

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



**CERTIFICATION GUIDELINES AND PROCEDURES**

**CANDIDATE'S MANUAL  
September 2011**

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## 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.

A 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). This document can be downloaded from a link on the AACN website (<http://www.theaacn.org>).

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)
- Conduct of 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 skills 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.<sup>1</sup>

Preparation for the practice of clinical neuropsychology at the specialty level of competency characteristically entails some combination of doctoral training, pre-doctoral internship, and post-doctoral education and training experience. Specialized competency presumes the establishment of both a basic and applied generic core knowledge base in psychology and in the clinical neurosciences.

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<sup>1</sup> American Psychological Association (2002). *Guidelines on multicultural education, training, research, practice, and organizational change for psychologists*. *American Psychologist*, 58 (5) 377-402. <http://www.apa.org/pi/multiculturalguidelines.pdf>

The candidate is expected to demonstrate more than a narrow or circumscribed adjunctive skill in order to meet competency criteria, though he or she may declare an adult or child emphasis for examination purposes. In addition to the basic and applied generic core courses that all psychologists must have, competency in clinical neuropsychology requires a foundation in the clinical neurosciences, including neurology, neuroanatomy, and neurophysiology. Two years of supervised training in clinical neuropsychology and at least two to three years of overall experience in the specialty area, depending on the year a candidate received their doctoral degree, are required to become eligible for the certification process in clinical neuropsychology. The specific experience requirements will be detailed later in this manual.

## **COMPETENCIES OF THE SPECIALTY OF CLINICAL NEUROPSYCHOLOGY**

### ***a. Functional Competencies***

The ABCN Examination is a test of the candidate's command of clinical and scientific knowledge and data and the ability to integrate this information in the context of specific cases.

A successful Candidate demonstrates knowledge, skills, and experience necessary to provide specialty level services in the practice of Clinical Neuropsychology through a written examination, a practice sample review, and an oral examination that includes three components (i.e., Practice Sample, Fact-finding, and Ethics and Professional Responsibility).

*Related to all competencies, attention is paid to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to consultation and intervention.*

### **Science Base and Application**

A successful Candidate is aware of and conversant with scientific and scholarly developments in Clinical Neuropsychology and applies them in professional practice. Examiners explore the candidate's awareness of and ability to discuss critically the implications and applications of contemporary knowledge in the practice of Clinical Neuropsychology.

The Written Examination tests the candidate's clinical and scientific knowledge of clinical neuropsychology and related areas. The Written Examination consists of 100 multiple choice questions; the content areas covered in the Written Examination are based on the knowledge base domains as described in the Houston Conference guidelines (see link in <http://www.theabcn.org>): Generic Psychology Core, Generic Clinical Core, Foundations for the Study of Brain-Behavior Relationships, and Foundations for the Practice of Clinical Neuropsychology. As such, questions related to (but not limited to) Neuropsychological Assessment, Basic and Clinical Neurosciences, Clinical Neurology, and General Clinical Psychology (which may include psychopathology, experimental design, and statistics) can be expected to be on the written examination.

The Practice Sample Review and Oral Examination are intended to serve as tests of the candidate's ability to integrate neuropsychological findings with neurologic and other medical

data, psychosocial and other behavioral data, and knowledge in the neurosciences. Both of these evaluation procedures evaluate the accuracy of the candidate's clinical reasoning and assumptions. They also provide an opportunity to test the limits of each candidate's knowledge as well as their recognition and understanding of the limits of current knowledge (i.e., what is known and unknown) in the neurosciences.

The Practice Sample Review and Oral Examination also test knowledge of the integration of theory, research, and practice concerning issues of individual and cultural diversity (e.g., ethnicity, race, gender, age, sexual orientation, disability status, and special populations<sup>1</sup>), ethics and legal foundations, and professional identification.

### **Assessment**

Clinical neuropsychological assessment serves as a foundation of clinical neuropsychology practice, and thus knowledge of assessment is tested throughout the ABCN examination process. The successful candidate conducts neuropsychological evaluations using a variety of psychological instruments and procedures. Candidates should be well versed in the application of appropriate evaluative methods for different patient populations and problems in a variety of contexts. Assessment cases may come from any developmental level across the lifespan.

Examiners explore the candidate's level of sophistication in discussing choice of assessment methods or approaches to address diagnostic issues and/or case formulation consistent with the neurological condition or psychological question presented. Attention is paid to interpersonal interactions, individual and cultural diversity, ethics and legal foundations, and professional identification as related to assessment. In the Written Examination, the candidate could be confronted with questions about test construction, standardization, validation, cognitive domains, or related psychometric issues.

Neuropsychological assessment knowledge and skill is also tested during the Practice Sample and Fact Finding components of the Oral Examination. The Practice Sample portion of the Oral Examination presents an opportunity to evaluate the candidate's assessment skills in an area of neuropsychology selected by the candidate. The examiner may question the candidate about specifics of the neuropsychological assessment cases presented, or challenge candidates to explain and defend their work based on current professional standards, scientific knowledge, or research findings. The examiner may inquire about any issue that is relevant to the case, including the scientific basis for conclusions.

In the Fact Finding portion of the Oral Examination, the candidate's approach to neuropsychological assessment is evaluated by presenting the candidate with a neuropsychological problem *de novo*. Candidates have no advanced knowledge of the case that is used for Fact Finding, except knowing that they can choose either a child or adult case. The Fact Finding component presents each candidate with a similar clinical problem, and the examiner watches how the candidate collects, organizes, evaluates, weighs, and integrates information, conceptualizes the case, constructs differential diagnoses, and prepares recommendations for managing the problem. Fact Finding cases are real, and this portion of the examination simulates a neuropsychological evaluation in a condensed time-frame.

## **Consultation**

A successful Candidate demonstrates the ability to communicate and apply his/her knowledge in consultation with others such as health care professionals from other disciplines, educational personnel, social service agencies, nursing homes, rehabilitation centers, industry, legal systems, public policy makers, and individuals in other institutions and settings. Clinical Neuropsychologists, additionally, consult regarding clinical research.

## **Intervention**

A successful candidate demonstrates knowledge of potential treatments and interventions to address the cognitive and behavioral problems presented by different clinical populations. Knowledge of intervention methods appropriate to address neuropsychological 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. Examiners explore the candidate's level of sophistication in discussing choice of therapeutic or environmental interventions to address patients' cognitive, behavioral, or social challenges.

### ***b. Foundational Competencies***

#### **Interpersonal Interactions**

A successful candidate demonstrates sensitivity to the welfare, rights, and dignity of others and an ability to relate to clients, patients, and others in ways that enhance the effectiveness of services provided. Successful candidates must be aware of their own impact on others.

#### **Individual and Cultural Diversity**

A successful candidate demonstrates awareness of all aspects of individual and cultural diversity (e.g., ethnicity, race, gender, age, sexual orientation, disability status, and special populations) as these influence their understanding of the science base and its application, assessment, intervention, consultation, supervision/teaching/management, and interpersonal interactions. The candidate conveys awareness of his/her own individual and cultural characteristics as these influence their functioning across competency domains and their interpersonal interactions.

#### **Ethical and Legal Foundations**

A successful candidate is aware of: (1) current ethical principles and practice standards of the APA; (2) current statutory and regulatory provisions applicable to professional practice; and (3) implications of these principles to protect clients/patients, the profession, and society.

## Professional Identification

A successful candidate identifies with the profession by appropriate memberships and involvement in international, national, state, or local professional organizations and by awareness of current issues facing the profession. The candidate pursues continuing professional education commensurate with licensure requirements and professional development in the Specialty of Clinical Neuropsychology. They seek consultation and supervision when necessary and engage in ongoing training as appropriate.

### ELIGIBILITY REQUIREMENTS FOR CANDIDACY

To attain board certification in a specialty, an applicant must meet the general and the specialty eligibility requirements, which include:

#### ***a. Generic Requirements:***

- A doctoral degree from a program in professional psychology which at the time the degree was granted was accredited by the APA, CPA, or was listed in the publication Doctoral Psychology Programs Meeting Designation Criteria. Applicants credentialed in the most recent directory of the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers in Psychology, or the Certificate of Professional Qualification in Psychology (CPQ) (ASPPB) qualify as meeting the doctoral degree requirements.

Licensure or Certification at the independent practice level as a psychologist in the State, Province, or Territory in which the psychologist practices.

- **Licensure or Certification:** All ABPP candidates in the U.S., its territories or Canada must be licensed as a psychologist for independent practice at the doctoral level in a jurisdiction in the U.S., its territories or Canada.

**Note:** Limited exceptions exist for doctoral preparation prior to 1983, degrees granted outside the U.S or Canada, formal retraining, substantial equivalents to accreditation requirements, and licensure in jurisdiction of practice for some Federal employees.

#### ***b. Specialty Specific Requirements***

##### **For candidates who received their doctoral degree prior to 1981:**

- There is no formal “supervision” requirement.
- Must show 4800 hours of postdoctoral experience in a neuropsychological setting, involving a minimum of 2400 hours of direct clinical service

##### **For candidates who received their doctoral degree between 1981 and 1989:**

- 1600 hours of clinical neuropsychological experience supervised by a clinical neuropsychologist at the predoctoral or postdoctoral level are required;

**For candidates who received their degree between 1/1/90 and 01/01/05**

1. Successful completion of systematic didactic and experiential training in neuropsychology and neuroscience at a regionally accredited university. Areas of training and experience must include:
  - a. Basic Neurosciences
  - b. Clinical Neuropsychological Assessment
  - c. Neuropathology
  - d. Clinical Neurology
  - e. Psychological Assessment
  - f. Psychological Intervention
  - g. Neuroanatomy
  - h. Psychopathology
  
2. Two or more years of appropriate supervised training applying neuropsychological services in a clinical setting, only one of which may be pre-doctoral. The supervision requirement can be met by:
  - a. Two years of postdoctoral supervision, or
  - b. One year of predoctoral and one year of postdoctoral supervision, or
  - c. Completion of an accredited postdoctoral program in Clinical Neuropsychology

**For candidates receiving their degree after 1/1/05**

Training conforms to guidelines of [The Houston Conference](#) (PDF).\* Houston Guidelines require that the postdoctoral residency be the equivalent of 2 years of full-time education and training, and be completed on at-least a half-time basis. ABCN will accept minor deviations from these requirements that may arise based on medical, personal or professional factors. Under these circumstances the candidate must provide written documentation from the residency director that the candidate:

1. left the residency in good standing,
2. met all requirements of the residency,
3. obtained the requisite skills and knowledge base described by the [Houston Guidelines](#)

ABCN will *not* require that the 2-year residency program be accredited (or be pursuing accreditation) or that its faculty includes a board certified neuropsychologist (as stipulated in the Houston Guidelines). However, the program must provide a structured and sequenced set of clinical and didactic experiences, provide on-site supervision of all clinical cases, and put the learning needs of the candidate ahead of the operational needs of the program. The candidate may be asked to provide additional materials regarding details of the residency program and/or curriculum vitae for their primary neuropsychology supervisors.

***The Training Model of the Houston Conference (Hannay et al. 1998) apply. Sections V-X from this document stipulate:***

## ***Professional and scientific activity***

The clinical neuropsychologist's professional activities are included within the seven core domains delineated in the Petition for the Recognition of a Specialty in Professional Psychology submitted by Division 40 of the APA to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP). These core domains are: assessment, intervention, consultation, supervision, research and inquiry, consumer protection, and professional development. The scientific activities of the specialist in clinical neuropsychology can vary widely. The specialist whose professional activities involve diverse cultural, ethnic, and linguistic populations has the knowledge and skills to perform those activities competently and ethically. The essential knowledge and skill competencies for these activities are outlined below.

### **Knowledge base**

Clinical neuropsychologists possess the following knowledge. This core knowledge may be acquired through multiple pathways, not limited to courses, and may come through other documentable didactic methods.

1. Generic Psychology Core
  - A. Statistics and methodology
  - B. Learning, cognition and perception
  - C. Social psychology and personality
  - D. Biological basis of behavior
  - E. Life span development
  - F. History
  - G. Cultural and individual differences and diversity
  
2. Generic Clinical Core
  - A. Psychopathology
  - B. Psychometric theory
  - C. Interview and assessment techniques
  - D. Intervention techniques
  - E. Professional ethics
  
3. Foundations for the study of brain-behavior relationships
  - A. Functional neuroanatomy
  - B. Neurological and related disorders including their etiology, pathology, course and treatment
  - C. Non-neurologic conditions affecting CNS functioning
  - D. Neuroimaging and other neurodiagnostic techniques
  - E. Neurochemistry of behavior (e.g., psychopharmacology)
  - F. Neuropsychology of behavior
  
4. Foundations for the practice of clinical neuropsychology
  - A. Specialized neuropsychological assessment techniques
  - B. Specialized neuropsychological intervention techniques
  - C. Research design and analysis in neuropsychology

- D. Professional issues and ethics in neuropsychology
- E. Practical implications of neuropsychological conditions

## **Skills**

Clinical neuropsychologists possess the following generic clinical skills and skills in clinical neuropsychology. These core skills may be acquired through multiple pathways, not limited to courses, and may come through other documentable didactic methods. Domains of skills and examples are:

### 1. Assessment

- \* Information gathering
- \* History taking
- \* Selection of tests and measures
- \* Administration of tests and measures
- \* Interpretation and diagnosis
- \* Treatment planning
- \* Report writing
- \* Provision of feedback
- \* Recognition of multicultural issues

### 2. Treatment and Interventions

- \* Identification of intervention targets
- \* Specification of intervention needs
- \* Formulation of an intervention plan
- \* Implementation of the plan
- \* Monitoring and adjustment to the plan as needed
- \* Assessment of the outcome
- \* Recognition of multicultural issues

### 3. Consultation (patients, families, medical colleagues, agencies, etc.)

- \* Effective basic communication (e.g. listening, explaining, negotiating)
- \* Determination and clarification of referral issues
- \* Education of referral sources regarding neuropsychological services (strengths and limitations)
- \* Communication of evaluation results and recommendations
- \* Education of patients and families regarding services and disorder(s)

### 4. Research

- \* Selection of appropriate research topics
- \* Review of relevant literature
- \* Design of research
- \* Execution of research
- \* Monitoring progress
- \* Evaluation of outcome
- \* Communication of results

## 5. Teaching and Supervision

- \* Methods of effective teaching
- \* Plan and design of courses and curriculums
- \* Use of effective educational technologies
- \* Use of effective supervision methodologies (assessment, intervention, and research)
- \* It is recognized that the relative weightings of these dimensions may vary from one program to another.

### **Doctoral Education in Clinical Neuropsychology**

Specialization in clinical neuropsychology begins at the doctoral level which provides the generic psychology and clinical core. In addition, it includes foundations for the study of brain-behavior relations and the practice of clinical neuropsychology. Doctoral education in clinical neuropsychology occurs at a regionally accredited institution. All basic aspects of the generic psychology and generic clinical cores should be completed at the doctoral level. The foundation of brain-behavior relationships should be developed to a considerable degree at this level of training. Yet, variability may occur between doctoral programs in the degree to which foundations of brain-behavior relationships and clinical neuropsychology practice are emphasized. Entry and exit criteria for this level are those specified by the doctoral program.

### **Internship training in clinical neuropsychology**

The purpose of the internship is to complete training in the general practice of professional psychology and extend specialty preparation in science and professional practice in clinical neuropsychology. The percentage of time in clinical neuropsychology should be determined by the training needs of the individual intern.

Internships must be completed in an APA or CPA approved professional psychology training program.

### **Residency education and training in clinical neuropsychology**

Residency education and training is designed to provide clinical, didactic and academic training leading to an advanced level of competence in the specialty of clinical neuropsychology and to provide the education and training necessary for independent practice in the specialty. The postdoctoral residency program is a required component in specialty education in clinical neuropsychology. For those obtaining their doctoral degree after 1/1/2005, the expected period of residency extends for the equivalent of two years of full-time education and training. The residency experience must occur on at least a half-time basis. These programs should be able to demonstrate the following characteristics:

1. The faculty is comprised of supervisors who are themselves clinical neuropsychologists. If there is not an ABCN boarded neuropsychologist on staff, supervisors may be asked to document their own training in clinical neuropsychology;
2. Training is provided at a fixed site or on formally affiliated and geographically proximate training sites, with on-site supervision;
3. There is access to clinical services and training programs in medical specialties and allied health professions;

4. There are interactions with other residents in medical specialties and allied health professions, if not other residents in clinical neuropsychology;
5. Each resident spends significant percentages of time in clinical service, clinical research, and educational activities, appropriate to the individual resident's training needs.

Entry into a clinical neuropsychology residency program should be based upon completion of an APA or CPA accredited doctoral education and training program. Clinical neuropsychology residents will have successfully completed an APA or CPA accredited internship program which includes some training in clinical neuropsychology.

Exit criteria for the residency are as follows:

1. Advanced skill in the neuropsychological evaluation, treatment and consultation to patients and professionals sufficient to practice on an independent basis;
2. Advanced understanding of brain-behavior relationships;
3. Scholarly activity, e.g., submission of a study or literature review for publication, presentation, submission of a grant proposal or outcome assessment.
4. A formal evaluation of competency in the exit criteria 1 through 3 shall occur in the residency program.
5. Eligibility for state or provincial licensure or certification for the independent practice of psychology.
6. Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.

## **APPLICATION PROCESS**

### ***Exam Overview***

The American Board of Professional Psychology's (ABPP) certification in Clinical Neuropsychology is a process that includes application and credential review which assures that the candidate has received appropriate education, training and supervised clinical experiences and evaluating a candidate's neuropsychological knowledge. For a complete overview of the application process, refer to **Steps in the ABCN Board Certification** process (Appendix I, page 26). Applicants must first have their experience and training verified by application to the ABPP Central Office (refer to **Initial Application Criteria and Procedures** in Appendix II, page 27 for the initial ABPP application checklist). Specialty Criteria for the Clinical Neuropsychology Board are verified by the ABCN credentials committee with reference to the applicant's year of completion of the doctoral degree. Once the candidate's application is approved, the candidate is eligible for the ABCN Written Examination in Clinical Neuropsychology. Once the candidate passes the Written Examination, the candidate will submit two (2) Practice Samples for review. Once the practice samples are approved, the candidate will proceed to the final step which is the ABCN Oral Examination in Clinical Neuropsychology. A detailed overview of the various steps in the board certification process is presented in Appendix I on page 26.

### ***a. Application***

The Applicant completes the Online **Application for Specialty Certification in Clinical Neuropsychology** <http://www.abpp.org/i4a/pages/index.cfm?pageid=3661> (see Appendix III and Appendix IV, page 28), which includes the fee, and the specialty specific application form. ABPP verifies the degree, the license, professional standing (disciplinary status), the internship and the generic post-doctoral requirements. Next, the materials are forwarded by the ABPP Central Office to the ABCN Credentials Review committee for evaluation of specialty requirements. The applicant receives a letter from the ABPP Central Office indicating the status of their credential review. The applicant may be asked for additional information if necessary in order to reach a conclusion about eligibility.

**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. 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. You can access the Early Entry online application on the public portal at [www.abpp.org](http://www.abpp.org) or by using this link: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3558>

### **Initial Application Criteria and Procedures**

The enclosed statements set forth ABPP's general requirements for applicants to any of its Specialist Examinations and ABCN's specific Clinical Neuropsychology Eligibility Criteria. Please review these carefully as you complete your application. The successful applicant must meet both sets of criteria.

### **Initial Application Checklist (see page 29)**

### **Application Steps**

1. The applicant applies to ABPP for board certification in **Clinical Neuropsychology** by completing the Online **Application and Specialty Specific Application Form** <http://www.abpp.org/i4a/pages/index.cfm?pageid=3661> (see Appendix IV, page 28) with a \$125 application fee and credentials materials. ABPP checks the applicant's transcripts, review generic credentials, and generally reviews the applicant's background as presented in the application.
2. If not approved, 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.

If approved, the application is forwarded to ABCN credentials committee which checks for compliance with ABCN-specific standards relating to education, training, and experience.

3. If the ABCN committee approves application, it is returned to ABPP with a recommendation to approve.

If the ABCN credentials committee requires more documentation of specialty training or supervision, the application may be marked as 'pending' and the nature of required additional information will be detailed in the review.

If the ABCN committee does not approve the application, it is returned to ABPP with the recommendation not to approve along with a description of weakness or non-acceptability of credentials as well as recommendations for strengthening application, if any.

4. ABPP notifies the applicant of the results of the credential review procedure. Applicants whose credentials are approved become "candidates" for ABPP certification in Clinical Neuropsychology.

The ABPP certification process must be completed within seven years from the date on which the candidate is notified that his/her credentials have been approved. The date on the applicant's credential review decision letter defines the start for this seven-year period.

#### **b. Disability Accommodations**

The Board encourages qualified individuals with disabilities to apply for Specialty Board status. The board recognizes that these individuals may encounter unusual difficulties and will make efforts to provide reasonable accommodations for these applicants. The board will consider individual requests for accommodations by qualified applicants with disabilities.

A qualified individual with disabilities can request reasonable accommodation, must formalize the request with the board, and support the request with documentation confirming a need for reasonable accommodation and the basis of the need. At the request of the board, applicants with special needs should be ready to document the need consistent with the applicable guidelines, and assist the board in developing reasonable accommodations, as necessary. In its sole discretion, the board will either grant or deny the request based on applicable guidelines. General information regarding ABCN guidelines for accommodations are contained within the ABCN pamphlet entitled **Qualifications for Testing Accommodations for Applicants with Disabilities** (see Appendix V, page 29) and in the application forms, **ABCN Application for Testing Accommodations** (see Appendix VI, page 30). Both the guidelines and the application itself may be found in the Appendices to this manual or downloaded from the ABPP website ([www.abpp.org](http://www.abpp.org)).

### **WRITTEN EXAMINATION**

Upon being admitted into candidacy, the applicant is eligible to register for the Written Examination. ABPP instructs the candidate that the next step is to take the Written Examination which will be administered electronically at Prometric Centers in North America starting in 2012: Candidates should complete the online **Written Exam** Registration which includes the Written Examination Fee of \$300 [www.abpp.org](http://www.abpp.org) (see Appendix VII, page 31). A copy of the registration and payment is automatically sent to the ABCN Administrator for further processing.

## Content of the Written Exam

The Written Examination consists of 100 multiple choice questions based on the knowledge base domains as described in the Houston Conference guidelines: Generic Psychology Core, Generic Clinical Core, Foundations for the Study of Brain-Behavior Relationships, and Foundations for the Practice of Clinical Neuropsychology. As such, questions related to (but not limited to) Neuropsychological Assessment, Basic and Clinical Neurosciences, Clinical Neurology, and General Clinical Psychology (which may include psychopathology, experimental design, and statistics) can be expected to be on the written examination. Candidates are allowed two hours to complete the examination. Candidates are asked to read and sign a **Written Examination Confidentiality Statement** (see Appendix VIII, page 32).

A candidate may take this Written Exam at any of the four 2-week windows per year in which it is offered after being notified of the credential review decision. The examination will be coordinated through the ABCN office.

Candidates who do not pass the Written Examination on their first or second attempt are informed that they may take the examination again, within the seven year period without prejudice, upon resubmission of the then current examination fee.

If candidates do not pass the Written Examination on their third attempt, they are not eligible to take it again within the 7 year period that commenced with their admittance to the examination process. In this instance a candidate would need to reinitiate the entire application process after the 7 year period has expired, with appropriate fees, if they wish to pursue candidacy for the diploma.

ABPP informs all candidates who take the Written Exam of their results. ABPP also then directs each successful candidate to submit a Practice Sample to ABCN for review and a practice sample review fee to ABPP Central Office.

## PRACTICE SAMPLES

The candidate prepares the Practice Samples and submits them to the ABCN Practice Sample Coordinator. **Reminder: these are not sent to the Central Office.** Currently, Practice Samples may be submitted by surface mail alone or by a combination of e-mail and surface mail (see Section IX and X of Appendix). Beginning in 2012, practice samples will be uploaded through the Scholar One platform for review by the ABCN Practice Sample Coordinator. Please check with the ABCN office to determine when the electronic platform has become operational. The Practice Sample Review fee is \$250, and can be processed by completing the online Practice Sample Registration at [www.abpp.org](http://www.abpp.org).

## Practice Sample Format

A Practice Sample submission consists of two cases. These cases must have been evaluated by the candidate alone, not under any form of supervision or with the assistance of a trainee. Use of technicians or students/trainees for test *administration* is acceptable. For each case, the following materials must be submitted:

1. A copy of the original report (with appropriate confidential and identifying information obscured or redacted). This is the actual report which is to be modified only to the extent that information identifying the patient, institution and other individuals must be deleted or marked out.
2. A test score summary which must contain the results for all tests employed in the Practice Sample. Each test must be clearly labeled. If abbreviations are used, there must be one place in which a key is provided relating all abbreviations to the full test titles. The type of score must be identified. That is, it must be clear whether the reported scores are raw scores, percentile ranks, quotient scores, T-scores, or other type scores. It is acceptable (and sometimes preferred) to profile certain test results, especially if they are commonly presented in a profiled format (e.g., MMPI/MMPI- 2). Source of norms used should also be identified for each test.
3. Copies of the raw data (e.g., test protocols, drawings, writing samples) **MUST** be provided as well. Please make sure identifying information is removed. Each case should be prepared separately. Until the Scholar One Platform is operational, four copies of each Practice Sample submission are required. One copy will be sent to each of three reviewers and the fourth retained in the candidate's central file. If the Practice Sample is accepted for examination, one copy will be retained for use during the oral examination.
4. An electronic file (e.g., CD) containing all of the Practice Sample information, with the exception of the raw data.
5. **Optional** supplementary material may be submitted in the form of a 3 page document (double-spaced, no smaller than 11 point font) used to explain any aspects of the clinical decision making involved in the 2 cases. Explanations may address test selection, norms selected, differential diagnoses considered, and treatment or dispositions considered. This background supplements the content found in most typical clinical reports and can be provided to help the Reviewers understand your clinical approach to the cases submitted.

### **Subject Matter of the Practice Sample**

In order to obtain a balanced and comprehensive examination of this aspect of the candidate's clinical skills, it is necessary that the two cases be sufficiently different to demonstrate the candidate's breadth of competence. In practice, good breadth occurs when the patients in the cases submitted have a reasonable spread in terms of age (or at age onset), pathologic mechanism, and neurobehavioral syndrome under consideration. This usually results in some variation in the interview and assessment techniques used as well as different recommendations for treatment and case management and disposition.

A case may have an intervention/treatment emphasis, but the case must include the neuropsychological evaluation basis and the conceptual basis for the interventions employed, as well as the steps taken to assure an adequate test of the efficacy of the interventions.

## Content of the Practice Sample

Either in the original report or in an addendum, the candidate should identify the relevant characteristics of the patient, the background information provided by other professionals, salient aspects of patient/parent/other interview material obtained by the candidate or others, and summaries of medical, social service agency, school, and employment records available for review.

It is highly desirable to have follow-up knowledge of the Case in question. For each Case, the candidate should be explicit about any conclusions reached, including differential diagnosis, prognosis, and follow-up recommendations. For a summary of the salient features of the Practice Sample, candidates are urged to use the “**Candidate Checklist for the Submission of Practice Samples**” which may be found in Appendix IX (page 33) or downloaded from the ABPP website ([www.abpp.org](http://www.abpp.org)). The **Clinical Neuropsychology Practice Sample Registration and Fee Payment Form** is in Appendix X on page 34.

## Quality of Practice Samples Submitted

The Practice Sample should demonstrate that the Candidate is practicing Clinical Neuropsychology at the specialist level of competence. Clinical Neuropsychology is not merely the administration, scoring and reporting of neuropsychological evaluation techniques in a clinical setting; rather, it is a specialty practiced by a psychologist who can demonstrate to ABCN the integrated application of the broad range of neuropsychological, neurological, and allied clinical and research literature and concepts required of the practitioner in this field.

The Practice Sample should reflect this ability and should also reflect a high level of professional skill and maturity. The Practice Sample should demonstrate that the Candidate possesses an explicit and coherent rationale for the work he/she is doing. The Practice Sample must be in compliance with APA ethical and professional standards.

If Practice Samples are found unacceptable, the candidate is so notified along with a description of its weaknesses, and the current examination process is halted. The candidate may submit a new Practice Sample to the ABCN Administrator without prejudice along with completing another online **Practice Sample Registration**, at [www.abpp.org](http://www.abpp.org), which includes the payment of \$250.00

## Time Line for the Submission of Practice Samples

All ABCN candidates have seven years in which to complete the examination process. No intermediate deadlines will be set with respect to the submission of Practice Samples, although candidates are urged to submit samples in a timely fashion.

## Professional Data Sheet

Only the Chair of the Oral Examination Committee will have had access to your ABPP application when the time comes. Thus, you are asked to prepare a professional data sheet to be distributed to the members of your Oral Examination Team, which includes the following information: your name; doctoral degree and date awarded; institution where you obtained

your doctoral degree; and a list, with inclusive dates, of positions you have held since the awarding of your doctoral degree. This data sheet should also include an outline of the various activities performed in your present work situation, and should indicate the percentage of time spent in these activities, along with the types of patients or clients you are now serving. This data sheet should be submitted with your practice samples.

## ORAL EXAMINATION

Once the Practice Samples are accepted, the Candidate is eligible for the Oral Examination, which is the final phase of the process. The candidate would need to complete the online Oral Exam Registration (see Appendix XI, page 34) which is found at [www.abpp.org](http://www.abpp.org). The fee for this part of the examination is \$450. Upon receipt of the registration forms, a booklet entitled "**Candidate's Manual for Oral Examinations in Clinical Neuropsychology**" should be reviewed or downloaded from [www.abpp.org](http://www.abpp.org) – the Clinical Neuropsychology specialty section under Certification Process.

The Oral Examination in Clinical Neuropsychology is the final step of the ABCN and American Board of Professional Psychology's (ABPP) certification in Clinical Neuropsychology. The Oral Exam will present candidates with situations in which they will demonstrate their professional experience, knowledge, and skill. The oral examination process is designed to afford the examiners an opportunity to evaluate both the breadth and the depth of candidates' professional knowledge and functioning. While correct answers are important, the examiners will work to discover how the candidate thinks about, evaluates and manages the neuropsychological problems that come to us via our patients. 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, poorly planned treatment, or faulty reasoning.

ABCN's oral examiners are sensitive to the many reactions that candidates experience as they prepare for, anticipate, and finally take their oral exam. Your examiners hope to make the oral examination experience as collegial as possible. They also hope that you will find your examination to be both interesting and rewarding.

No part of any ABCN examination is intended to be either deceptive or evasive. ABCN and ABPP hope that the information in this manual will familiarize the candidate with the examination procedures. Most of the information that is contained here will be reviewed 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 that are present during the oral exam (i.e., any examiner, observer, etc.). All questions will be answered as fully as possible.

Before the examination begins candidates will be required to sign an **Oral Exam Statement of Confidentiality** agreement (see Appendix XII, page 35). By signing this agreement candidates affirm (1) that they will not discuss specifics of the oral examination or reveal its contents to others at any time either during or after your exam, and (2) that they will not reveal the identity of any other candidate who is scheduled for examination. However, this agreement does not preclude discussion of the oral examination procedures, as they are outlined in this manual.

An Examining Team, consisting of trained clinical neuropsychology examiners, is assembled when the ABCN Executive Director has a minimum of 12 candidates who are ready for Oral Examination. Currently, examinations are held two or three times a year (usually in May and October/November) in Chicago.

The examination takes approximately three hours and consists of three parts, each conducted by a different examiner. The areas examined consist of practice samples (Practice Sample); sense of ethics and professional commitment (Ethics & Professional Practice); and competency in fact finding/ neuropsychological assessment (Fact Finding). After spending the allotted time with the candidate, each examiner rates the candidates' performance during the part of the exam that they conduct along five dimensions: (1) Evaluative Skills, (2) Intervention Skills, (3) Scientific and Professional Knowledge, (4) Ethics and Social Responsibility, and (5) Professional Commitment and Functioning. The emphasis that is placed on each of these five dimensions varies across the three exercises that comprise the oral examination.

At the end of the three-hour examination period, the examiners meet and discuss each candidate whom they have examined. Although each examiner has rated the candidate during his/her particular portion of the examination, the decision to pass or fail is an overall decision of the examiners, reached after a thorough discussion of the candidate's performance across all three parts of the Oral Examination. The candidate does not pass or fail the individual parts of the Oral Examination.

The candidate will not be allowed to take the oral examination more than three times in the seven year period of candidacy. More information about the oral examination can be located at the Clinical Neuropsychology link at the ABPP Web site at <http://www.abpp.org/i4a/pages/index.cfm?pageid=3354>

### **Oral Examination Procedures**

All candidates who are present at the oral examination 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 official meets with the candidates prior to the start of the examination. At this time the procedures that are outlined in this manual will be reviewed and the Confidentiality Agreement (see Appendix XII, page 35) will be signed. A final check will also be made to assure 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 begin 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, who is a senior member of the ABCN oral examination cadre, may accompany a candidate throughout the three oral examinations. That observer is meant to observe the examiner, not the candidate, and to ensure that all procedures are correctly followed. They do not participate in the examination or the deliberations that follow, other than to clarify procedures and facts. This is another aspect of our quality assurance program. The time that is allotted for each exercise is approximately 40 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. However, the candidates may bring a copy of their Practice Sample and any other relevant material to the Practice Sample exercise.

After completing the last exercise each candidate returns to the waiting area and anonymously rates each of their three examiners on behaviors that are important to performing a competent and fair examination on the **Oral Exam Candidate Exit Evaluation** (see Appendix XIII, page 36). These exit ratings are an extremely important aspect of ABCN's quality assurance efforts.

When all exercises have been completed, each examination team will meet and discuss each candidate's performance. At the end of their deliberations of each candidate the examiners decide whether to "award" or "not award" the specialty certificate. These decisions are based on all information that was obtained during all parts of the oral exam. Candidates pass or fail the entire oral; they do not pass or fail the separate exercises. The final decision requires a majority vote of the three oral examiners. That is, if two examiners vote to pass, the candidate is awarded ABPP/ABCN certification in Clinical Neuropsychology. Likewise, if two examiners vote *not* to pass the candidate, ABPP/ABCN certification is *not* awarded. The decision of the examination team to either pass or fail the oral examination is then transmitted to the ABPP Central Office.

The remainder of this section discusses each of the three oral examination components in more detail.

#### ***a. Practice Sample Component***

The Practice Sample exercise contributes to the oral examination by affording an opportunity to evaluate the candidate's breadth and depth of knowledge and skill in an area of neuropsychological practice that has been selected by the candidate. The examiner assumes that the candidate is well prepared to discuss and defend all aspects of their Practice Sample. The examiner will discuss both cases during the course of this portion of the examination and may question the candidate about specific aspects of the cases presented or challenge the candidate to explain and defend their work based on current professional standards, scientific knowledge, or research findings. The Practice Sample may also be used as a point of departure for quizzing the candidate about related neuropsychological issues.

A minimum of three ABPP/ABCN clinical neuropsychologists have read and evaluated the candidate's Practice Sample. At least two of these evaluators judged the Practice Sample "acceptable for use at the orals." Practice Samples are not "passed" or "failed." Each reviewer also provided comments about the work and suggested questions for use during the candidate's oral. The Practice Sample and all of the information from the reviewers were then sent to the examiner who is assigned to conduct the Practice Sample portion of the exam. This examiner uses all of this information, along with his or her own impressions and questions, to create a list of topics or questions that will be asked during the Practice Sample exercise. The examiner may quiz the candidate about the patient, the candidate's knowledge of the illness or injury, the nature of and rationale for the procedures employed, justification for the conclusions reached, rationale for the recommendations made, etc. It is imperative that

candidates have complete knowledge of their patients and their patients' status. The Practice Sample may also be used as a point of departure for discussing related neuropsychological topics. As with other parts of the oral examination, the critical element here 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 Component***

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 be presented with 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 and 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 ABPP/ABCN clinical neuropsychologists. They are real cases. They have been chosen because they are considered to be the type of problem that an appropriately trained and experienced clinical neuropsychologist should be able to evaluate, diagnose, and manage.

Candidates may only bring 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. The total time allotted is 45 minutes. As suggested above, some candidates use the first few minutes to organize themselves and prepare questions. Candidates usually then use 20-25 minutes to ask questions. To reduce the amount of time that candidates spend writing notes, test scores will be given to the candidate in writing--but only after they have been requested. Either when the candidate is ready, or when the examiner decides it is necessary, the candidate will have about 10 minutes to discuss the case and present conclusions and recommendations. The discussion should identify the nature and severity of the patient's problem, its probable etiology or etiologies, and include recommendations for managing the condition. In presenting conclusions candidates should, of course, explain their reasoning. Candidates can expect to be challenged about their conclusions and questioned about domains of knowledge related to the case. The **Fact Finding Instructions for the Candidate** are summarized in Appendix XIV (see page 42).

### ***c. Ethics & Professional Practice Component***

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 about the candidate's day-to-day professional practice and to evaluate his/her commitment to the profession.

During the Ethics portion of the exercise, the candidate is given a vignette that is usually about 3/4 of a page in length. It is important to read the vignette carefully because issues of professional practice, behavior, and ethics are embedded in it. The candidate must identify the relevant issues and explain the ethical principles that are involved. Knowing the title of an ethical principle is not necessary or sufficient. The candidate must clearly explain the reasons behind the ethical principle. Candidates may also be asked to describe the actions that should be taken to resolve the situation or how they would behave under similar circumstances. The candidate's answers will be judged relative to the American Psychological Association's ***Ethical Principles of Psychologists and Code of Conduct***. As is the case with other portions of the examination, examiners and candidates must treat the ethics vignettes as confidential.

During the Professional Practice portion of this exercise, the examiner will ask about the candidate's own professional practices, professional involvement, continuing education activities, teaching, and research. Candidates may be questioned about their views of important issues in psychology, their educational and training background, current methods of practice and their justification, professional and scientific involvement, etc. How candidates address issues of cultural diversity within their practice may also be an area of questioning. The examiner seeks to understand how the candidate functions as a clinical neuropsychologist on a day to day basis. This information provides a contextual reference in which the candidate's performance throughout the oral examination can be judged.

### ***d. Outcome of the Oral Examination***

After the oral examination is completed, the examination team meets to deliberate. Each examiner presents an overview of the candidate's performance on their respective components of the examination. After each examiner has presented their results, candidates

are rated by each examiner using the **Oral Examination Rating Form** (Appendix XV, page 43). The names of candidates who pass the Oral Examination are presented to ABPP along with the recommendation that these candidates be awarded the ABPP certification in Clinical Neuropsychology. If approved, ABPP then so informs the candidate and arranges for the award of the diploma in Clinical Neuropsychology.

Candidates who fail their Oral Exam may re-take the exam after having a new set of Practice Samples reviewed and “accepted,” via the above-described procedures, provided that the seven-year limit has not expired. A candidate may take the Oral Examination no more than three times in the seven-year time period of their candidacy.

A listing of some of the possible **Reasons for Failure and Suggestions for Change** is given in Appendix XVI on page 44.

### STUDY/PREPARATION RESOURCES

Candidates may wish to consult or utilize study/preparation resources to assist them as they anticipate going through the various stages of the certification process. Three such resources are listed on the AACN website ([www.theaacn.org](http://www.theaacn.org)) via the Study Materials link:

- **AACN Study Guide** – this comprehensive study guide, authored by ABCN certified neuropsychologists, describes the various stages of the application and examination process. Included are tips/recommendations on how to prepare for and approach the written and oral examinations, sample written examination questions, and sample fact-finding cases. The guide can be downloaded from a link on the AACN website ([www.theaacn.org/study/](http://www.theaacn.org/study/)).
- **Mentorship Program** – candidates who have passed the initial credentials review by ABPP/ABCN may request to be paired with a mentor to help them proceed with the ensuing stages of the certification process. Mentors are ABCN certified neuropsychologists who have volunteered to assist/give feedback to candidates who are matched with them in preparing for the written examination, selecting cases, and preparing for the oral examination (which may involve conducting a mock oral examination). Those interested in being assigned a mentor can access the AACN website for more information ([www.theaacn.org/study/](http://www.theaacn.org/study/)).
- **Be Ready for ABPP in Neuropsychology (BRAIN)** – the BRAIN group initially began as an informal study and support group among friends preparing for the ABPP/ABCN certification process. Over time, it evolved into an email study group consisting of hundreds of members. The BRAIN group resources now include an email list-serve and study materials available through their website. The BRAIN group is not officially sanctioned by or affiliated with ABCN, ABPP, or any other accreditation agency, although they formalized a working relationship with AACN in 2007. A link for the BRAIN groups’ website may be found through: [www.theaacn.org/study/](http://www.theaacn.org/study/).

## GUIDELINES FOR APPEALS

Candidates may formally appeal any of the following three decisions: 1) denial of meeting specialty specific qualifications (credentials review), 2) non-approval of practice samples, or 3) failure of oral examination. Candidates may challenge an appealable decision within 30 days of receipt of written notice of that decision.

Refer to the **Candidate Appeal Guide** in Appendix XVIII on page 47 of this manual for more complete directions. The **Examiner General Appeal Review Form** and **Committee Summary of Appeal** are provided in Appendices XIX and XX on pages 51 and 52 respectively.

## CONTACT INFORMATION

If there are any questions concerning the application, feel free to contact the following individuals. Regarding questions related specifically to ABCN requirements or issues please contact:

Brenda Spiegler, Ph.D., ABPP  
President, ABCN  
Hospital for Sick Children  
555 University Avenue  
Toronto, Ontario M5G 1X8  
[Brenda.spiegler@sickkids.ca](mailto:Brenda.spiegler@sickkids.ca)

or

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

Regarding questions related more generally to ABPP requirements or issues:

ABPP Central Office:  
600 Market Street, Suite 300  
Chapel Hill, NC 27516  
Phone: (919)537-8031  
Fax: (919) 537-8034  
[office@abpp.org](mailto:office@abpp.org)

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## I. STEPS IN THE ABCN BOARD CERTIFICATION PROCESS

1.	<p><b>Eligibility: Candidacy</b>  <b>Applicant</b> completes the Online Application, which includes attaching the Specialty Specific Application, and other required items and pays the application fee of \$125. Any other required items that are not uploaded to the application, are to be submitted to the ABPP Central Office.</p>
2.	<p>The generic requirements for the doctoral degree, the internship, licensure, and professional standing (disciplinary status) are verified by CO. The application is then forwarded to the ABCN Credential review Committee for verification of specialty-specific requirements. The candidate is notified of candidacy status by the ABPP Central Office.</p>
3.	<p>If application is not approved or is deemed incomplete, CO informs Applicant of the reasons. If additional information may bring about approval, it is requested and must be re-submitted.</p>
4.	<p><b>Written Examination</b>  If the application is approved, the Applicant becomes a <b>Candidate</b> and the next step is to take the Written Examination which will be administered online at Prometric Centers starting in 2012. Candidates complete the Online <b>Written Examination Registration</b> along with <b>fee of \$300.00</b> a copy of the registration and fee is forwarded to ABCN for further processing.</p>
5.	<p>ABPP informs all candidates who take the Written Exam of their results. If there is a failure, the candidate may elect to re-take the written exam after a period of 6 months. A candidate may take the Written Exam no more than three times in the seven-year period of their candidacy.</p>
6.	<p><b>Practice Sample Review</b>  Once the candidate passes the written exam, he/she is directed to complete the Online Practice Sample Registration, which includes the \$250 fee at <a href="http://www.abpp.org">www.abpp.org</a>. Then the candidate will <b>submit two Practice Sample cases &amp; Professional Data Sheet to ABCN</b> for review. Reminder: Practices Samples should not be sent to the CO. Each Practice Sample is reviewed by 3 ABPP-certified clinical neuropsychologists and rated as either “acceptable” or “unacceptable.”</p>
7.	<p>If Practice Samples are found unacceptable, the candidate is so notified along with a description of its weaknesses, and the current examination process is halted. The candidate may submit a new Practice Sample to ABCN without prejudice and complete another Online <b>Practice Sample Fee of \$250.00</b></p>
8.	<p><b>Oral Examination</b>  Once the Practice Samples are accepted, the candidate is eligible for the Oral Examination, which is the final phase of the process. After notification of acceptance of the Practice Samples by the CO, the candidate would complete the Online <b>Oral Examination Registration which includes the \$450.00 fee</b>. Candidates should download a booklet entitled “<b>Candidates’ Manual for Oral Examinations in Clinical Neuropsychology</b>” from <a href="http://www.abpp.org">www.abpp.org</a>. Candidates coordinate scheduling their Oral Exams with the ABCN Administrator.</p>
9.	<p>Decisions made by the ABCN regarding <u>candidacy</u>, the <u>practice sample</u>, and the <u>oral examination</u> are sent to ABPP Central Office. Decision letters reflecting ABCN decisions are then mailed to candidates by ABPP Central Office.</p>
10.	<p>If failed, candidates may re-take the oral examination after having a new Practice Sample reviewed and “accepted,” provided the seven-year limit has not expired. A candidate may take the Oral Exam no more than three times in the seven-year period of their candidacy.</p>
11.	<p>If the Oral Examination is passed, the candidate becomes <i>Board Certified</i> and may begin to use the title immediately. The ABPP Specialist will receive notification from the CO appropriately signed by the ABCN and ABPP. The ABPP Specialist should then review the Guidelines for Representing Certification by ABPP, Edit their profile, and order their complimentary certificate online at <a href="http://www.abpp.org">www.abpp.org</a>.</p>

## II. INITIAL APPLICATION CRITERIA AND PROCEDURES

The enclosed statements set forth ABPP's general requirements for applicants to any of its Specialty Board Examinations and ABCN's specific Clinical Neuropsychology Eligibility Criteria. Please review these carefully as you complete your application. The successful applicant must meet both sets of criteria.

### ***Initial Application Checklist***

Several items are required for an application to be complete. Incomplete applications will result in administrative delays. The following checklist will help you ensure that your application is complete and can be processed efficiently.

- \_\_\_\_\_ Read the enclosed Eligibility Criteria sheet prepared by the ABCN, and the ABPP general requirements for application. Complete the Online Application found at [www.abpp.org](http://www.abpp.org), which includes the \$125 application fee (mastercard or visa)
- \_\_\_\_\_ Arrange for official graduate transcripts (Masters and Doctoral training) to be sent directly from the university to: ABPP, 600 Market St, Suite 300, Chapel Hill, NC 27516.
- \_\_\_\_\_ Upload with your application a copy of your Curriculum Vita
  
- \_\_\_\_\_ Two letters of recommendation sent directly from the endorsers to the CO. One letter should be from a practicing clinical neuropsychologist who can attest to the nature, extent, and quality of your experience and competency in clinical neuropsychology.

Any additional correspondence should be sent to the CO:

**ABPP**  
**600 Market Street, Suite 300**  
**Chapel Hill, NC 27516**  
**Phone: (919)537-8031**  
**Fax: 919-537-8034**  
**Email: [office@abpp.org](mailto:office@abpp.org)**

### III. APPLICATION INSTRUCTIONS FOR SPECIALTY CERTIFICATION IN CLINICAL NEUROPSYCHOLOGY

The completed Online Application is the primary information base upon which eligibility for candidacy is determined. In effect, you are establishing the necessary academic, training, supervised experience, and professional standing required by the specialty of Clinical Neuropsychology. The ABPP Executive Officer (EO) and ABPP Central Office (CO) staff shall verify the license to practice Neuropsychology, the doctoral degree and program. You must request that a copy of your doctoral transcript be sent to CO directly from the educational institution. The request should be initiated as soon as possible in order to not have any delay in processing your application. Documentation regarding internship completion, CV, and Specialty Specific Application should be uploaded with the application. Letters of Recommendation should be sent to the CO by the endorser.

The application is comprised of two steps: the first is essentially related to the generic requirements and the second is related to the specialty's requirements. The CO shall review the submitted application for completeness. The EO shall review the first part for the determination of meeting the ABPP common, generic criteria of doctoral degree and program, licensure, and professional standing. Upon meeting the generic criteria the application materials are sent to the Specialty Board for determination in meeting the specialty specific criteria for eligibility as a candidate.

Following the application review, applicants are notified of the review results. Applicants meeting generic and specialty requirements become candidates, eligible to move on to the specialty examination process.

To better understand the application and candidacy determination please review the generic and specialty specific criteria for Clinical Neuropsychology at the ABPP website [www.abpp.org](http://www.abpp.org)

#### General Eligibility Requirements

To attain board certification in a specialty, an applicant must meet ABPP's common eligibility requirements which include:

- A doctoral degree from a program in professional psychology or postdoctoral re-specialization certificate at which time, the degree that was granted was accredited by the APA, CPA, or was listed in the publication *Doctoral Neuropsychology Programs Meeting Designation Criteria*. Applicants credentialed in the most recent directory of the *National Register of Health Service Providers in Neuropsychology* or the *Canadian Register of Health Service Providers in Neuropsychology* qualify as meeting the doctoral degree as well as those holding the Certificate of Professional Qualification in Neuropsychology (CPQ).
- All ABPP candidates in the U.S., its territories or Canada must be licensed as a psychologist for independent practice at the doctoral level in a jurisdiction in the U.S., its territories or Canada.

### IV. APPLICATION FOR SPECIALTY CERTIFICATION

Please see online application located under the applicant portal at [www.abpp.org](http://www.abpp.org); or use this link: <http://www.abpp.org/i4a/pages/index.cfm?pageid=3661>



## V. QUALIFICATIONS FOR TESTING ACCOMMODATIONS For Applicants with Disabilities

### General Information

The ABCN Board recognizes that neuropsychologists with disabilities may wish to take the board certification examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the American with Disabilities Act (ADA).

ABCN, in conjunction with the American Board of Professional Psychology (ABPP), will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities as defined by the Americans with Disabilities Act (42 U.S.C. § 12101 and 42 U.S.C. § 12189). Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test” (Americans with Disabilities Act, Public Law 101-336 § 309 [b] [3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities.

Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures. **Applicants who request accommodations because of a disability must advise the Board in writing and provide all documentation and other evidence substantiating the disability at least 60 days before the examination in question is conducted.** Required documentation includes completion of the Application for Testing Accommodations and appropriate diagnostic letters or reports. All information and documentation provided regarding the disability and need for accommodation in testing will be treated in strict confidence.

**Candidates seeking disability accommodations should download the appropriate application from the ABCN web site, [http://www.abpp.org/files/page-specific/3354%20ABCN%20Applicant%20Page/08\\_ADA\\_General\\_Information.pdf](http://www.abpp.org/files/page-specific/3354%20ABCN%20Applicant%20Page/08_ADA_General_Information.pdf) or should contact the Board office for an application.**

Documentation on file for the applicant must:

- **clearly state the diagnosed disability or disabilities;**
- **describe the functional limitations** resulting from the disability or disabilities;
- **be current** - disability must be documented during adulthood;
- **include complete educational, developmental, and medical history** relevant to the disability for which testing accommodations are being requested;

- **include a list of all test instruments** used in the evaluation report and relevant scores used to document the stated disability (this requirement may not apply to physical or sensory disabilities of a permanent or unchanging nature);

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- **describe the specific accommodations requested;**
- **adequately support each of the requested testing accommodation(s);**
- **be typed or printed on official letterhead** and **be signed** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization).

## Review of Documentation

A letter detailing the specific accommodations requested because of disability must be submitted for each examination or re-examination. Documentation should be marked “ADA Materials” and mailed to the attention of the Executive Director at the ABCN Office. Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

## Appeals

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the Executive Director at the ABCN Office:

- A written request for a formal appeal of the denial of accommodations.
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing envelope that is postmarked within 60 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee’s determination is final and binding on both the Board and the applicant.

## VI. APPLICATION FOR TESTING ACCOMMODATIONS

Please access application online at: [http://www.abpp.org/files/page-specific/3354%20ABCN%20Applicant%20Page/09\\_ADA\\_Application.pdf](http://www.abpp.org/files/page-specific/3354%20ABCN%20Applicant%20Page/09_ADA_Application.pdf)

Please indicate “ADA Materials” on the envelope, and return complete application and attachments to:

**Executive Director  
American Board of Clinical Neuropsychology, Inc.  
Department of Psychiatry (F6332, MCHC-6)  
University of Michigan Health System  
1500 East Medical Center Drive  
Ann Arbor, MI 48109-0295**

American Board of Professional Psychology, Inc.  
American Board of Clinical Neuropsychology

## VII. APPLICATION FOR WRITTEN EXAMINATION

**The registration for written examination can be accessed electronically at:**

**<http://www.abpp.org/i4a/pages/index.cfm?pageid=3354>**

The candidate will need to login in order to process.



## VIII. Written Examination in Clinical Neuropsychology

### Confidentiality Statement

I hereby affirm that I will not discuss or disclose the content or specific nature of the ABCN Written Examination in Clinical Neuropsychology to anyone under any circumstance, other than to report an error to the Proctor, or to convey criticism or feedback to the Chair of the ABCN Examination Committee, the ABCN Executive Officer, or the ABCN President. In addition, I affirm that I shall not disclose the names of the other ABCN candidates who were or were not present for this examination. I understand that this examination and the test questions contained herein are the exclusive property of the American Board of Professional Psychology, that this examination and the items contained herein are protected by United States copyright law, that no part of this examination may be copied or reproduced in part or whole by any means whatsoever, including memorization. I also understand that the theft or attempted theft of an examination booklet is punishable as a felony. I understand that my participation in any irregularity occurring during this examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or subsequent analysis, may result in termination of my participation, invalidation of the results of my examination, or other appropriate action. I understand that if I violate this agreement, that violation will result in adjudication with the Ethics Committees of the American Board of Professional Psychology which may cause the loss of my own board certification status. I understand that if I violate this agreement, complaints in regard to this violation may be lodged against me in other venues.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## IX. CANDIDATE CHECKLIST FOR THE SUBMISSION OF PRACTICE SAMPLES

### General:

- One (1) CD containing all of the Practice Sample information, with the exception of the raw data
- Four copies of all the Practice Sample materials
- Each copy consists of a Case Report #1, Case #1 test score summary, Case Report #2, and Case #2 test score summary
- The addressee is the ABCN address as indicated on the Practice Sample Review forms
- All copies are clear and legible
- The identities of all persons involved have been "blinded" where necessary
- Copies of the **raw data** (e.g., test protocols, drawings, writing samples)
- Optional supplementary or supporting material describing clinical decision making in the cases that was not covered or included in the clinical reports (3 pages maximum)

### MUST be provided:

#### **Case #1 Contains:**

- Relevant characteristics of the patient
- A description and rationale for conclusions reached
- A description of any recommendations given
- Testing summary

#### **Case #2 Contains:**

- Relevant characteristics of the patient
- A description and rationale for conclusions reached
- A description of any recommendations given
- Testing summary

### I have:

- Retained my own copy of the Practice Sample submission for my own use during the oral examination.
- Completed the Practice Sample Registration at [www.abpp.org](http://www.abpp.org), which includes the fee.  
Determined that boxes not checked above have reasons for their not being checked.  
Those reasons are explained in the Supporting Material for each case.

**Please mail the following items to:**

American Board of Clinical Neuropsychology  
 Department of Psychiatry (F6332, MCHC-6)  
 The University of Michigan Health System  
 1500 East Medical Center Drive  
 Ann Arbor, MI 48109-0295  
 Phone: (734) 936-8269

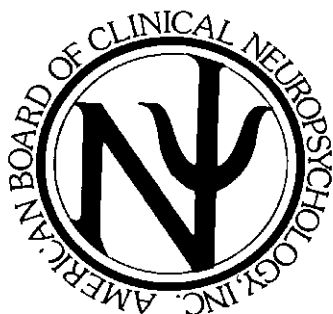
- Four (4) copies of your Practice Sample. Can be submitted in hard copies or on four CDs, thumb drives. (Note: supplemental/contextual information is no longer required, but we ask that you submit a summary sheet of test scores that contains normative information, i.e., either cutoff scores, percentiles, means and standard deviations or t-scores for their tests. Copies of the raw data are required.)
- One (1) copy of your Professional Data Sheet

Please visit the ABCN Web site (<http://theabcn.org>) for upcoming practice sample submission deadlines for admission to the oral exam.

\*\*\*\*\*

The application for *Clinical Neuropsychology Registration for **Practice Sample Submission*** can be accessed electronically at <http://www.abpp.org/i4a/pages/index.cfm?pageid=3599>  
 Candidate will need to login to complete.

The application for *Clinical Neuropsychology Registration for **Oral Examination*** can be accessed electronically at <https://www.abpp.org/i4a/pages/index.cfm?pageID=3547>  
 Candidate will need to login to complete.



## **XII. STATEMENT OF CONFIDENTIALITY**

I hereby affirm that I will not discuss or disclose the content or specific nature of any part of the ABCN/ABPP examination, either oral or written, to anyone under any circumstances, other than to another ABCN/ABPP board certified neuropsychologist, in the context of preparing the examination or being an examiner. In addition, I affirm that I will not disclose the names of the other ABCN candidates who were registered for the current oral examination. I understand that if I violate this agreement that violation will cause loss of my own board certification status and/or adjudication with the Ethics Committees of the American Board of Professional Psychology and the American Psychological Association.

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Printed Name

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Signature

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Date

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E-mail address

### XIII. ORAL EXAM CANDIDATE EXIT EVALUATION

Fact-finding Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

1. The vignette(s) provided enough information to understand the nature of the referral.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

2. The examiner was sufficiently familiar with case material to answer questions efficiently.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

3. Time allotted for preparation, questioning, and presentation of conclusions was consistent with instructions and the examination progressed in a well-organized and orderly fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

4. The examiner's answers to questions were generally appropriate and not overly restrictive or misleading.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

5. The examiner provided appropriate feedback, e.g., when my method of questioning was too general or overly specific.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

6. I was treated in a collegial fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

7. The examiner explained procedures and instructions sufficiently.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

8. The questions were presented clearly and concisely.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

9. Appropriate historical and medical information and neuropsychological test data were available.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

10. I was able to demonstrate the range of my knowledge, given the format and time limitations of the Fact-finding Examination.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

Please give your general impression of the Fact-finding Examination and any other comments you wish to share with the ABCN Examination Committee.

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Practice Sample Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

11. The breadth of the practice sample evaluation was appropriate.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

12. The examiner linked questions to the Practice sample.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

13. The examiner did not overly persist in asking questions in an esoteric or specialized area when it was clear I did not know that area.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

14. The examiner organized the questioning so time could be spent on all critical areas of the Practice sample.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

15. I was treated in a collegial fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

16. The examiner explained procedures and instructions sufficiently.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

17. The examiner presented the questions clearly and concisely.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

18. The examination progressed in a well-organized and orderly fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

19. The examiner appeared open to my theoretical orientation.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

20. I felt I was able to demonstrate the range of my knowledge, given the format and time limitations of the Practice sample Examination.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

Please give your general impression of the Practice sample Examination and any other comments you wish to share with the ABCN Examination Committee.

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Ethics Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

21. The vignette involved appropriate knowledge that was not too esoteric and/or outside the established ethical standards for psychologists.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

22. The vignette provided sufficient information to allow me to demonstrate my knowledge regarding a variety of ethical standards and principles.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

23. The examination provided the opportunity for me to demonstrate my depth of knowledge concerning the reasoning behind the established ethical standards.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

24. The examiner was sufficiently familiar with the vignette and with the ethical standards to provide appropriate feedback.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

25. I was treated in a collegial fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

26. The procedures and instructions were presented in a sufficient and clear fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

27. The questions were presented clearly and concisely.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

28. The examination progressed in a well-organized and orderly fashion.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

29. The examiner inquired about my professional background in sufficient detail to understand the nature of my preparation in clinical neuropsychology.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

30. The examiner inquired about my professional activities in sufficient detail to understand the nature of my current practice.

Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1	2	3	4	5

Please give your general impression of the Ethics Examination and any other comments you wish to share with the ABCN Examination Committee.

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**American Board of Professional Psychology, Inc.  
AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY, INC.**

**XIV. Fact-finding Examination**

**INSTRUCTIONS FOR CANDIDATE**

This exercise is designed to provide you an opportunity to display some of the knowledge and skills important in the practice of clinical neuropsychology. Before you are two very brief statements of problem situations. First, choose one.

Your task then is to obtain additional information by questioning the examiner so that you can gain a full understanding of the problem and arrive at your own evaluation of the situation. Then you should present your conclusions regarding your view of the nature and severity of the patient's problem, the probable etiology, and your recommendations as to the next steps to be taken. In presenting your conclusions you should explain your reasoning.

The examiner has a considerable amount of information, all of which is available to you. In order to receive this information, however, you must ask specific questions. If your questions are too general, you will be asked to make them more specific. You may question the examiner as extensively as you wish.

The total time allotted for this examination is 45 minutes. It is your responsibility to manage the time. You may start by taking some time to first prepare your questions. Then you will have about 20 to 25 minutes to ask whatever questions you wish. The following is a summary of the steps in this exercise and a general timetable:

STEP	APPROXIMATE TIMES
Prepare your questions	5 - 10 minutes
Question the examiner for information	20 - 25 minutes
Present your conclusions	10 minutes
Be questioned on your conclusions	5 - 10 minutes
TOTAL	40 - 55 minutes

**YOUR MUST LEAVE ALL NOTES IN THE EXAM ROOM**

**DO NOT MARK ON THIS FORM**

AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY, INC.  
 AMERICAN BOARD OF CLINICAL NEUROPSYCHOLOGY, INC.

[Rev. 8/07]

**XV. ORAL EXAMINATION RATING FORM**

Candidate: \_\_\_\_\_ Examiner: \_\_\_\_\_ Date: \_\_\_\_\_

Use ratings from 5 to 1 (see KEY below)

	Initial Rating	Final Rating
Assessment Skills	_____	_____
Consultation Skills	_____	_____
Intervention Skills	_____	_____
Scientific and Professional Knowledge	_____	_____
Ethical and Legal Foundations	_____	_____
Cultural Diversity Awareness	_____	_____
Professional Identification	_____	_____
Interpersonal Interactions	_____	_____

Overall Decision (First Vote)                      AWARD                      NO AWARD                      UNDECIDED

Second Vote, if taken                                      AWARD                      NO AWARD

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

## XVI. REASONS FOR FAILURE & SUGGESTIONS FOR CHANGE

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Each candidate failing the oral examinations has the privilege of appealing the decisions of the Examining Team. 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")
- Did not formulate adequate assessment impressions
- Limited depth in assessment thinking
- Demonstrated limited range of assessment skills
- Did not use assessment time effectively
- Did not make efficient use of the assessment tools selected
- Seemed unaware of own limitations in assessment
- Inappropriate application of assessment instruments to patients (i.e., failure to consider patient's age, gender, cultural background, ability level, or impairments)

### B. DIAGNOSES OR CONCLUSIONS

- Offers formulations on the basis of inadequate information
- Draws conclusions based on erroneous information or concepts
- Fails to acknowledge own limitations in knowledge (e.g., suggests conclusions about conditions the candidate does not fully understand)
- Fails to appropriately qualify conclusions in accordance with one's own limitations
- Fails to take account of how the positive predictive value of test results vary with the clinical population to which they are applied
- Fails to consider the issues of treatability, seriousness, and prevalence of the disorder in formulating diagnostic impression
- Fails to consider the 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)

### C. CONSTRUCTIVE RECOMMENDATIONS AND INTERVENTIONS

- Inadequate theoretical framework 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. ETHICAL PRACTICES

- \_\_\_ 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

#### E. KNOWLEDGE BASE

- \_\_\_ 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

#### F. NEUROPSYCHOLOGY AS A PROFESSION

- \_\_\_ 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

#### G. RESEARCH

- \_\_\_ Insufficient awareness of pertinent research
- \_\_\_ Insufficient understanding of implications of research
- \_\_\_ Insufficient ability to critically evaluate research
- \_\_\_ Insufficient application of pertinent research to practice

#### H. MISCELLANEOUS

- \_\_\_ Too limited scope of competency to be boarded
- \_\_\_ Not sufficiently skillful in developing relations with patients

- Not sufficiently skillful or flexible in adapting to situations or to patients
- Inadequate integration of information

I. OTHER (WRITE IN SPACE BELOW)

J. RECOMMENDATIONS FOR ACTIONS

- Apply for board certification in another area
- Retake this examination after the following plan is completed

*Examiner:* \_\_\_\_\_ *Date:* \_\_\_\_\_

PLEASE PRINT

## GUIDELINES FOR APPEAL

### XVII. AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Once an examination is held, it is to be assumed that the structure conforms to the expectations set forth in the current ABPP policy and procedure statements.

#### Acceptable Grounds for Appeal by the Candidate include the following:

- 1 Conditions of the examination were not consistent with the principles and policies stated in the current Manual for Examinations.
- 2 Inappropriate behavior occurred on the part of one or more Examiners (e.g., discourteous, argumentative, disinterested).
- 3 There was a lack of opportunity for the Candidate to demonstrate his or her assessment or intervention skills.

#### Unacceptable Grounds for Appeal by the Candidate include:

- 1 Disagreement by the Candidate with the Examining Team's judgment.
- 2 Testimony of performance or achievement in professional work not directly related to the examination situation.
- 3 Split vote by the Examining Team. (It is not assumed that the final vote must be unanimous; therefore, lack of consensus is not grounds for Appeal. To insure a majority decision, Examining Teams should be comprised only of 3 voting members; a non-voting observer may be present).
- 4 That no examiner matched the stated theoretical orientation of the Candidate.

#### Recommended Appeal Process:

- 1 If a candidate fails the examination, each Examiner will submit in writing the rationale for his or her decision (including any Pass decision made by any examiner). The Candidate's assets as well as his or her weaknesses should be included. These will be submitted to the Chair of the Examination Committee within seven days of the examination. The Chair will forward them to the Central Office for placement in the Candidate's file to be used in the event of an appeal.
- 2 An appeal must be made within 30 days of the receipt of the "Fail" notice in order to be eligible for review. An appeal raised before receipt of a "Fail" notice will not be considered.
- 3 Candidate appeals should be sent directly to the Executive Officer who will notify the members of the Examining Team. All of these individuals will receive the letter of appeal and will have an opportunity to write a

response. The response will be sent to the Executive Officer by a date assigned by the Executive Officer.

The Appeals Committee in the candidate's specialty will be notified of the appeal by receipt of the letter of appeal accompanied by the examiners' responses.

The Specialty Appeals Committee will be comprised of three Trustees (members of the Board of Directors), serving staggered terms to insure consistency and continuity. If a member of the Specialty Appeals Committee was involved in the examination process under review, the alternate committee member will be asked to render a decision in that particular case. A rationale form (Reason for Failure and Suggestions for Change) will be filled out independently by each member of the Specialty Appeals Committee so that the basis for his or her judgment is available. A majority vote is sufficient to determine whether to sustain or deny an appeal.

- 4 In its deliberations, the Specialty Appeals Committee will use all information on file in the Central Office and may seek whatever additional information it deems appropriate. If circumstances are unusual or the Specialty Appeals Committee is unable to decide, they may consult the Appeals Committee of the Board of Trustees of ABPP.
- 5 The Chair of the Specialty Appeals Committee will notify the Executive Office of the Committee's decision. The Executive Officer will inform the Candidate of the outcome. If an appeal is sustained, specific reasons for that decision will be included, otherwise, a Candidate who raises multiple issues might assume that they all were justified.
- 6 If the Candidate appeals the appeal decision, it will be reviewed by the Appeals Committee of the Board of Trustees of ABPP.

GENERALLY, IF MAJOR PROCEDURAL DEPARTURES ARE UNAVOIDABLE, AN EXAMINATION SHOULD BE CANCELED, RATHER THAN HELD AND SUBJECT TO LATER POSSIBLE APPEAL. Some examples include the following:

- 1 A minimum of 3 Examiners cannot be present.
- 2 The Practice Sample is so inadequate that the Candidate is unlikely to have any chance of passing an examination (in the Examining Team Chair's opinion). The Candidate should at least be given the option of improving the sample in accordance with specific guidelines, before the examination is scheduled.

In the event that a last minute cancellation must be made, for which the Candidate is not responsible, any travel expenses incurred by the Candidate should be refunded.

## XVIII. CANDIDATE APPEAL GUIDE

American Board of Clinical Neuropsychology  
American Board of Professional Neuropsychology

- A. **Specialty Board Appeals Committee:** The president appoints one member of the Board of Clinical Neuropsychology to coordinate appeals. For each appeal an ad hoc committee is appointed to review the merits of the appeal.
- B. **Appealable Decisions:**  
The following decision of the Specialty Board may be appealed:
1. Denial of meeting specialty specific qualifications (Candidacy Determination).
  2. Non-approval of practice (work) samples (Examination: Practice Sample Component).
  3. Failure of the oral examination (Examination: Oral Component).

Note: An appealable decision shall not be final until the appeal process has been completed.

- C. **Filing an Appeal:** The candidate may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The candidate must specify the grounds on which the appeal is made. The alleged grounds must be numbered and must be a violation of the Specialty Board's procedures.

The appeal should be addressed to the President of the Specialty Board who in turn shall refer it to the coordinator of appeals who will appoint an ad hoc appeals committee. The Appeals committee reviewing the appeal must complete its review within 60 days after receipt of the request for appeal letter.

Appeals related to the denial of meeting general requirements for candidacy shall be forward to the Executive Officer for resolution by the ABPP Standards Committee, whose decision on these requirements is final.

- D. **Score and Conduct of Appeal.** The procedural issues addressed by the Appeal Committee 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, the Appeals Committee may consult with the ABPP legal counsel.

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

The Appeals Committee shall confer as soon as possible upon the Specialty Board's receipt of the Candidate's letter requesting an appeal and shall complete its review and decision addressing each issue(s) raised by the appellant, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the Board of Trustees for resolution.

- E. **Decision and Report of Appeal Committee.** The decision of the Specialty Board should be affirmed unless there was a failure by the Specialty Board to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

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.

The remedy 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, or to refer the matter back to the Examination Committee. In extraordinary circumstances, another remedy may be provided. The Appeals Committee however, may not "pass" a Candidate or re-grade an examination.

The report of the Appeals Committee shall address each issue raised by the Candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the Executive Officer through the Specialty Board President. The report shall then be forwarded to the Candidate under the Executive Officer's signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the Executive Officer if necessary.

**XIX. EXAMINER GENERAL APPEAL REVIEW FORM**BOARD CERTIFICATION EXAMINATION IN CLINICAL NEUROPSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

Applicant/Candidate name: \_\_\_\_\_

Appeals refers to allegations regarding (check)

Application( ):

Candidacy Determination ( ),

Examination: Practice Sample Component ( ),

Examination: Oral Component ( )

Applicant/Candidate allegations (list):

1.

2.

3.

4.

Do you believe there is merit to the above allegations? (Elaborate).

Do you believe this appeal should be upheld? Yes \_\_\_\_\_ No \_\_\_\_\_

Evaluator/Reviewer Name: \_\_\_\_\_

Evaluator/Reviewer Signature: \_\_\_\_\_ Date \_\_\_\_\_

## XX. COMMITTEE SUMMARY OF APPEAL

### BOARD CERTIFICATION EXAMINATION IN CLINICAL NEUROPSYCHOLOGY AMERICAN BOARD OF PROFESSIONAL NEUROPSYCHOLOGY

Applicant/Candidate Name: \_\_\_\_\_ Region: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Location of Examination: \_\_\_\_\_

List of Candidate's Examiners (if applicable):

- 1.
- 2.
- 3.

Appeal refers to allegations regarding: (check) Application:  
Candidacy Determination (  ) Examination: Practice Sample Component (  ),  
Examination: Oral Component (  )

Relevant grounds for appeal raised by Applicant/Candidate:

- 1.
- 2.
- 3.

Decision and rationale for each allegation:

- 1.
- 2.
- 3.

Final decision and rationale:

Sustain Appeal: \_\_\_\_\_ Deny Appeal: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_