- 2) **Professional Practice.** During the Professional Practice portion of this exercise, candidates describe their own clinical practices, continuing education activities, ethical/legal issues encountered in practice, and professional involvement. Candidates may be questioned about a variety of professional issues, such as their education and training background, current methods of practice, professional and scientific involvement, changes or challenges in the field, diversity issues within their practice, and the steps they take to evaluate and improve their own competencies. Candidates who are active in professional activities such as research, teaching, clinical supervision, administration, and/or practice management will be given opportunities to discuss their involvement in these activities

and the means by which they measure and maintain effectiveness. Overall, the examiner seeks to understand how the candidate functions as a clinical neuropsychologist on a day to day basis and can contribute a contextual reference for the candidate's performance throughout the other portions of the oral examination.

E. Outcome of the Oral Examination. Immediately following the examination, the examiners meet to discuss each candidate's ability to demonstrate the [foundational and functional competencies](#) required of a board certified clinical neuropsychologist. After discussion, the examiners vote to either award or not award board certification *based on the candidate's overall performance across the entire examination*; candidates do not 'pass' or 'fail' individual portions of the examination. A favorable decision of two out of three examiners is required to award certification. See the **Appendix** for sample oral examination forms.

The decision to award or not award board certification following oral examination is summarized and forwarded to ABPP Central Office. Upon approval by the board, a decision letter is sent to the candidate from both ABPP and ABCN. Specialists who are awarded ABCN certification are invited to join the [American Academy of Clinical Neuropsychology](#) and to participate in the ABPP Convocation ceremony held in conjunction with the annual meeting of the American Psychological Association. Candidates who are not awarded certification are provided feedback from the ABCN Central Office, including a summary evaluation from their oral examination team and information on how to resume the board examination process.

Candidates who are not awarded board certification following oral examination on their first or second attempt may re-take the oral examination within their candidacy period after first having a new Practice Sample reviewed and accepted. A candidate who is not awarded board certification following the third oral examination must re-start the full application and examination process.

VIII. MAINTENANCE OF CERTIFICATION

Maintenance of Certification (MOC) involves a process of self-examination that is reflected in the documentation of a Specialist's professional development since his or her initial board certification or last MOC review. In the course of this self-examination, Specialists survey their professional activities during the two years prior to their MOC submission date and report/describe the means by which they have maintained the functional and foundational competencies initially demonstrated at the time of their board certification in Clinical Neuropsychology.

ABCN Specialists who have earned subspecialty certification will complete a single MOC review, documenting activities that maintain competence in both specialty and

subspecialty practice. All professional development activities pertaining to the subspecialty will count towards MOC requirements for the Specialty.

Specialists document their ongoing professional development using two structured methods: 1) the ABCN Specialty Continuing Professional Development Grid and 2) brief responses to questions regarding clinical practice and setting, recent ethical/diversity issues in practice, and the means by which clinical efficacy is evaluated. A brief overview of the Grid and Narrative Questions are provided below and a list of [Frequently Asked Questions regarding MOC](#) is posted to the ABCN website. Detailed instructions for completing these MOC Components will be forthcoming when ABCN draws closer to the time of submitting MOC documentation.

A. ABCN Specialty Continuing Professional Development (SCPD) Grid. The MOC model asserts that competencies are continuously updated through routine engagement in a wide variety of ongoing professional activities and self-evaluation. ABPP has established five broad categories of professional activities that contribute to the maintenance of specialty competencies. These include: (1) Collaborative Clinical Consultation, (2) Teaching and Training, (3) Ongoing Education, (4) Research, Methodologies, and Programs, and (5) Professional Leadership.

The SCPD Grid is a fillable pdf document that is accessed through the ABPP online portal (SharePoint). The grid contains all five of the professional activity categories, with common examples of specific activities subsumed within each category. Credit values are assigned to each activity and Specialists will use the grid to document the number of continuing professional development credits they have accumulated.

1. Calculating Credits Toward Specialty and Subspecialty MOC.

Specialists document all professional development activities during the two years prior to MOC submission in the SCPD grid. Credit values will be recorded based on activity descriptions provided in the grid.

- a. Total MOC Credits. ABPP criteria require that Specialists document a *minimum cumulative total of 40 professional development credits* on the SCPD grid. The grid allows Specialists to document and sum an unlimited number of activities and credits within each category; however, one can only apply a *maximum of 20 credits* from any single category toward the 40-credit total required for MOC. To avoid receiving dual or multiple credits for the same activity, the Specialist should document an activity only once and only in one of the 5 Categories even though it may fit under several categories. For example, providing mentorship to a graduate student on the study design of his/her dissertation may be claimed under 'Teaching' or 'Research' Grid Categories, but not both. Specialists are encouraged to include all their professional development activities on the Grid, even if totals exceed the minimum 40 credits. Doing so will enhance reviewers' understanding of the breadth of the Specialist's professional activities as they relate to the foundational and functional competencies.

- b. Specialty MOC Credits. ABCN requires a *minimum of 30 SCPD credits* specific to the science or practice of clinical neuropsychology. The combination of specialty-specific activities should reflect maintenance of the core ABCN Functional Competencies, as well as Foundational Competencies as they apply to neuropsychological practice.
- c. Subspecialty MOC Credits. ABCN requires that subspecialists document a *minimum of 20 credits* in activities or topics that reflect maintenance of competencies in the subspecialty. These credits may contribute to the 30 credits required to demonstrate specialty MOC as described above.

2. Documentation of Competencies

For each activity in which credits are claimed, the Specialist will indicate on the grid which of the 16 ABPP Foundational and Functional Competencies were maintained through participation in that activity. Descriptions of ABPP competencies can be found earlier in [Section II](#) of this manual.

The range of grid activities reported by the Specialist should include professional endeavors that cover all 8 foundational competencies as well as the three primary ABCN functional competencies of neuropsychological Assessment, Intervention, and Consultation. It is permissible (and expected) that each professional activity recorded on the grid will serve to support more than one competency. If desired, Specialists may document functional competencies in Research, Teaching, Clinical Supervision, Management-Administration, and Advocacy, but this is not required to satisfy ABCN MOC Criteria.

B. MOC Self-Evaluation Questions. Whereas the SCPD grid provides a quantitative summary of the Specialist's professional activities, the self-evaluation questions give the Specialist opportunities to provide contextual information, elaborate on the information supplied in the grid, and address foundational competencies regarding ethical practice and self-assessment. This brief (max. 750-word) narrative requires Specialists to describe:

1. Current clinical neuropsychological activities, such as: (a) services provided, (b) practice setting, (c) populations served, (d) theoretical orientation, and (e) other information deemed important to assist reviewers in understanding the Specialist's current practice.
2. A clinical vignette from the Specialist's recent clinical practice that exemplifies any of the three core ABCN functional competencies of Assessment, Intervention, or Consultation. Specialists who engage only in non-clinical activities may choose to provide a vignette of their typical work in neuropsychological teaching, research, supervision, administrative leadership, or advocacy, highlighting the competencies demonstrated by their professional activity.
3. EITHER a recent ethical dilemma OR individual diversity issue encountered in the Specialist's professional practice, including: (a) a description of the presenting problem, (b) the steps taken to understand and resolve the issue, and (c) the outcome (or current status) of the situation.

4. The means by which the Specialist evaluates the effectiveness of their professional activities (e.g., peer review mechanisms, patient satisfaction surveys, institutional performance reviews, formal outcome assessment measures, 360-degree assessments, student ratings, etc.).

Specialists may also, at their discretion, provide the following additional information within their 750-word narrative:

5. Professional development activities that are not reflected in Items 1-4 above or in the SCPD grid.
6. Engagement in other professional psychological activities outside the specialty of clinical neuropsychology.

C. SCHEDULE OF MOC REVIEWS. MOC will be reviewed in 10-year intervals, with review date determined by date of initial board certification. ABCN Specialists who have also earned subspecialty certification will complete only one MOC review, covering both Specialty and Subspecialty certification maintenance (please refer to the [ABCN Subspecialty Candidate Manual](#) for more information on Subspecialty MOC). The timing of the MOC review will be tied to the date of initial parent board certification, as described below.

1. Initial Certification *On or After 01/01/2015*

ABCN Specialists who are awarded board certification on or after January 1, 2015 must complete and submit MOC requirements 9 years after the date of their certification (i.e., allowing one year for review and remediation, if needed). Specialists will be notified by ABPP Central Office of their pending MOC submission deadline two years in advance of their due date. This early notification will allow the Specialist to document their professional development activities proactively and will facilitate timely submission.

2. Initial Certification *Before 01/01/2015*

ABPP does not require ABCN Specialists who were boarded before January 1, 2015 to participate in MOC; however, the ABCN Board of Directors strongly encourages all specialists to “opt-in” and undergo MOC review. ABCN recognizes that once MOC procedures are initiated, it may be advantageous for all Specialists to document maintenance of the competencies demonstrated by their initial certification, both for individual benefits (e.g., workplace reviews) as well as the benefit of our specialty (e.g., modeling for student trainees, demonstrating consistent standards to the public).

When the window for ABCN MOC reviews begin, Specialists who were certified prior to January 1, 2015 will be notified by ABPP Central Office and asked whether they choose to opt into the MOC process. A Specialist may opt-in at any time, but once they have done so they may not opt back out except under unusual circumstances. Specialists who opt-in to the MOC examination process will be invited to submit MOC documentation on a staggered basis and timeline to be determined by the ABCN Board.

3. Retired ABCN Specialists

Specialists who have retired from the practice of neuropsychology may apply for Retired Status through ABPP Central Office.

4. Extenuating Circumstance

In rare instances when extenuating circumstances prevent a Specialist from engaging in professional development activities to maintain competence in Clinical Neuropsychology during the designated MOC window (e.g., due to time spent training/practicing in another specialty, military deployment, medical issues, etc.), the Specialist may request permission to document activities from a different continuous 2-year period within the 10-year MOC window. Such requests must be submitted prior to MOC submission deadline and will be reviewed by the ABCN MOC Director on a case-by-case basis. If an exception is granted, the due date for the Specialist's subsequent MOC submission will be adjusted accordingly.

D. MOC DOCUMENTATION. The ABCN SCPD grid and Narrative Summary templates are accessed and completed online. Specialists are advised to retain continuing education certificates and other documentation of professional development activities beginning at least two years prior to their anticipated date of MOC review. Although these supporting documents will not be included in the MOC submission itself, the Specialist may be asked to produce them in the event of an audit or if questions arise during review.

A small, random sample of MOC submissions will be audited each year as part of ongoing quality control. Specialists whose MOC submissions are audited will be contacted by the ABCN MOC Committee to arrange for appropriate supporting documentation to be submitted (e.g., CE certificates, course syllabi, presentation materials, performance evaluations, publication reference list).

E. MOC REVIEW PROCESS. A member of the ABCN MOC Committee will review the Specialist's MOC materials against established ABCN standards and determine whether criteria for passing MOC review have been met.

1. If the submitted materials clearly meet ABCN criteria, the MOC Reviewer will recommend to ABPP that the Specialist maintain certification for another 10 years.
2. If the submitted materials do not clearly meet criteria, the MOC Reviewer will prepare written feedback and recommend to ABPP that remediation be required before MOC is awarded. The Specialist will have up to one year to resubmit their MOC materials and will retain their ABCN certification status during the remediation/resubmission process
 - a. If the deficiencies identified by the MOC Reviewer are addressed, the recommendation will be made to ABPP that the Specialist maintain certification for another 10 years.

- b. If the deficiencies are not adequately addressed, or if the Specialist does not resubmit MOC documentation by the one-year deadline, the MOC Reviewer will recommend to ABPP that ABCN certification be revoked.
3. If the MOC Reviewer determines that information required to make a decision is missing, incomplete, or unclear, the Reviewer may contact the Specialist to request clarification. Specialists who receive an inquiry regarding missing or unclear information must supply the requested information within 90 days of the date of notification. If the requested information is not received by this deadline, the MOC Reviewer will prepare written feedback and recommend to ABPP that remediation be required before MOC is awarded.

IX. DISABILITY ACCOMMODATIONS

ABCN encourages qualified neuropsychologists with disabilities to enter the board certification process and will attempt to provide reasonable accommodations for applicants with verified disabilities, consistent with the intent of the Americans with Disabilities Act (ADA).

Applicants who request accommodations because of disability must advise ABCN in writing no later than the deadline for submitting application materials for examination. All documentation and supporting evidence must be received by ABCN at least 60 days before the examination in question is conducted. In its sole discretion, ABCN will either grant or deny the request based on applicable guidelines. In some cases, applicants may be asked to assist the board in developing reasonable accommodations, as necessary.

For more detailed information on ADA accommodations, please review the ABCN [ADA information](#) page and our [application for testing accommodations](#).

X. LANGUAGE ACCOMMODATIONS

If English is not your primary language, you may qualify for accommodations on the written exam. To determine if you qualify, please complete the application available at [this link](#).

XI. GUIDELINES FOR APPEALS

Candidates may submit a formal appeal of any of the following four decisions:

- 1) Denial of meeting specialty specific qualifications (credentials review),
- 2) Non-approval of practice samples, or
- 3) Not being awarded certification following oral examination.
- 4) Failure to pass Maintenance of Certification review.

Appeals must be filed within 30 days of receipt of written notice of one of the aforementioned appealable decisions. The candidate must specify the grounds on

which the appeal is made. The alleged grounds must be numbered and must explain in what way they reflect violation of ABPP/ABCN procedures

A. Credential Review Appeals. Appeals related to the denial of generic or specialty specific requirements for candidacy should be sent to the [ABPP Central Office](#). The ABPP Executive Officer will seek resolution by the ABPP Standards Committee, whose decision shall be final.

B. Written Examination Appeals. Failure of the written examination is not an appealable decision. If a procedural error occurs at the time of examination, however, candidates may request a card from the Prometric Testing Center Administrator with information on how to seek a remedy. Candidates should follow the instructions on the card and Prometric will notify the candidate directly of the appeal decision, which is final.

C. Practice Sample Appeals. A decision to “not accept” the Practice Sample may be appealed under specific circumstances as described below. If a candidate believes there are acceptable grounds to file an appeal, an appeal letter should be addressed to the ABCN President and submitted to the [ABCN Office](#). The ABCN President shall notify the Examinations Chair and refer the appeal to the Oral Examination Appeals Committee, who will complete a review and make a decision within 60 days after receipt of the request for appeal letter.

1. Acceptable grounds for appeal of PS Decision:

- a. Failure on the part of ABCN to comply with stated [procedures for Practice Sample review](#).
- b. Review does not pertain to the cases submitted.
- c. Processing errors due to technical malfunction of the ScholarOne submission platform.

2. Unacceptable grounds for appeal of PS Decision:

- a. Disagreement by the Candidate with the PS reviewers’ judgment.
- b. Testimony of performance or achievement in professional work not submitted as part of the PS.
- c. Lack of unanimity in the PS review team decision.
- d. Perceived absence of match between the theoretical orientation of the Candidate and a PS reviewer.

D. Oral Examination Appeals. The decision to not award board certification based on oral examination performance may be appealed under specific circumstances as described below. If a candidate believes there are acceptable grounds to file an appeal, an appeal letter should be addressed to the ABCN President and submitted to the [ABCN Office](#). The ABCN President shall notify the Examinations Chair and refer the appeal to the Oral Examination Appeals Committee, who will complete a review and make a decision within 60 days after receipt of the request for appeal letter.

1. Acceptable grounds for appeal of Oral Examination Decision:

- a. Conditions of the examination were not consistent with the principles and policies stated in the current Candidate Manual.
- b. Inappropriate behavior on the part of one or more Examiners.
- c. Lack of opportunity for the Candidate to demonstrate his or her knowledge and skills.

2. Unacceptable grounds for appeal of Oral Examination Decision:

- a. Disagreement by the Candidate with the Examining Team's judgment.
- b. Testimony of performance or achievement in professional work not directly related to the examination situation.
- c. Lack of unanimity in the Examining Team decision.
- d. Absence of match between the theoretical orientation of the Candidate and an Examiner.

E. Maintenance of Certification Appeals. The decision to not award MOC may be appealed under specific circumstances as described below. If a candidate believes there are acceptable grounds to file an appeal, a letter should be addressed to the ABCN President and submitted to the [ABCN Office](#). The ABCN President shall notify the ABCN Appeals Committee Chair, who designates two committee members to assist in the Appeal review.

1. Acceptable grounds for appeal of MOC Decision:

- a. Failure on the part of ABCN to comply with stated procedures for MOC.
- b. MOC Review does not pertain to the materials submitted by the Specialist.

2. Unacceptable grounds for appeal of MOC Decision:

- a. Disagreement with the MOC Reviewers' judgment.
- b. Testimony of performance or achievement in professional work not submitted as part of the MOC materials.
- c. Lack of unanimity in the MOC review decision.
- d. Perceived absence of match between the theoretical orientation of the Candidate and a MOC reviewer.

F. Score and Conduct of Appeal. The procedural issues addressed during appeal shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue. If legal issues appear to be involved, ABPP legal counsel may be consulted.

The review process is based primarily upon information before the specialty board at the time of the original decision. The committee reviewing appeals may, however, seek further information from the Chair and members of the Oral Examination Committee, the Credentials Review Committee, the candidate, or others as appropriate to the issues being raised. The process is not a *de novo* review, but a review of the challenge to the Specialty Board decision.

An appeal decision must be rendered within 60 days of the Specialty Board's receipt of the appeal letter. Failure to complete the review in the 60-day period shall move the appeal to the ABPP Board of Trustees for resolution.

- G. Decision and Report of the Appeals Committee.** If the Candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the Candidate in a material way, the Committee shall provide a remedy.
1. The remedy for denial of eligibility will be to advance the applicant to candidacy.
 2. The remedy for procedural errors at the practice sample or oral examination stages will ordinarily be to void an oral examination or practice sample review, and offer a new examination or practice sample review with no additional fee assessed to the Candidate. Alternatively, the matter may be referred back to the Examination Chair for consideration of other remedies. The Appeals Committee may not, however, overturn a prior decision and "pass" a Candidate.
 3. The remedy for not passing MOC shall be to provide a new MOC review within one year without loss of certification status in the interim. Alternatively, the matter may be referred back to the MOC Chair for consideration of other remedies. The Appeals Committee may not, however, overturn a prior MOC decision and "pass" the Specialist.

The committee reviewing the appeal shall address and render a decision on each issue raised by the Candidate and explain the basis for that decision. The ABCN President shall forward the decision to the ABPP Executive Officer, who will review, consult, and edit as necessary before providing feedback to the Candidate under the Executive Officer's signature on the ABPP stationary.

XII. RESOURCES

Candidates who wish to learn more about preparing for board certification in clinical neuropsychology may wish to consult several resources. An extensive ABCN board preparation workshop is offered several times each year at professional meetings of the American Academy of Clinical Neuropsychology, International Neuropsychological Society, and National Academy of Neuropsychology. Please check the conference programs of those meetings for specific information regarding the workshop content and scheduling. In addition, the American Academy of Clinical Neuropsychology has assembled a number of [resources](#) developed by ABCN specialists to assist and mentor candidates. These resources are not formally vetted by or affiliated with the ABCN board, but may provide a starting point and supportive environment for those seeking guidance through the board certification process.

XIII. CONTACT INFORMATION

For questions regarding the review of generic credentials (doctoral and internship training programs), fee structure/payments, or early entry student option, please contact ABPP Central Office:

ABPP Central Office:
600 Market Street, Suite 201
Chapel Hill, NC 27516
Phone: (919) 537-8031
Fax: (919) 537-8034
office@abpp.org

For questions regarding specialty specific credential requirements (neuropsychology didactics, postdoctoral training, ABCN specialty-specific online application), the ABCN Written Examination, submission of Practice Samples, Oral Examination, appeals processes, or administrative issues related to ABCN, please contact:

Annunciata Porterfield
ABCN Executive Assistant
Department of Psychiatry (F6246, MCHC)
East Medical Center Drive SPC 5295
Ann Arbor, MI 48109-5295
nunce@med.umich.edu

XIV. OUR COMMITMENT TO DIVERSITY

ABCN supports diversity in all its forms encompassing, but not limited to, age, disability status, economic circumstances, ethnicity, gender, race, religion, gender identity, and sexual orientation. We believe that varied backgrounds, experiences, and perspectives help to generate better ideas to solve the complex problems of an increasingly diverse world. We actively recruit diverse board members to ensure that different perspectives are considered at the decision-making level. We also have a committee to help us think in a more focused way about how we advance diversity and inclusion across the work we do. Diversity awareness and practice is integrated throughout our written and oral exam processes. ABCN also promotes board certification in under-represented populations through our commitment to nominating individuals for relevant awards/grants.

APPENDIX: SAMPLE ORAL EXAMINATION FORMS

PLEASE NOTE: THESE FORMS ARE NOT USED TO SCORE YOUR PERFORMANCE. THEY ARE ONLY USED FOR THE EXAMINERS TO COMPILE THEIR OBSERVATIONS AND FEEDBACK. THE AWARD/NO AWARD DECISION IS BASED ON THE ORAL EXAM TEAM'S DELIBERATION REGARDING THE TOTALITY OF THE CANDIDATE'S PERFORMANCE ACROSS THE 3 PARTS OF THE ORAL EXAM.

- 1. Oral Examination Rating Form**
- 2. Reasons for Failure and Suggestions for Change**
- 3. Oral Examination Summary Report**

AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY, INC.

ORAL EXAMINATION RATING FORM [Rev. 03/14]

Candidate _____ Examiner _____ Date _____

Use ratings: 5 = excellent (unusually outstanding); 4 = good; 3 = fair; 2 = weak; 1 = poor

Note: For composite ratings of Scientific Foundations and Practice Systems, apply equal weight to each of the contributing competencies when deriving an overall score.

	Initial Rating	Final Rating	
Assessment	_____	_____	
Consultation	_____	_____	
Intervention	_____	_____	
Ethical Legal Standards & Policy	_____	_____	
Individual & Cultural Diversity	_____	_____	
Professionalism	_____	_____	
Scientific Foundations (Scientific Knowledge, Evidence Based Practice)	_____	_____	
Practice Systems (Interdisciplinary Systems, Relationships, Reflective Practice)	_____	_____	
Overall Decision (First Vote)	AWARD	NO AWARD	UNDECIDED
Second Vote, if taken	AWARD	NO AWARD	

REASONS FOR FAILURE & SUGGESTIONS FOR CHANGE

[Rev. 4/14]

Candidate's Name _____

Date _____

Each candidate failing the oral examinations has the privilege of appealing the decisions of the examining committee. Such appeals are reviewed by a special committee of ABPP, with the result that either the fail decision is reaffirmed or the examination is voided. Therefore, it is important that this committee have meaningful and helpful information for conducting a review and making a decision.

If the final voting results in a failure of a candidate, each examiner must record below the significant reasons for the FINAL DECISION. In order to offer CONSTRUCTIVE FEEDBACK to this candidate, it will be helpful to specify areas in which the examiner feels the candidate needs further growth and development. Please check any of the following statements that you feel apply to this candidate.

A. ASSESSMENT

- Lacks a well-developed rationale for neuropsychological assessment
- Lacks a theoretical framework for neuropsychological assessment
- Too limited approach to generating assessment information (e.g., "test bound")
- Assessment formulations/conclusions based on inadequate or erroneous information
- Did not formulate adequate assessment impressions
- Demonstrated limited range of assessment skills
- Did not use assessment time effectively
- Fails to acknowledge own limitations in knowledge (e.g., suggests conclusions about conditions the candidate does not fully understand)
- Fails to take account how the predictive value of test results vary with the clinical population to which they are applied
- Fails to consider issues of treatability, seriousness, and prevalence of the disorder in formulating diagnostic impression
- Fails to consider risks associated with a false positive or false negative result in formulating diagnostic impressions
- Fails to integrate scientific knowledge of brain-behavior relationships (e.g., neuropsychology syndromes)
- Inappropriate application of assessment instruments to patients (i.e., failure to consider patient's age, gender, cultural background, ability level, or impairments)

B. CONSULTATION

- Fails to seek consultation with other professionals or seek supervision when appropriate
- Unable to shift set or behavior in response to different referral question or referral source needs.
- Fails to clarify the referral question when warranted.
- Fails to collect data necessary to address the specific referral question, or collects unnecessary data.
- Fails to articulate ways to ensure that referral sources understand and utilize assessment results appropriately
- Unable to identify appropriate consultations based on assessment findings

C. INTERVENTION

- Inadequate theoretical and/or empirical basis for making recommendations
- Inadequate rationale for recommendations made
- Inadequate assessment to formulate appropriate recommendations
- Inadequate use of information that was available from assessment
- Limited understanding of recommendations and interventions
- Limited depth of thinking for recommendations
- Seemed unaware of own limitations in formulating recommendations

D. SCIENTIFIC FOUNDATIONS

- Too limited understanding of psychometrics
- Too limited understanding of neuropsychological assessment
- Lacks sufficient knowledge of the import of neuropsychological findings (test results)
- Lacks sufficient awareness of the limitations of neuropsychological findings (test results)
- Lacks sufficient knowledge of clinical neurology
- Lacks sufficient knowledge of the general neurosciences
- Lacks sufficient knowledge of clinical psychology and psychopathology
- Insufficient awareness of pertinent research
- Insufficient understanding of implications of research
- Insufficient ability to critically evaluate research

___ Insufficient application of pertinent research to practice

E. ETHICAL LEGAL STANDARDS & POLICIES

- ___ Fails to recognize key ethical issues in the vignette
- ___ Inadequate knowledge of ethical principles
- ___ Inadequate sensitivity to ethical problems
- ___ Unable to articulate rationale for ethical principles
- ___ Rigid or concrete application of ethical principles
- ___ Failed to intervene, report, or otherwise take appropriate action in an ethics-related situation
- ___ Proposes inappropriate or imprudent actions in response to ethical concerns
- ___ Evidences a disregard for ethical principles and concerns in own practice
- ___ Inadequate knowledge of legal standards that are relevant to neuropsychology

F. INDIVIDUAL AND CULTURAL DIVERSITY

- ___ Fails to appreciate how cultural, ethnic, linguistic, or other individual differences impact test administration and interpretation
- ___ Fails to appreciate how their own diversity characteristics may impact the assessment process
- ___ Use of test procedures or interpretation that are not appropriate or valid for a given patient's individual needs or cultural, ethnic or linguistic background

G. PROFESSIONALISM

- ___ Limited participation in organized continuing education in clinical neuropsychology
- ___ Limited (or absent) program of continuing self-study
- ___ Limited awareness of professional organizations in clinical neuropsychology
- ___ Limited awareness of standards for practice and training in clinical neuropsychology
- ___ Limited knowledge of neuropsychology journals and other publications
- ___ Too limited scope of competency to be boarded

H. PRACTICE SYSTEMS

- ___ Not sufficiently skillful in developing relations with patients
- ___ Not sufficiently skillful or flexible in adapting to situations or to patients
- ___ Insufficiently sensitive to the welfare, rights, and dignity of others
- ___ Insufficiently self-aware regarding how their behavior affects others
- ___ Insufficiently aware of the feelings and reactions of others
- ___ Insufficiently aware of own practice limitations
- ___ Insufficiently aware of self and attitudes/beliefs towards diverse others.
- ___ Fails to articulate a plan for ongoing practice performance evaluation.
- ___ No evidence of continuing education to maintain competencies.
- ___ Fails to articulate the roles that related disciplines may play in service to patients
- ___ Difficulty articulating neuropsychology's role in diverse settings

I. OTHER (WRITE IN SPACE BELOW)

J. RECOMMENDATIONS FOR ACTIONS

- ___ Apply for certification in another specialty
- ___ Retake this examination after the following plan is completed
- ___ Other Recommendations (Write in space below):

Oral Examination Summary Report

[REV. 214]

Candidate Name: First Last, Degree		Date of Oral Exam:		
		Decision: Award No Award		
Final Examination Ratings (1-5)		FF	ET	PS
Assessment				
Consultation				
Intervention				
Ethical Legal Standards & Policy				
Individual & Cultural Diversity				
Professionalism				
Scientific Foundations				
Practice Systems				
Examining Team: Names ↓		Exam Type ↓	Final Vote (Award, No Award) ↓	
Chair:				
ABCN Observer:		Trainee:		
Insert below balanced/constructive feedback for the unsuccessful candidate. Use extra pages as needed				

(what's)the big idea(?): get certified

1 apply

initiate an application for ABPP board certification by submitting the materials to the central office

2

generic credentials review

the ABPP central office ensures that you have met all the generic criteria and have the appropriate licensure for certification

3

specialty credentials review

the application is sent to ABCN board to ensure that your credentials meet all the core criteria for advanced specialty in Clinical Neuropsychology

4

written examination

take a 100-item multiple choice exam

5

practice samples

submit practice samples representative of your work and competency

6

oral exam

sit for an oral exam with examiners in Clinical Neuropsychology



7

get certified

join the ranks of many of your colleagues as board certified through ABPP, and display your diploma with pride

many settings provide for salary increases and advancement if ABPP certified

Adapted with permission from the ABPP website

checklist basics:

-a doctoral degree from an APA/CPA accredited or ASPPB/NR designated program

-licensure as a psychologist at the independent doctoral level

-APA/CPA accredited internship or equivalent year of supervised experience

core competencies in psychology



functional:

- assessment
- intervention
- consultation
- research evaluation
- supervision
- teaching
- management/administration
- advocacy



foundational:

- relationships
- individual and cultural diversity
- ethical and legal standards
- professionalism
- reflective practice/self-assessment/self-care
- scientific knowledge and methods
- interdisciplinary systems
- evidence-based practice