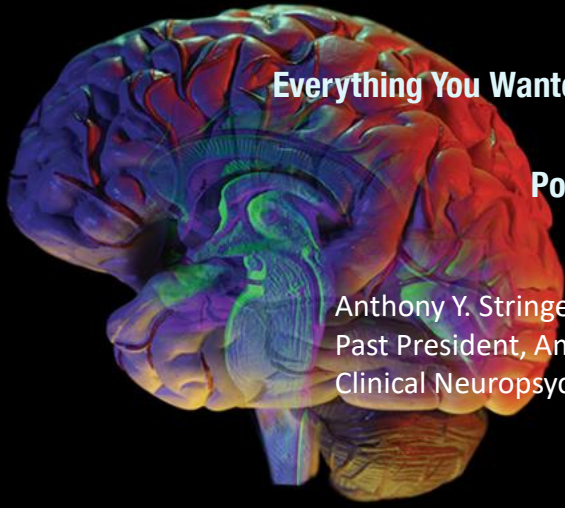


Preparing for the ABPP Board Certification Examination in Clinical Neuropsychology



**Everything You Wanted to Know but Didn't
Know Who to Ask
Policies and Procedures**

Anthony Y. Stringer, Ph.D., ABPP/ABCN
Past President, American Board of
Clinical Neuropsychology

Overview

Part 1: Purpose and Benefits of Board Certification

Part 2: History and Organizational Structure of ABPP, ABCN
and AACN

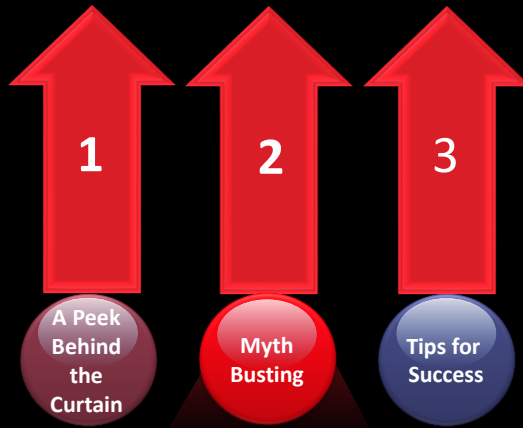
Part 3: Overview of Examination Phases and Outcome Data

- Credential Review
- Written Examination
- Practice Sample
- Oral Examination
- Maintenance of Certification
- Pediatric Subspecialization

Part 4: Resources



How do I make a talk on policies and procedures interesting?



My Qualifications

- I am board certified
- Was a credential reviewer for 4 years, 2 as Chair of the Credential Review Committee
- Have been on several Written Examination Item Writing Committees
- Have been a Practice Sample Reviewer
- Have Chaired the ABCN Ethics and Diversity Committees which write the vignettes for the Ethics Portion of Oral Exam
- Have been an Examiner for all parts of the Oral Exam
- Served a term as President of ABCN
- Am immediate Past President of ABCN
- Have had approximately 20 former externs, interns, and postdocs successfully earn board certification



My Disclosures

I **have** the following financial relationships to disclose.

Employee of: **Emory University School of Medicine and The Emory Clinic**

Consultant for: **Veterans Affairs Administration**

Research support from: **National Institutes of Health, Woodruff Foundation, Warrior Care Foundation, National Academy of Neuropsychology**

Honoraria from: **National Academy of Neuropsychology, American Academy of Clinical Neuropsychology, International Neuropsychological Society**

Royalties from: **Oxford University Press, Western Psychological Services**



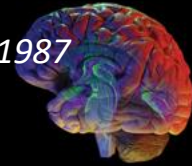
Part 1.1: Purpose and Benefits of Board Certification



Purpose of the Examination

- 1) Assess [entry level] competence in the practice of clinical neuropsychology
- 2) Measure of fund of knowledge
- 3) Determine effectiveness in applying knowledge in the clinical setting
- 4) Promote the welfare of the patient
- 5) Provide a standard by which competence is judged.

Bieliauskas & Matthews, 1987



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Less
protection for
public

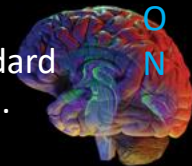
No consistent
standard for
evaluating
training and
competence

Multiple
paths to
professional
competence

Competence
essentially a
matter of
self-
declaration

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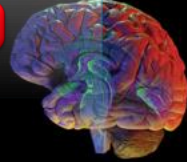
Certification by peer examination is the standard method of assuring professional competence.



Top 10 Reasons to Pursue Board Certification

(Armstrong, Beebe, Hilsabeck, & Kirkwood , 2014; Sweet, Nelson, & Moberg, 2006).

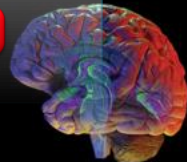
- 1 Higher Income
- 2 Greater Job Satisfaction
- 3 Becoming a Job Requirement
- 4 Professional/Inst Credibility
- 5 License/Practice Mobility



Top 10 Reasons to Pursue Board Certification

(Continued)

- 6 Ease of Credentialing
- 7 Sets Clear Public Standard
- 8 Promotes Training Quality
- 9 Increases Personal Knowledge
- 10 Personal Validation/Modeling





Myth #1

Board certification won't make any difference in my career.



Higher Income

- ~ Pay differential in the armed services
- ~ Step pay differential in the VA



Becoming a Job Requirement

- **APA Accreditation Handbook:**

Psychologists administratively responsible for the training program....should be professional role models for faculty, staff, and students, as demonstrated ... by recognition or distinction within professional associations... or possession of an ABPP diploma in the appropriate specialty field....It is desirable that other professional psychology staff members be comparably qualified.



Becoming a Job Requirement

- **APPCN Guidelines for Postdoctoral Training in Clinical Neuropsychology:**

A postdoctoral training program in clinical neuropsychology should be directed by a board-certified clinical neuropsychologist.

- **The National Conference on Postdoctoral Training in Professional Psychology:**

[The] director has expertise in an area of postdoctoral training offered, and has credentials of excellence such as the American Board of Professional Psychology diploma...



Professional/Inst Credibility

The Houston Conference:

Specifies that education for specialty practice should continue through residency training, exit criteria for which include: “Eligibility for board certification in clinical neuropsychology by the American Board of Professional Psychology.”



Professional/Inst Credibility

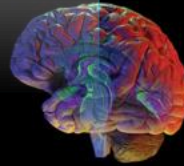
APA Division 40 “Definition of a Clinical Neuropsychologist” (1988) specifies:

Attainment of the ABCN/ABPP Diploma in Clinical Neuropsychology is the clearest evidence of competence as a Clinical Neuropsychologist, assuring that all...criteria have been met.



License/Practice Mobility

- ~ Reciprocity of license in most states
- ~ Requirement for Certificate of Professional Qualifications in Psychology as part of ASPPB
- ~ Accepted in 34 jurisdictions and near approval in 11 more
- ~ Must achieve state passing score on EPPP or qualify for waiver by having ABPP

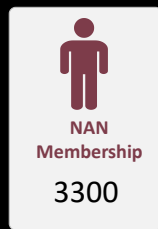


Myth #2

Nobody cares about ABCN/ABPP and very few people have the diploma.

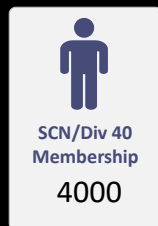


Reality



Equivalent to 39% of NAN Membership

Equivalent to 32% of SCN Membership



As of June 2018, there are 1273 board certified clinical neuropsychologists

Reality: Broad Geographic Distribution

- Board Certified Neuropsychologists are in 48 States and the District of Columbia
- Board Certified Neuropsychologists are in 4 Canadian Provinces



Number of Board Certified Neuropsychologists by State

South Dakota, Wyoming	0
AL, AK, AR, DE, ID, IA, KS, KY, LA, ME, MS, MT, NE, NV, N, NJ, NM, ND, OK, RI, SC, VT, WV	1-10
GA, HI, IN, MO, TN, UT, VA, OR, District of Columbia	11-20
AZ, CO, CT, NC, PA, WA, WI	21-30
MD, MI, OH	31-40
MN	41-50
California (89), Florida (67), Illinois (61), Massachusetts (53), New York (68), Texas (53),	> 50



Part 1.2: History and Organization



American Board of Professional Psychology (ABPP)

- APA established ABPP in 1947 with a \$2000 loan
- Recognized the need to separate advocacy for the profession of psychology from professional credentialing
- Since 1947, ABPP has grown to include 15 member boards in recognized areas of specialty practice
- ABCN is the member board for the specialty of neuropsychology
- ABPP does not establish multiple boards for the same specialty



ABPP Member Boards

American Board of:	Approved:
• Clinical Psychology	1947
• Counseling Psychology	1947
• Organizational, Business, Consulting Psych	1947
• School Psychology	1968
• Clinical Neuropsychology	1983
• Forensic Psychology	1984
• Couple and Family Psychology	1990
• Clinical Health Psychology	1991
• Cognitive and Behavioral Psychology	1992
• Rehabilitation Psychology	1995
• Psychoanalysis	1996
• Group Psychology	1999
• Clinical Child and Adolescent Psychology	2003
• Police and Public Safety Psychology	2011
• Geropsychology	2013



What does ABCN do?

- We examine applicants for board certification in clinical neuropsychology
- We award certificates in clinical neuropsychology and its subspecialties and maintain a registry of awardees
- We evaluate compliance with MOC requirements
- Can revoke certificates with cause (misrepresentation, criminal conviction, ethical violation)



How is ABCN organized?

- Has an all-volunteer, elected (by active certificate holders) Board of Trustees, each serving a 5-year term (2-term maximum), comprised of:
 - 15 ABCN-Certified Clinical Neuropsychologists
 - Specialists reflecting interests of both adult and pediatric neuropsychology
 - At least 1 early-career (within 10 years of doctorate) neuropsychologist
 - At least 1 neuropsychologist with a certificate in the pediatric subspecialty (appointed)
- Volunteer committees and cadres, and an Executive Director carry out day-to-day activities



ABCN **Volunteer** Committees and Cadres

- Executive Committee (Officers of the Board)
- Credentials Committee (conducts credentials review of applicants)
- Examination Committee
 - Specialty and Subspecialty Written Exam Development Subcommittees
 - Specialty and Subspecialty Practice Samples Review Subcommittees
 - Oral Exam Fact-Finding Development Subcommittee
 - Oral Exam Ethics Development Subcommittee
- Nominations Committee (nominates candidates for Board election)
- Subspecialty Committee
- MOC Committee
- Practice Sample Review and Oral Examiner Cadres



American Academy of Clinical Neuropsychology

- AACN- incorporated in 1996 as our membership organization as required by ABPP
- Advocates for and supports maintenance of professional standards through ABCN certification
- Provides continuing education for members and non-members to prepare professionals for board certification and to maintain proficiency



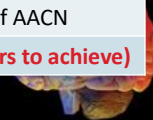
Additional AACN Activities

- Two Official Journals: *The Clinical Neuropsychologist (TCN)* and *Child Neuropsychology*
- Establishes Task Forces on Professional Issues
- Develops Position Papers on Professional Issues
- Mentoring Program for Certification Candidates
- Maintains Member and Community Listserves
- Maintains a Directory of Board Certified Neuropsychologists
- In collaboration with NAN and SCN/Div 40, conducts the periodic “TCN Professional Practice and ‘Salary Survey’” [Sweet, Benson, Nelson & Moberg. 2015, *The Clinical Neuropsychologist*, 29(8), 1069–1162]



ABCN and AACN Milestones

Year	Milestone
1981	- Div 40/INS Task Force identifies need for board certification - ABCN incorporated in Minnesota in response to this need
1983	- First ABCN Examinations - ABCN affiliates with ABPP
1984	- First ABPP/ABCN Diplomates awarded
1993	- Written Examination instituted (paper format, administered at national conferences)
1996	- AACN established
1999	- First AACN Position Paper published
2002	- ABCN affirms Houston Conference (HC) guidelines - Written Exam updated to reflect HC guidelines
2003	- First Annual AACN Meeting - <i>The Clinical Neuropsychologist</i> becomes official journal of AACN
2004	- 500th ABCN Diplomate Certificate awarded (took 23 years to achieve)



ABCN and AACN Milestones (continued)

Year	Milestone
2007	<ul style="list-style-type: none"> - AACN partners with Oxford University Press to produce book series - Be Ready for ABPP in Neuropsychology (BRAIN) becomes AACN Committee
2008	<ul style="list-style-type: none"> - ABCN initiates “fast track” for applicants from APPCN or APA accredited Neuropsychology Fellowships - AACN partners with Psychology Press to produce book series
2009	<ul style="list-style-type: none"> - AACN Foundation established
2010	<ul style="list-style-type: none"> - ABCN endorses Maintenance of Certification
2011	<ul style="list-style-type: none"> - <i>Child Neuropsychology</i> becomes official journal of Pediatric Special Interest Group
2012	<ul style="list-style-type: none"> - First AACN Position Paper published - ABCN begins accepting online Practice Sample submissions through ScholarOne portal - Written Exam transitions to computer administration at continent-wide testing centers
2013	<ul style="list-style-type: none"> - ABPP approves ABCN’s creation of first subspecialty
2014	<ul style="list-style-type: none"> - 1000th ABCN Diplomate Certificate awarded (took only 10 years)



Myth #3

There are comparable neuropsychology boards that are at war.



ABN

- American Board of Professional Neuropsychology (ABN) founded in 1982, inactive from 1986-1990, reestablished in 1991.
 - American College of Professional Neuropsychology (ACPN) has 2 official journals (*Applied Neuropsychology (AN) – Adult* and *AN-Child*)
 - The Academy of the American Board of Professional Neuropsychology (AABN) focuses on postdoctoral training (9 programs, 6 of which are private practice offices)
 - Three organizations are not independent
 - Membership is in the low hundreds



ABPdN

- American Board of Pediatric Neuropsychology (ABPdN) founded in 1996
- Doesn't have its own website, but there is a link to a certification application webpage on the American Academy of Pediatric Neuropsychology (AAPdN) webpage
- AAPdN conducts an annual conference and has an official journal (not identified on webpage)
- Has an associated student organization
- Number of certificates issued is not published



Reality: ABCN is not at war with any Board

- As the larger of the three boards, ABCN is secure in its mission and role
- Collaborates with ABN wherever appropriate and supports its inclusion in the Neuropsychology Synarche
- No plans for merger
- Open to peaceful co-existence



Part 1.3: Overview of Exam and Outcome Data



ABCN Board Certification Exam Has Two Phases

- **Phase 1: Evaluate Training and Knowledge**
 - Step 1: Credential Review [\$125]
 - Step 2: Written Exam [\$300 + \$290 Test Center Fee]
- **Phase 2: Evaluate Clinical Competence**
 - Step 1: Practice Sample Review [\$250]
 - Step 2: Oral Exam [\$450]



Myth #4

Board Certification in Neuropsychology is too expensive.



Reality

2018 Total Cost: **\$1415**

Application \$125/\$25

Written Exam \$300
Testing Center \$290

Practice Sample \$250

Oral Exam \$450

**Cost of becoming a Board Certified Neurologist:
\$1685**

Fees cover the cost of developing and administering
the exam as we are a volunteer operation



Phase 1 – Step 1: Credential Review

- Apply to ABPP (via website)
- ABPP reviews application to see if applicant meets the general criteria that apply across all boards:
 - Doctoral degree is from a program in professional psychology
 - Degree from program accredited (at time degree granted) by any of the following:
 - APA
 - CPA
 - An accrediting agency recognized by the U.S. Department of Education (2018 and later)
 - Listed in the publication: *Doctoral Psychology Programs Meeting Designation Criteria*
 - Applicants may also meet doctoral requirement if credentialed by any of the following:
 - The [US] National Register of Health Service Providers in Psychology
 - The Canadian Register of Health Service Providers in Psychology
 - Association of State and Provincial Psychology Boards (i.e., hold a Certificate of Professional Qualification in Psychology)
 - Doctoral program must meet requirements in the *ABPP Generic Doctoral Program Eligibility Requirements*.
 - Must be licensed as a psychologist for independent practice at the doctoral level in a jurisdiction in the U.S., its territories, or Canada



Exceptions to ABPP Criteria

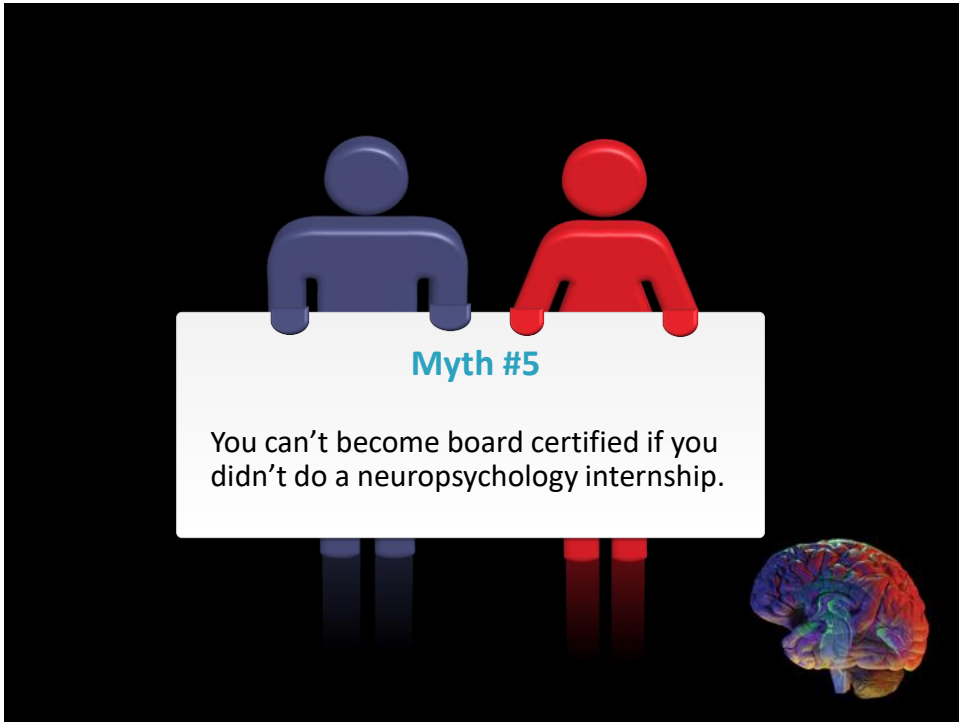
- ABPP Central Office has authority to grant exceptions to general criteria
- Limited exceptions exist for:
 - Persons earning doctoral degrees prior to 1983
 - Degrees granted outside the U.S. or Canada
 - Persons completing retraining programs
 - Persons able to demonstrate their program had equivalent accreditation
 - Licensure in jurisdiction of practice for some Federal employees
 - Exception criteria and procedures are available from Central Office.



ABPP Credential Review Decision

- If approved by ABPP Central Office, application is forwarded to the specialty board for review
- If not approved by ABPP Central Office:
 - Applicant is notified
 - Given recommendations for improving application
 - Must demonstrate application has been improved in order to reapply
- Reapplication requires a new application fee





Myth #5

You can't become board certified if you didn't do a neuropsychology internship.

Reality

- Internship is a requirement for earning a doctoral degree in professional psychology graduate programs
- ABPP (and not ABCN) defines the requirements for internship
- Those requirements are generic and apply across boards
- **ABCN does not have any requirement that the internship be in neuropsychology**





Myth #6

I must wait until I have completed fellowship and am licensed to apply for board certification.



Reality

- The early entry option allows you to apply while still in training and only costs \$25
 - Apply during internship or fellowship
- ABPP holds application until you submit transcripts, proof of internship, proof of fellowship, licensure, etc.
- Once complete, the review begins and you will have saved \$100

Apply early!



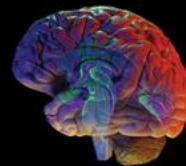
ABCN Specific Credential Review Criteria

- All applicants must document didactic experiences across 8 core knowledge areas
 - Basic neurosciences
 - Functional neuroanatomy
 - Neuropathology
 - Clinical neurology
 - Psychological assessment
 - Clinical neuropsychological assessment
 - Psychopathology
 - Psychological intervention



ABCN Specific Credential Review Criteria

- These didactics may be obtained any time during training
 - Graduate coursework
 - Professional seminars
 - Brain dissection/pathology rounds
 - Other clinical specialty rounds
 - Case conferences
- **Completion of an APA-accredited or APPCN Member Fellowship in Neuropsychology is sufficient documentation**
- Otherwise, the applicant is expected to list the experiences that satisfy the didactic requirements



ABCN Specific Credential Review Criteria

Experiential Requirement Based on Date Degree Earned or Respecialization Completed:

Prior to 1981

- 4800 hours of postdoctoral neuropsychology experience (2400 in direct clinical service)

1981 to 1989

- 1600 hours of neuropsychology experience
- Supervised by clinical neuropsych at pre or postdoc level

1990 to 2004

- Didactic and experiential training in neuropsych
- 2 year minimum
- At least 1 of the years is postdoc
- Training at an accredited university
- Onsite supervision for all clinical cases

ABCN Specific Credential Review Criteria

Degree Earned or Respecialization Completed:

After 1/1/2005

- Training conforms to Houston Conference Guidelines
- Two year fellowship/residency in clinical neuropsychology (or half-time equivalent completed within 4 years)
- Postdoctoral program must include structured and sequenced clinical and didactic experiences
- Supervision must be onsite for all cases
- Fellowship must put learning needs of fellow ahead of operational needs of program
- Supervisors must be neuropsychologists (board certification not required, but CV may be requested)
- APA accreditation as a neuropsychology fellowship or APPCN membership is not required, but will allow applicants to indicate they meet certain requirements without further proof
- Neuropsychology internship is not required
- APA-accredited internship preferred, but defer to ABPP Central Office

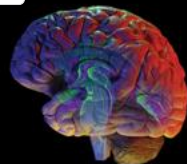
Disclaimer

- Only the Credential Review Committee can make decisions about whether you meet specialty criteria.
- Only the Credential Review Committee can grant exceptions, and they do so on a case-by-case basis.
- If they contradict me in your case, then they are right and **I AM WRONG!**
- Direct questions about your situation to the Committee Chair.
- Chair is always the ABCN Vice President, currently:
 - Dr. Nathaniel Nelson (nels0600@stthomas.edu)



Myth #7

I can leave fellowship early as long as I meet the ABCN requirement for total hours.



Reality

- ABCN doesn't have a requirement for total hours.
- 2005 on, the requirement is for a 2 year fellowship (or half-time equivalent completed in 4 years).
- This cannot be stretched to quarter time completed in 8 years.
- It is no use arguing that because you worked 60 hours a week and full time is only 40 hours a week, that you can leave fellowship early and still meet the requirement.



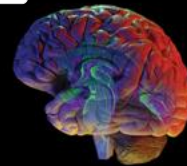
But if you do need to leave fellowship early...

Early Departure	Suggested Actions
1-9 Months	<ul style="list-style-type: none"> - Letter from fellowship director attesting that applicant left the program in good standing, met progress criteria up to the point of departure, <i>and</i> type and duration of incomplete requirements (e.g., specific didactics, case supervision) - Detailed documentation that all outstanding requirements were met following departure from the postdoctoral training program.
> 9 Months (occurs mostly in VA settings)	<ul style="list-style-type: none"> - All of the above - Resume training in a job setting where a formal postdoctoral fellowship in neuropsychology exists - Letter from job supervisor attesting that all outstanding requirements were met in the context of their postdoctoral training program - Caseload comparable to other fellows - All cases supervised, face-to-face and onsite - Met postdoc graduation criteria



Myth #8

ABCN requires that half of my clinical time in fellowship be in neuropsychological activities, therefore I can do a 1 year neuropsych fellowship and a second year doing a rehab or med psych fellowship.



Reality

- No, the requirement is for a 2 year clinical neuropsychology fellowship.
- Neuropsychology fellows may engage in other activities during the two years, including psychotherapy, cognitive rehabilitation, research, etc.
- But this still should be in the context of a fellowship that is training you in neuropsychology for the full 2 years.
- 50% of the fellowship should be spent in supervised clinical neuropsychological activities.






Myth #9

A research fellowship in neuropsychology counts the same as a clinical fellowship.

Reality


- Board certification is in clinical neuropsychology, not in research.
 - Clinical activities done as part of research do count towards the fellowship requirement. But, they must include:
 - Interview
 - Neuropsychological testing
 - Production of a integrated report
 - Feedback to the subject
 - Onsite supervision by a neuropsychologist
- 



Myth #10

Since I only have to spend 50% of my time in clinical neuropsychological activities, I could see patients full time in year 1, and do full time research, etc., in year 2.

Reality


- Yes, this probably will work.
 - The application does not ask for this level of detail about how you divided your time during fellowship.
 - So you don't need to disclose this to ABCN.
 - But will this actually prepare you for clinical practice and board certification?
 - **Remember that the goal is not to find a clever way to meet the credential requirements. The goal is to become good at clinical neuropsychology.**
- 



Myth #11

Since there is no neuropsychology fellowship in my geographic area, I can meet the requirement by getting supervision in my clinical practice.

Reality

- Avoid cobbling together something that looks like a fellowship, but isn't actually a formal training program.
 - A clinical supervisor normally retains responsibility for cases seen by fellows and is onsite. This is not the case when you contract for supervision in your clinical practice.
 - Just as you may have had to travel for graduate school and internship, the same may be necessary for fellowship.
 - Greater flexibility exists for Canadian applicants, but since 2005 fellowships in neuropsychology have become more broadly available.
- 



Myth #12

My program requires my supervisor be off site, therefore ABCN will accept this.

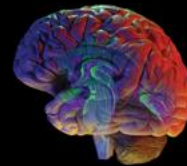
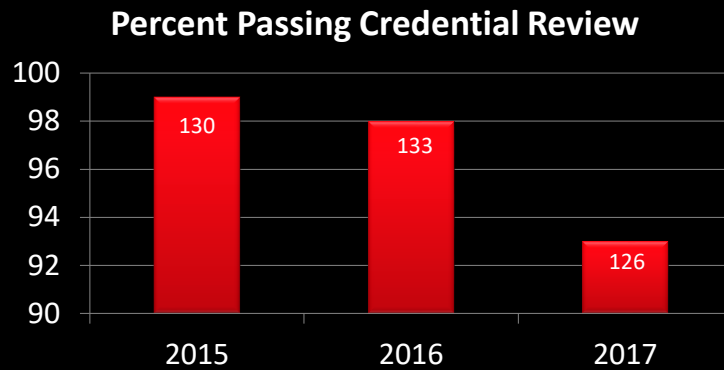


Reality

- Exceptions to the onsite requirement may be made on a case-by-case basis.
- Must serve a clear training purpose (e.g., experience providing services to rural, underserved communities).
- Unlikely to be accepted if all cases seen as part of fellowship are supervised remotely.



Credential Review Outcome



Credential Review (CR) Anxiety

- Pass rate is high for credential review
- Self-selection boosts pass rate
- Nonetheless, CR is not the gate-keeper applicants believe
- ABCN errs on the side of passing at the CR phase



Tips for the Credential Review



1. Answer just the questions you're asked on the application.
2. Don't make up your own questions so you can add information that isn't required just because you think it makes you look good.
3. If your supervisors are not board certified, ask them to describe their background and credentials in neuropsychology in their letters of support.
4. Ask your supervisors to describe how your fellowship training meets Houston Conference Guidelines if it is not an APA or APPCN program.
5. Ask your supervisors to keep their letters short. This is not a job application reference, and we don't need to know what a great sense of humor you have.
6. Make sure application is complete.

ABCN Credential Review Decision

- If it is unclear whether applicant meets criteria, will be put in hold status and asked to submit additional material
- If credential review is not passed:
 - Applicant is notified by ABPP Central Office
 - Given recommendations for improving application
 - Must demonstrate application has been improved in order to reapply
 - Reapplication requires a new application fee
- If credentials are approved, candidacy begins



ABCN Candidacy

- Candidacy begins as of the date of notification that CR was passed (date on letter of notification)
- Candidate has 7 years to complete remainder of the examination
- **But, it doesn't have to take 7 years!**
 - Don't procrastinate!
 - Board certification can be completed quickly
 - Follow the steps and timeline

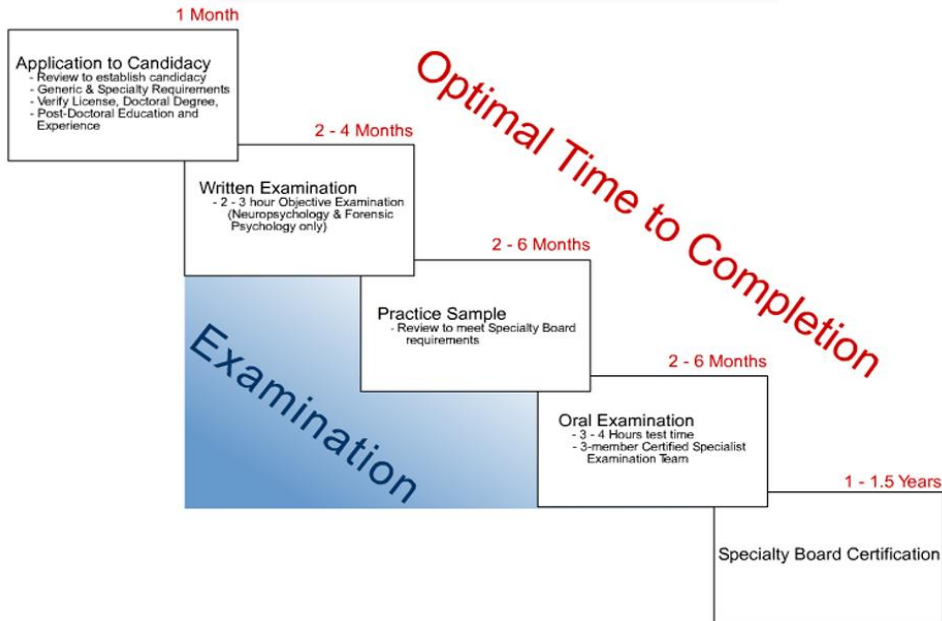


Myth #13

Board certification takes too long.



Reality



Phase 1 – Step 2: Written Exam

- Administered 4 times a year at PSI Premier Examination Centers
 - Network of 300 testing centers across the US and Canada
- May take the written exam during any testing window after being notified of passing credential review
- Exam is scheduled through ABCN Office and \$300 fee is paid to ABPP Central Office. There is also a \$290 “seat” fee charged by the testing center for a total cost of \$590.
- Takes 3-4 weeks after close of exam window to get your results



Phase 1 – Step 2: Written Exam

- If you fail the exam:
 - Must wait 6 months to retake it
 - May take the exam up to three times during your 7 year candidacy period
 - Must repay fees each time
 - After third failure, must restart the process with new credential review
 - With new application, all previous actions will be regarded as if having never happened
 - All candidates will be required to engage in the examination procedures that are current at the time of their re-application
- But you are here to help you avoid failing the exam!



Written Examination

- Prepared in conjunction with Alpine Testing Solutions (our new test developer)
- Updated every 2-3 years
- 125 multiple-choice items (25 are pilot items)
- Undergoing a significant update based on Alpine's feedback



Written Exam Content

Professional Standards

- Understand and apply standards
- Knowledge of impact of diversity

Record Review and Research

- Determine diagnostic information needed
- Apply research methods and statistics

Assessment Methods

- Apply methods to diverse populations
- Evaluate assessment tools for use
- Apply psychometric knowledge
- Interpret neuropsych performance

Case Formulation

- Apply knowledge of contextual factors
- Understand / apply developmental factors

Intervention and Clinical Management

- Translate findings into recommendations



New exam content emphasizes use of knowledge

- **Professional Standards (weighted 7%)**
 - Understand and apply standards
 - Knowledge of impact of diversity
- **Record Review and Research (weight 15%)**
 - Determine diagnostic information needed
 - Apply research methods and statistics
- **Assessment Methods (weighted 43%)**
 - Apply methods to diverse populations
 - Evaluate assessment tools for use
 - Apply psychometric knowledge
 - Interpret neuropsych performance
- **Case Formulation (weighted 25%)**
 - Apply knowledge of contextual factors
 - Understand / apply developmental factors
- **Intervention and Clinical Management (weighted 10%)**
 - Translate findings into recommendations

https://theabcn.org/wp-content/uploads/2018/02/17_Written_Examination_Instructions.pdf



What you will find on the new exam

- More scenarios for you to interpret and apply what you know
- A more consistent wording of multiple choice questions
 - Questions will typically end in a stem which can be completed by any of the four choices
 - All four choices will be plausible answers
 - No “all of the above,” “none of the above,” kind of answers
- Questions that reflect more what neuropsychologists do, and need to know, on a daily basis.



Scoring on the new exam

- Raw score is converted to scaled score that varies from 100 to 400
 - Allows for easier comparison across exam versions
- Passing score is set at 300
 - Not a norm referenced test
 - Not graded on a curve
- The exam is criterion referenced
 - Passing standard set based on knowledge expectation for entry level competence
 - Passing score remains the same regardless of how other candidates perform



Passing Feedback:

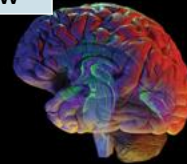
Congratulations on passing the ABCN Written Examination!

Your Scaled Score	Pass	Fail
300	300 and above	299 or below

Fail Feedback:

We regret to inform you that you did not receive a passing score.

Your Scaled Score	Pass	Fail
299	300 and above	299 or below



Fail Feedback will include greater detail

A breakdown of your section scores is provided below to help guide your remediation efforts.

Test Section	Your % Correct
Professional Standards	52%
Record Review and Research	65%
Assessment Methods	64%
Case Formulation	51%
Intervention and Clinical Management	54%



Acting on Fail Feedback

- You should not assume that strong performance in a test section will automatically occur on your next exam.
- Section scores can vary between attempts, particularly for sections with a low number of questions.
- Study for the whole exam, paying special attention to areas of weakness.



Hints for the Written Exam




1. You already know how to take multiple choice exams. You've been to graduate school. This is what you do!
2. Study! Don't just take it the first time to see how you do. That's financially and emotionally costly.
3. Start studying early. This is not an exam to cram for.
4. Join a study group even if you are a lone wolf.
5. Study resources are at the end of this presentation.



Myth #14

The ABCN Written Exam is biased against pediatric neuropsychologists.

Reality

- Adult and pediatric clinical scenarios are incorporated in the board written exam, but goal is for all questions to be general enough to be answered by adult and pediatric specialists
 - ABCN has always included child and pediatric neuropsychologists among its numbers and mandates that adult *and* pediatric neuropsychologists constitute their BOD.
 - But, there is an explicit assumption that Pediatric Neuropsychology is a subspecialty that develops subsequent to general competence in clinical neuropsychology
- 

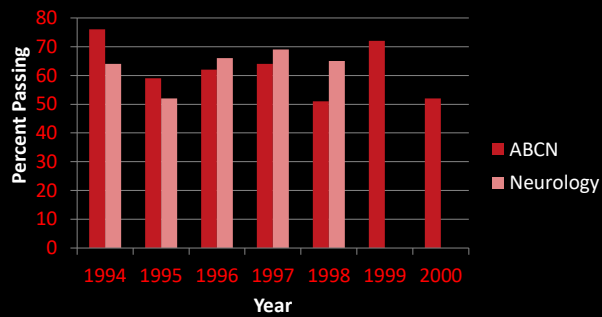


Myth #15

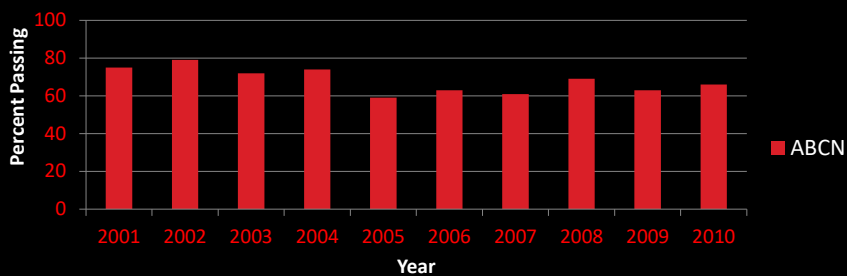
The board written exam has a low pass rate.



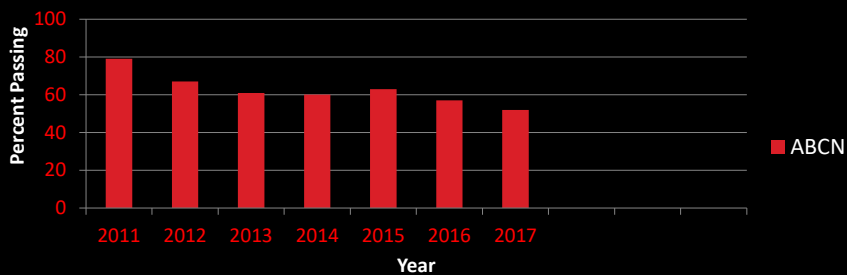
ABCN vs. Neurology Board Written Exam Pass Rates 1994 - 2000



ABCN Written Exam Pass Rates 2001 - 2010



ABCN Written Exam Pass Rates 2011 - 2017



Reality

- From 1994 to 2017, cumulative pass rate for written exam is 65%
- Comparable to pass rate for Neurology boards for years in which we have comparison
- **Anecdotally**, this is roughly comparable to the ABPP Forensic Psychology Board written exam pass rate
- There is some fluctuation from year to year, but in 18 of last 24 years, cumulative pass rate has been above 60%
- **Cumulative pass rate includes those who have taken the exam and failed previously**



Phase 2 – Step 1: Practice Sample

- A Practice sample consists of two cases from your current practice
 - Submit cases you saw as an independent provider, not cases you saw while being supervised
 - Acceptable to have used a technician, but not a trainee who played a role in conceptualization, diagnosis, and interpretation
- The cases must be sufficiently different to demonstrate breadth of your knowledge and clinical practice
- Submit electronic copy of original report, summary sheet, and raw test protocols through ScholarOne web portal
- Pay \$250 fee for practice sample review

Note: Supplementary materials NO LONGER REQUIRED!



Practice Sample (continued)

- Every Practice Sample is reviewed by three ABPP-certified clinical neuropsychologists
- Practice Sample is reviewed for its acceptability for use during a candidate's oral examination
- Each reviewer rates the Practice Sample as either "acceptable" or "not acceptable" for use at the orals
 - Practice samples are not “failed” or “passed”
 - Decision is based on Practice Sample as a whole
- At least two reviewers must rate the Practice Sample as "acceptable" before the candidate can be scheduled for the oral examination.



What makes a Practice Sample acceptable?

- Essentially the reviewers are attempting to determine if the approach, methods, and conclusions are *rational, logical, reasonable, and defensible*
- Reviewers do not have to agree with, or even “like” your test battery
- Your approach does not have to be the same approach the reviewer would take
- Reviewers provide questions to your future oral examiners based on your Practice Sample



What would make a Practice Sample not defensible? Some *possible* examples:

- Outdated tests used without good reason or explanation
- Use of blatantly inappropriate norms
- No attempt to address the referral question
- An evident lack of knowledge of fundamental neuropsychological principles
- Clear evidence of an ethical violation
- Egregious scoring errors that undercut the conclusions



Cases don't have to be perfect

- I was wrong in my interpretation of a result in one of my cases submitted as part of my Practice Sample and didn't realize it until too late. My Sample was still accepted, but I was questioned about my interpretation, and had a chance to explain myself.
- As an oral examiner, I have seen accepted practice samples in which there were scoring errors and names inadvertently left in the report.
- *Your goal should be perfection, but you won't necessarily fail the review if you don't achieve it. But go ahead and try to get close.*



Practice Sample (continued)

- Practice Samples that are rated as "not acceptable" by at least two reviewers are forwarded for automatic appeal (i.e., "4th review").
- The decision of the 4th reviewer is final
- 4th reviewers "overturn" the original decision infrequently (approximately 20% of the time in any given year)
 - But when they do, the candidate usually goes on to pass the oral examination



Non-accepted Practice Samples

- Returned to the candidate with comments about strengths and weaknesses
- The candidate repeats the Practice Sample submission and review process (using new case material with every submission) until a Practice Sample is rated as "acceptable" for use at the oral examination
- A new fee must be paid with each new submission
- Candidate may continue to submit a new Practice Sample until it is accepted or the seven-year period of candidacy expires
- Then candidate must begin entire examination process with new credential review



Tips for the Practice Sample Review



1. Make sure cases are sufficiently diverse.
2. Make sure cases are typical for your practice, rather than rare and exotic cases you've seen only once.
3. Do *not* write overly long reports.
4. Make sure all identifying information is removed.
5. Make sure summary sheets are clear.
6. Make sure all test protocols are correctly scored.
7. Do *not* violate copyrights.
8. Start looking for cases now!
9. Have an ABCN Board Certified Neuropsychologist critique your cases.



Myth #16

The Practice Sample review has a low "acceptance" rate.



Reality

- No limit on number of Practice Samples that can be submitted during candidacy, consequently a very low non-acceptance rate.
- Bieliauskas looked at a cohort of 471 candidates examined from 1993 to 2003.
- Only **0.42% failed** all attempts at submitting an acceptable Practice Sample.



Phase 2 – Step 2: Oral Exam, Baby!!!



Oral Exam Overview

- When a Practice sample is accepted, the candidate is notified that he/she is eligible to sit for the next oral examination where there is available space.
- Candidates will also be notified to submit the \$450 oral examination fee to ABPP.
- Candidates who are not awarded certification after their Oral Exam may re-take the exam after having a new Practice Sample reviewed and accepted, provided the 7 year limit has not expired.
- A candidate may take the Oral Exam no more than three times during their candidacy.



Oral Exam Overview

- Examinations are currently held at the University of Illinois Chicago Medical Center , two times per year, typically March and November
 - Central travel location, low cost, appropriate facilities offered gratis
- Suggestions are given to the candidates for hotels close to the exam site and attempt is made to secure reduced room rates.
- ABCN selects the examiners from a fixed cadre, selected for high quality of past exam administrations or high probability of effective examination based on training experience.
- The examiners represent the diversity of board certified clinical neuropsychologists, including gender, region, child/adult emphasis, and seniority.



Oral Exam Overview

- Oral Exam has three parts, each lasting 45-55 minutes
 - Ethics and Professional Issues
 - Practice Sample Defense
 - Fact Finding
- Taken in random order
- Each part administered one-on-one, in private room
 - May have a examiner trainee following you, but can decline if uncomfortable
 - Or, may have an experienced observer following you, which you can't decline. There to observe Examiners for quality control, not you.
 - Trainees and observers play no role in outcome and cannot even speak while Examiners discuss your results (Observers may answer a procedural question)



Oral Exam Overview

- Four Exam Teams, each examining 3 candidates in the morning and 3 in the afternoon, over the course of two days.
 - Examine 48 candidates, twice per year, for a total of 96 exams annually
- Day begins with orientation and pep talk by Executive Director in common room and introduction to your examining team
 - Asked to keep confidential any candidate you saw
 - Will have an opportunity to identify any conflicts of interest you may have with one of your examiners
 - In the event of a conflict of interest, we will change your examiners
 - Examiners are also asked this in advance to avoid conflicts



Examples of conflicts of interest:

- Having been trained by one of your examiners
- Having collaborated with one of your examiners
- Having published with one of your examiners if this involved true collaboration on writing
 - If you are both authors on a paper with many authors and never interacted, this is not a conflict
- Having had a personal or professional relationship that is more than just a passing acquaintance
 - You don't have to be total strangers
- Err on the side of bringing up a potential conflict and let the Exam Chair, ABCN President, and Executive Director decide



What You May and May Not Bring to Oral Exam

- **Bring:**
 - Copy of your Practice Sample cases
 - Paper and writing implements (if you wish)
 - Watch
 - Water (if you wish)
 - Any medical device, medication, or other item you may need for health reasons (can request accommodations for medical issues or disabilities)
- **Leave:**
 - Cell phones (turn off)
 - Lap top computers, tablets, and other electronics (exception if needed for Practice Sample, but may still want to have paper copy)
 - Notes of any kind
 - Also cannot take notes from the exam rooms, even if on your paper





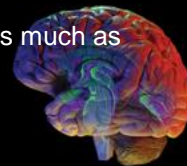
Myth #17

The Oral Exam is like going before the Inquisition.



Reality

- Examiners will treat you with courtesy, respect, and collegiality.
- They will do everything they can to make you feel comfortable.
- They will show their appreciation for your commitment to board certification.
- They will try to reduce the power differential.
- If they see you struggling with anxiety, they will do what they can to help you calm down.
- Without leading you to an answer, they will try multiple ways of asking a question to see if this helps.
- While not able to give you feedback, they will try to be encouraging.
- Their goal is to assess your thought process, and not just to see if you have the “correct” answer.
- They don’t expect you to know everything, and often are just questioning to define the limits of your knowledge.
- They have all been there, and they want you to pass as much as you do.





Myth #18

The ABCN Oral Exam is biased against pediatric neuropsychologists.



Reality

- Candidates who are primarily pediatric neuropsychologists (based on their training, nature of their practice, or their Practice Sample submission) are assigned pediatric or life-span neuropsychologists for parts of the oral exam. This can also be requested by the candidate.
- During the Fact Finding part of the Oral Exam, the candidate may choose to be examined on either an adult or pediatric case.



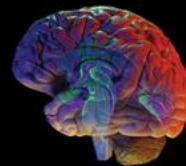
Tips for All Parts of Oral Exam



1. Practice all parts of oral exam with mentors and colleagues to get ready.
2. Remember it is less about what you know and more about how you think.
3. Think out loud so examiner understands your thought process. Show your mental work!
4. Stay Relaxed!
5. Stay mentally flexible.
6. Avoid being argumentative.
7. Manage exam time well, including allowing time to get organized at the start of each hour.
8. Try to let go of each exam hour when it's over, clearing your mind for the next hour. Every hour is a fresh start.
9. Use the time between exam hours for bio breaks.

Oral Exam: Ethics and Professional Issues

- Ethics Vignette
 - Identify ethical issues embedded within the vignette
- Identify ethical issues encountered in your own practice (involving yourself or others) and how you responded to them
 - Were you ever the subject of an ethical investigation or have a privilege denied or rescinded?
- Your training, background, approach to Clinical Neuropsychology, and nature of your practice
 - What types of referrals do you see and what types do you refer on
- Your involvement in research, presentations and publication
- Your involvement in teaching and supervision
- Your continuing education activities (including ethics) and meeting attendance
- Your professional involvement (from local to international)
- Issues/challenges you think our field is facing today



Sample Ethics Vignette

Dr. X has been asked by a family medicine physician to evaluate a 22 year old, woman from Columbia, for what she describes as memory difficulties, despite having no known neurological conditions. The examination is complicated by the fact that Spanish is the woman's first language, and she learned English when she began community college at 18. Dr. X reasons that since she will have to compete for jobs against English speakers in the U.S., it is appropriate to use tests standardized and normed for use with an American English speaking population. On examination, Dr. X finds some inconsistent difficulties with recall and with motor speed, but otherwise performance is within normal limits. Doctor X's practice consists only of neuropsychological assessment, and he has very little therapy training or experience. However, since Dr. X is concerned about the patient's memory, he refers her to another psychologist in the group practice who does cognitive rehabilitation.



Sample Ethics Vignette (Continued)

The treating psychologist primarily prescribes a series of computer exercises for the patient which he has developed from a "common sense" approach to retraining of cognitive symptoms. During treatment, the patient is charged both for her visits and for the retraining software which she is encouraged to take home and practice. Within one month of beginning treatment, the patient calls Dr. X upset because her symptoms have not improved. Dr. X apologizes and offers to take the patient to dinner to make up for the lack of improvement. The patient accepts the dinner invitation. As Dr. X is no longer providing clinical services, he begins seeing the patient socially and this eventually leads to a romantic relationship. While the computer exercises were not helpful to her, the now former patient offers to do a translation so they can be marketed to other Spanish speakers. This leads to a business relationship for the purpose of selling the computer exercises, which the treating psychologist agrees to provide at a wholesale price.



Tips for the Ethics Exam



1. Know and understand the APA Ethical Principles, but not chapter and verse.
2. Know *why* something is unethical, not just “because APA says so.”
3. Be sensitive to age, gender, race, culture, and ethnic issues that affect practice.
4. Know what to do when confronted with ethical issues.
5. Think through logic of *why* you practice the way you do.
6. Know the limits of your competence.
7. Be aware of contemporary issues in psychology and neuropsychology.
8. Identify how you keep abreast of your field, have a strategy for continuing education.
9. **Don't think of this as the “easy part of the exam.”** Take it as seriously as the other parts.

Oral Exam: Practice Sample Defense

- Examined on the two cases submitted in the Practice Sample.
- Each submitted case queried by the examiner, but doesn't have to spend equal time on each case.
- Questions are taken from Practice Sample reviewer suggestions, as well as examiner's own review
- Candidate will be asked to explain methods and conclusions. **As always, methods and conclusions should be rational, logical, reasonable, and defensible.**
- Asked to clarify ambiguities.
- Asked to discuss any missing or follow-up information.
- Will probe whether candidate does have specialized knowledge in area of Practice Sample submission.
- May pose hypotheticals to test limits of expertise in area.



What Examiner is Looking For During Practice Sample Defense

- Knowledge of patients (including appropriate demographic data)
- Consideration of appropriate etiologies and contributing factors, e.g., medications, etc.
- Consideration of emotional and motivational factors
- Awareness of pertinent research and evaluation techniques
- Application of pertinent research
- Justification for procedures employed
- Knowledge of appropriate intervention and follow-up procedures
- Appropriate consideration and use of collateral data (e.g., imaging, physician exams, lab findings, allied health specialist reports, etc.)
- Awareness of limitations of procedures employed
- Awareness of ethical issues in candidate's practice
- Awareness and consideration of relevant gender, racial, ethnic, and cultural issues



Tips for the Practice Sample Exam



1. Know your patients and their data.
2. But not a memory test. Refer to your copy of the Practice Sample whenever you need to.
3. Defend your approach without becoming defensive.
4. Be open to and aware of strengths and weaknesses of different clinical approaches.
5. Acknowledge mistakes pointed out to you and be willing to discuss how this might impact or change (if applicable) your interpretation.
6. Know what happened to the patient after your report was completed.
7. These are the types of cases you see all the time, so be well-versed in this area of knowledge and practice.

Oral Exam: Fact Finding

- Perhaps the most anxiety-provoking of the exam hours because you have the least information going in. *BUT* – it is what you do every day, only compressed into 50 minutes.
- You are given a choice of child or adult case, each described in 1-2 sentences.
- Your task is to obtain additional information by questioning the examiner so that you can arrive at a diagnostic conclusion and develop recommendations.
- It is your responsibility to manage the time.
- Start by taking a few minutes to write out an outline to guide your questioning-----**this is your best defense against forgetting to ask for something vital.**



Fact Finding Case Selection

- All cases used meet criteria of clarity and availability of data.
- Cases are not esoteric.
- Cases are intended to be straightforward, classic representations of various neuropsychological syndromes or profiles.
- While the cases will pose multiple diagnostic possibilities, they are not tricky, unusual, or so complex that they require you to be Aleksandr Luria.
- They are not the examiner's patients, so no use arguing about choice of tests.



Fact Finding Strategy

- Be systematic and thorough in your questioning
- Avoid overly specific questions, like “How far did the patient go in school?” Instead, ask: “What is the patient’s educational history?”
- The examiner will cue you if your questions are too specific, or too general (e.g., “What happened to this patient to result in his getting a neuropsych exam?”)
- These are not the examiner’s patients, but the examiner has a lot of information about the case. You just have to ask for it.
- Get the background and history before you begin asking for test data.



Fact Finding Strategy (continued)

- Ask for test data by cognitive domain----attention, memory, perceptual ability, motor ability, etc.
- Don’t ask for a specific test.
- The examiner wants you to have all the data, and will give you everything in a particular domain.
- The examiner is not trying to trick you, or keep you from getting any data.
- Once you have asked for all the data in a domain (e.g., memory), you can trust that the examiner really did give you all the data in that domain.
- The examiner will tell you when you have all the data.



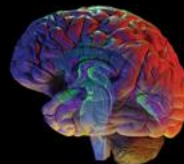
Fact Finding Strategy (continued)

- If you don't know a particular test, or understand a score, ask the examiner to explain it. They will be happy to do so.
 - But obviously, you should know z scores, T scores, etc.
- While the examiner isn't withholding data, there are obvious things they can't give you until you have done your own formulation.
 - Diagnosis
 - Imaging results
- But don't try to guess what they can and can't give you. Ask for anything you want. They will let you know if the information isn't available (i.e., can't be given to you) at that time. There is no penalty for asking.
- But don't repeat the same question over and over. If you've asked it, the examiner will have answered completely. So move on.



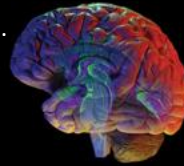
Fact Finding Strategy (continued)

- Manage the time efficiently, so that you have all the history and data within about 20-25 minutes.
- Leave yourself time to formulate a conclusion and recommendations.
- Your goal is to come up with a reasonable differential diagnosis, weighted in terms of highest to lowest probability.
- You don't have to get the exact diagnosis.
- It is more important to be logical, reasonable, and thorough in your approach.
- THINK OUT LOUD! It is the only way the examiner can judge your approach.



Fact Finding Flexibility

- The examiner may pose hypotheticals to consider.
- Respond to prompts from the examiner to consider other possibilities.
- Be comfortable thinking on your feet if data are rearranged.
- You will be shown neuroimaging results at the end.
 - You aren't expected to be an expert in reading brain scans.
 - But you should have some familiarity with how to look at a scan.
 - What's present in the scan is likely to be very obvious, so venture an interpretation even if not sure of what you see.
- You may be told the patient's actual diagnosis at the end.
 - If you missed it in your differential, take the opportunity to reflect on how you now can see how the data could have led you to that diagnosis.
 - Show an awareness of what you previously missed.



Tips for the Fact Finding Exam



1. Be aware of the time and manage it well.
2. Show your thinking processes; think out loud.
3. Memorize your history form and data summary sheet to use in creating an outline at the start of the exam.
4. Take time to keep organized and use your outline.
5. Ask for *everything* in a logical sequence; *all* data is available.
6. Do not ask irrelevant question, they waste time and do not show your thinking process.
7. Tests and data will be explained if you don't understand them. Don't be afraid to ask for an explanation.
8. You can ask for an explanation of any medication you don't know.
9. *Practice in Advance* with mentors and colleagues.

BEHIND *the* CURTAIN

How the Decision Gets Made

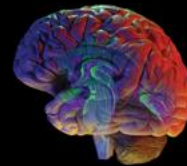
The Oral Exam Decision

- Examiners meet at the end of three candidates' exams to discuss their findings and render a decision.
- Each examiner summarizes their part of the exam (in detail).
- Observers and trainees may be present, but observe a vow of silence (except for a procedural question).
- All three examiners rate (5-point scale, from "poor" to "excellent") the candidates in the areas of:
 - Assessment
 - Consultation
 - Intervention
 - Ethical and Legal Standards
 - Individual and Cultural Diversity
 - Professionalism
 - Scientific Foundations of Neuropsychology
 - Practice Systems (i.e., interdisciplinary systems, relationships, reflective practice)



The Oral Exam Decision

- Examiners are not just rating you on their part of the exam.
- Each examiner rates you on these overarching criteria, based on all three parts of the exam.
- Candidates do not pass or fail on the basis of any single part of the oral examination.
- What is important is how you do on these criteria across the three parts of the exam.



Oral Exam Ratings:

1 = poor 2 = weak 3 = fair 4 = good 5 = excellent

- Examiners do an initial rating in each category:
 - Assessment
 - Consultation
 - Intervention
 - Ethical and Legal Standards
 - Individual and Cultural Diversity
 - Professionalism
 - Scientific Foundations of Neuropsychology
 - Practice Systems (i.e., interdisciplinary systems, relationships, reflective practice)
- Any category in which the 3 examiners are discrepant in ratings by more than 1 point, must be discussed again.
- After further discussion, there is a second rating in each category.



The Award / No Award Decision

- Regardless of outcome of second rating, examiners move on to a vote on whether to award board certification.
- Each examiner can vote:
 - Award
 - No Award
 - Undecided
- The vote must be unanimous. If not, further discussion until the Chair of the Examining Committee believes the discussion is complete.
 - Any examiner can force further discussion by voting “undecided.”
- A second vote is taken (but “Undecided” is not allowed).
- The majority (i.e., at least 2 out of 3) vote is now the decision: Award or No Award



The Award / No Award Decision

- All this redundancy is intended to give candidates the absolute best chance to pass the oral exam.
- Even further, the discussion can be reopened even after this final vote at any point during the weekend.
- These discussions can go on for quite a long time.
- We really do want to give candidates every opportunity to pass, if it's deserved.



Notification

- Each examining team has to have their reports in by the Monday immediately following the examination (i.e., with 2 days).
- Results go to ABPP right away, which then notifies candidates of outcome.
- Candidates who are awarded board certification receive brief complimentary feedback and are introduced and roundly congratulated on the AACN Listserve.
- Candidates who were not successful receive a longer critique with their notification with comments and suggestions for improvement.
- Successful candidates are invited to the ABPP Convocation at APA to receive their certificates (mailed if not attended).

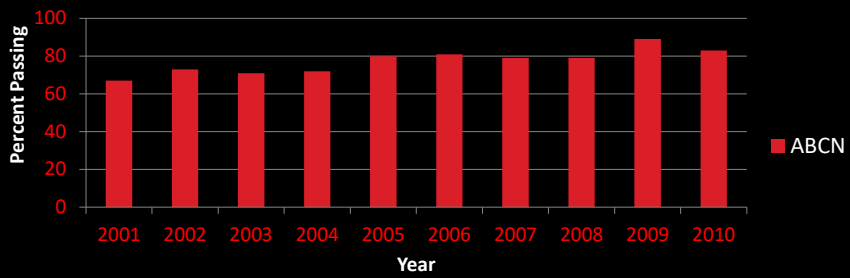


Myth #19

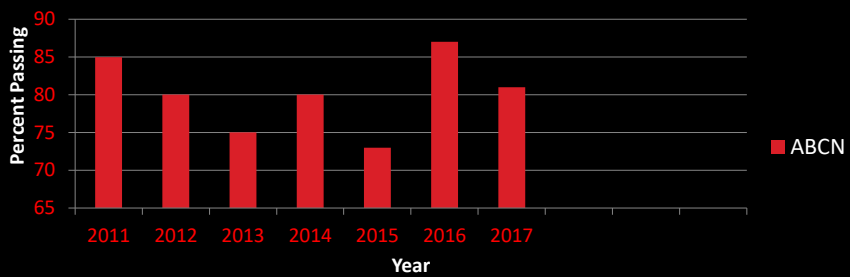
The board oral exam has a low award rate.



ABCN Oral Exam Award Rates 2001 - 2010



ABCN Oral Exam Award Rates 2011 - 2017



Reality

- From 2001 to 2017, cumulative award rate for oral exam is 78.5%
- Award rate above 70% in 16 of last 17 years
- Award rate 80% or above in 9 of the last 17 years



Myth #20 (in case it still hasn't sunk in)

I only get one shot at board certification and if I don't pass, it's all over.



Reality

ABCN procedures provide for almost infinite retakes:

- Always without prejudice after not passing before at any step
- One never has the same reviewers or examiners twice
- Reviewers or examiners do not know whether the candidate has taken any part of the exam before
- Mandated waiting periods allow time to evaluate and better prepare
- No matter how many times you fail to be awarded certification, there is always the option of starting again



After the Examination

- Membership in American Academy of Clinical Neuropsychology
- Participation in Academy activities, vote for board members of Academy and ABCN, and eligible to serve on boards
- Eligible to mentor candidates for board certification
- Eligible for consideration to train as a Practice Sample Reviewer
- May be invited for training as an Oral Examiner on the basis of exceptional performance and reputation among colleagues
- Pay annual membership dues to AACN (ABCN does not collect dues)
- Complete annual ABPP attestation and pay annual ABPP fee



Maintenance of Certification (MOC)

- Similar to what has happened with medical boards, ABPP has mandated that psychology specialists document maintenance of knowledge and practice competence every 10 years.
- Specialists certified after Jan 1, 2015 must complete MOC every ten years following initial board certification.
- Specialists certified before Jan 1, 2015 may opt to participate in MOC, and are encouraged to do so. **ABCN and AACN Board members have opted in.**
- MOC materials must be submitted nine years following certification (or last MOC renewal).
- MOC submission documents the professional activities that supported maintenance of specialty competencies during the two prior years (i.e., years 7 and 8).



What does *MOC* Entail?

- Specialists fill out:
 - An electronic form (ABCN Specialty Continuing Professional Development Grid) to document professional activities and calculate credits.
 - This electronic form documents your journal reading, conference attendance, CE credits earned, supervision of students or colleagues, research, etc.
 - Answers to four brief questions related to their clinical practice and setting, a recent ethical/diversity issue encountered, and the means by which clinical efficacy is evaluated in their practice.
- **I can attest the process is painless and very similar to what I do for state license renewal.**

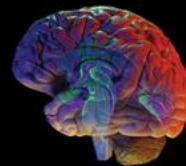


Child Subspecialty Certification added in 2014

- Need to be board certified through ABCN first
- Additional subspecialty application form
- Additional subspecialty written exam
- Additional subspecialty practice sample review
- **But no additional oral exam**



Part 1.4





Web Sites:

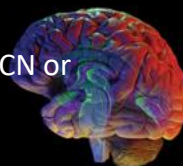
- www.abpp.org
- www.theabcn.org
- www.theaacn.org
- <https://brainaacn.org/>

ABCN Candidates Manual:
<https://theabcn.org/wp-content/uploads/2018/05/ABCN-Candidate-Manual-5-18.pdf>

AACN Study Guide:
https://theaacn.org/wp-content/uploads/2015/10/aacn_studyguide.pdf

Be Ready for the ABPP Board in Neuropsychology (BRAIN) <https://brainaacn.org/>

- BRAIN is a study group that was started by ABCN candidates in 2002
- Over 100 members
- At all stages of candidacy (some people just considering applying) and diplomacy (over 30 diplomates)
- Manages a listserve of candidates
- Share study tips and notes
- Provides support and guidance
- Platform for developing study groups
- New members require a sponsor (member of AACN or BRAIN)
- Members must be licensed psychologists



AACN Mentorship Program

- Accessible through AACN website
- Purpose is to provide guidance and support to neuropsychology doctoral students who lack access to faculty or practicum mentors
- Program identifies and arranges for an appropriate mentor
- Mentor provides information, helps mentee develop goals and action plan, and facilitates contact with other professionals
- Mentors are
 - Current AACN members
 - Donate their time
 - Racially, ethnically, and gender diverse if mentee expresses a preference related to identity



Books Specifically on Board Certification

- Armstrong, Beebe, Hilsabeck & Kirkwood (2008), *Board certification in clinical neuropsychology: A guide to becoming ABPP/ABCN certified without sacrificing your sanity*, Oxford University Press.
- Stucky, Kirkwood, & Donders (2014), *The clinical neuropsychology study guide and board review*, Oxford University Press.
 - Sections covering the foundations of clinical neuropsychology, fundamentals of assessment, and specific disorders/ conditions
 - Detailed charts and summary tables
 - Concise coverage of pediatric, adult, and geriatric issues and conditions
 - Over 500 mock exam questions



Other Books

- Lezak, Howieson, Bigler, & Tranel (2012), *Neuropsychological assessment (4th ed.)*, Oxford University Press
- Blumenfeld (2010), *Neuroanatomy through clinical cases (2nd ed.)*, Sinauer Associates
- Woolsey & Hanaway (2007), *The brain atlas*, Fitzgerald Science Press.
- Kandel, Schwartz, & Jessel (2012), *Principles of neural science (5th ed.)*, Appleton & Lange.
- Adams & Victor (2014), *Principles of neurology (10th ed.)*, McGraw-Hill.
- Kolb & Wishaw (2008), *Fundamentals of human neuropsychology*, Worth.
- Heilman & Valenstein (2011), *Clinical neuropsychology (5th ed.)*, Oxford University Press



Other Books (continued)

- Morgan & Ricker (2018), *Textbook of clinical neuropsychology*, Taylor & Francis.
- Morgan, Baron, & Ricker (2010), *Casebook of clinical neuropsychology*, Oxford University Press.
- Bush (2007), *Ethical decision making in clinical neuropsychology*, Oxford University Press.
- Weiner, Goetz, Shin & Lewis (2010), *Neurology for the non-neurologist*, Lippincott. [Includes study questions]
- Vanderah & Gould (2015), *Nolte's the human brain: An introduction to its functional neuroanatomy*, Mosby. [Includes study questions]
- Published AACN and American Academy of Neurology Practice Guidelines (pertaining to neuropsychology)
- Diagnostic and Statistical Manual of Mental Disorders
- APA Code of Ethics



Journals

- Read major published review articles in neuropsychology
- Look through a full year of issues of the major neuropsychology journals to see what you might have missed
- Form a journal club with colleagues so you'll make a regular habit of reading some of the major journals



Fellowship Training

- While not required, an APA accredited fellowship in neuropsychology or an APPCN affiliated fellowship is highly recommended
 - Guarantees that the training will be based on Houston Conference Guidelines
 - Will provide opportunity to work with ABCN Diplomates
 - Will include opportunity to participate in mock written and oral exams
- Don't cut corners on training
 - Avoid leaving fellowship early
 - Avoid "cobbled together" fellowships



Acknowledgement



Dr. Linas Bieliauskas

Part of the original ABCN Board; Executive Director of ABCN

Oversaw this course for as long as anyone can remember and graciously shared his slides with me, from which I drew heavily for this part of the course.



THANK YOU



