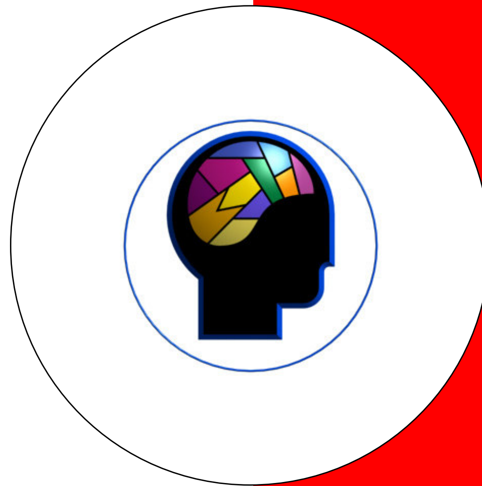
American Board of Pediatric Neuropsychology

Applicant Package



Specialty Certification in Pediatric Neuropsychology

American Board of Pediatric Neuropsychology

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Statement of Purpose

Statement of Purpose

There has been much concern within Division 40, INS, and NAN regarding the potential proliferation of certifying boards for neuropsychologists and potential for professional fragmentation. Many neuropsychologists believe that ABPP sufficiently serves the profession, while others believe that the ABPP incompletely or inaccurately examines neuropsychological skills for both adults and pediatric practitioners. The ABPdN does not offer an opinion as to whether the ABPP/CN or the ABPN boards adequately measure the skills necessary to assess competence for the practice of adult neuropsychology. However, it is the ABPdN board opinion that neither of the above boards (ABCN or ABPN) provides board certification examinations that are sufficient to the task of assessing the skills required by those who practice primarily pediatric neuropsychology. The ABPdN board, therefore, is established to assess those specific skills.

Clinical practitioners representing institutions hiring pediatric neuropsychologists formed a coalition in 1996 to advance their belief that a unique interplay exists between neurodevelopmental issues and neuropsychological assessment that require special sets of expertise not readily assessed by existing boarding entities. Following discussions with colleagues, who are members of medical practice boards and ABPP boards, the coalition elected to establish an independent certifying authority. This authority developed an examination using a purely objective evaluation method, in order to create a credentialing format that could reliably evaluate for content validity.

In early 2002, the ABPdN board voted to become a separate, not-for-profit corporation from its original parent company. This new corporation, purchasing the trademark "ABPdN" from the parent corporation for a nominal fee, would serve the primary and only purpose of pediatric neuropsycholological board certification. It was determined that a new set of bylaws were needed for the corporation and that these would be promulgated and voted on at the October 2002 meeting in San Diego.

The elected officers and leaders within ABPdN met again in 2002 to discuss the current examination method, to endorse the new bylaws, and to review whether the goals of the organization were being met. At that meeting it was determined that the objective instrument being used by the board was insufficient to review the necessary skills of pediatric neuropsychology, and that several things were needed. These included a careful review of the current written examination, a revision of the current application, and the addition of both a written sample requirement and an oral exam. It was also reiterated that these examination procedures had to reflect the board's intention to inclusively assess for competence and not to generate an examination that would produce an otherwise group of individuals with exclusively elite-level skills. With this an examination redevelopment committee was formed and the work on a revised examination method began.

Over the following calendar year the ABPdN ceased accepting new applications for membership and the board retained the services of a consultant published in the area of board examinations and ecological validity. Following the consultant's recommendations, the board made several significant changed to the typical procedures for examination. These changes included shifting considerable focus of review to the background and training of the applicants for examination, offering the written and the oral examination to applicants on the same day, and changing the threshold for passage to meet those generally seen with medical boards.

The ABPdN has subsequently strongly advised its membership to go through the new credentialing process, suggesting that members certified prior to October 2002 submit work samples for review and to sit for the oral examination. The application process was reopened in October of 2003, although it was determined that the first written and oral exam would not take place until the meeting of the National Academy of Neuropsychology in 2004. The first set of oral and written sample examiners were examined and appointed in April of 2004 using the criteria proposed by the examination committee in Dallas (October, 2003). As such, the first set of written sample and oral exams were held in April of 2004 and new examiners were enlisted for training in preparation for the NAN meeting in 2004.

If neuropsychology is to remain a viable and important clinical profession, then boards must acknowledge their responsibility to continue to adapt to the current clinical landscape. Political divisiveness is unproductive if the consumer is not protected and the boards cease to attend to the scientific necessity of assessing their members in an ecological valid manner. Whether there exists one board or many, the consumer of neuropsychological service is served most effectively when boards act responsibly to insure that their members are adequately prepared to provide clinical services. As of this writing the American Board of Pediatric Neuropsychology represents the only board in the United States with the sole and primary responsibility of assessing competence in pediatric neuropsychology.

Founders of The American Board of Pediatric Neuropsychology believe that pediatric neuropsychology is a specialty within the field of clinical psychology and that pediatric neuropsychologists need a knowledge base that differs in significant ways from practitioners of adult neuropsychology. Evidence for the recognition of this specialization is apparent from the growth of journals and texts devoted to pediatric neuropsychology, the presence of special interest groups within APA, INS, and NAN (Pediatric Neuropsychology Interest Group – PNIG), and an actively growing international pediatric neuropsychologists listserve. With the clear demarcation of pediatric neuropsychology as an independent specialty, we believe that continued maturation of an exclusive specialty board significantly enhance the stature and practice of pediatric neuropsychology, as well as serves to increase the protection of the consumer of those services.

Definition of a Pediatric Neuropsychologist

American Board of Pediatric Neuropsychology – August, 2006

A Pediatric Neuropsychologist is a doctoral-level, licensed health service provider of neuropsychological diagnostic and intervention services who applies principles of assessment and intervention based upon the scientific study of developmental theory and behavior as it relates to normal and abnormal functioning of the developing central nervous system. Pediatric Neuropsychologists demonstrate competence in the application of these principles to settings where children live, work, learn and play.

The core requirements are:

A. Successful completion of systematic pre and post-doctoral didactic and experiential training in developmental theory, neuropsychology and related neurosciences at a regionally accredited university;

B. Two or more years of appropriate supervised post-doctoral training, applying pediatric neuropsychological services in a clinical setting;

C. Demonstration of competency through training, experience and examination in the following core areas:

- Pediatric Neurosciences
- Normal and Abnormal Psychological and Neurological Development
- Neuropsychological and Neurological Diagnostics
- Ethics and Legal Issues
- The Application of Research Design and Statistics to Clinical Practice
- Clinical and Rehabilitative Intervention Techniques
- Consultation and Supervisory Practices

D. Possession of current licensure and/or certification to provide psychological services to the public by the laws of the state or province in which he or she practices.

While not commenting on the competency of neuropsychologists who have not sought board certification or who have met the requirements of other professional boards, the members of the ABPdN hold that successful completion of all phases of assessment for, and attainment of the ABPdN Diploma in Pediatric Neuropsychology represents the highest level of evidence for professional competency as a Pediatric Neuropsychologist.

The American Board of Pediatric Neuropsychology

Bylaws

ARTICLE I: Name and Composition of the Corporation

ARTICLE II: Purpose

ARTICLE III: Composition and Responsibilities of the Board of Elected Officers

ARTICLE IV: Officers

ARTICLE V: Committees

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ARTICLE I: Name and Composition of the Corporation

The name of the Corporation shall be the American Board of Pediatric Neuropsychology (ABPdN), as stated in the articles of Incorporation filed with the State of Indiana. The Corporation shall be not-for-profit. Certificates authorized by the Corporation shall be issued and holders of such certificates shall be considered as having been awarded a diploma by both ABPdN.

The members of the Corporation shall be known as "Members of the Board of Elected Officers" and be duly elected by the current voting members of ABPdN.

For convention, the entire voting membership of the ABPdN will simply be referred to as “The Board" without the added designation of "of Elected Officer." Members of the Board shall be those fully independently licensed psychologists who have completed certification by the Board.

ARTICLE II: Purpose

Section 1

To arrange and conduct investigations and examinations to determine the qualifications of individuals who apply for the certificates issued by the Corporation.

Section 2

To award such certificates in the field of pediatric neuropsychology to qualified applicants, and to maintain a registry of holders of such certificates.

Section 3

To serve the public welfare by preparing and furnishing lists of its members to proper persons and agencies.

ARTICLE III: Composition and Responsibilities of the Board of Elected Officers

Section 1

The Board of Elected Officers shall consist of four (4) Board-Certified Pediatric Neuropsychologists, certified by the Corporation and two members-at-large (also certified by the Corporation) or a public member. The membership of the Board shall reflect interests in pediatric neuropsychology.

Section 2

Members of the Board of Executive Council shall be elected to a term of 2 years by a vote of the members of the ABPdN. A term of office shall commence at the annual meeting following the member's election.

Section 3

The Nomination and Election Committee shall carry out the nomination and election of members of the Board as specified in Article V., Section 4.

Section 4

In case of death or resignation from the Board before the expiration of a member's term, the President of the Board of Elected Officers shall choose a successor for the unfilled portion of the term from membership of the Corporation.

Section 5

Responsibilities of the Board of Elected Officers

A. The Board shall have authority to issue from time to time, and thereafter to amend, rules and regulations relating to the issuance or revocation by the Corporation of certificates of competence in the practice of pediatric neuropsychology.

B. The Board shall have the authority to establish one or more regional committees on examination in pediatric neuropsychology.

C. The Board of Directors shall have authority to revoke any certificate issued by it or to place a certificate holder on probation for a fixed or indefinite time if:

i. such certificate was issued contrary to or in violation of the bylaws or any rule of the Board;

ii. the person to whom the certificate was issued entered a misstatement or omission of fact to the Board in his/her application;

iii. the person to whom the certificate was issued is convicted of a crime which involves moral turpitude;

iv. the person to whom the certificate was issued has been found in violation of the code of ethics of a national or regional organization or credentialing board;

v. The person to whom the certificate was issued fails with to respond within 30 days to a formal request for clarification of any issue regarding their behavior, licensure status, etc., when so queried by the Board of directors or its agent.

D. The Board shall be vested with the management and control of the property, business, and affairs of the Corporation

E. Members of the board can vote on issues pertaining to Article III, Section A, B, or C via electronic means or in person.

ARTICLE IV: Officers

Section 1

The officers of the Board of Elected Officers shall consist of a President, a President-Elect, a Treasurer, a Secretary, two Members-at-Large, and other officers and agents as may from time to time be elected from the Board. One individual may hold up to two offices. Each of the offices named above shall be Directors of the Corporation.

Section 2

The President, President-Elect, Treasurer, Secretary, and Members-at-Large shall each be elected to serve for a term of two years and until their successors are elected and qualify. The President and President-Elect can serve no more than 1 consecutive term, and the Secretary, Treasurer and Member-at-large can be elected to no more than two successive terms. By mail or electronic means, the voting membership of the entire Board shall elect a person to fill each of the offices named above whose term expires at the annual meeting, and other officers as may be deemed advisable.

Section 3

Any officer may be removed from his/her office, with cause, by a three-fourths vote of the entire Board. If there be a vacancy among the officers of the Board by reason of death, resignation, removal, or otherwise, that vacancy may be filled for the unexpired term by the Board.

Section 4

The President shall preside at all meetings of the members of the Board. The President shall be the chief executive officer of the Corporation and see that all directions of the Board are carried out; shall, with the approval of the Board, appoint members of all committees other than the Executive Committee (Section V., 2.), of which he or she shall be a voting member; shall direct the preparation and submission to the annual meeting of the Board a report of the Board's business, activities, and affairs during the year; shall have other duties as may from time to time be prescribed by the Board.

Section 5

The President-Elect shall perform the duties and have the powers of the President during the absence or disability of the President. He or she shall have other duties as may from time to time be prescribed by the Board or the President.

Section 6

The Treasurer shall keep or cause to be kept records of all the financial affairs of the Corporation. He or she shall deposit all receipts of the Corporation to its accounts and have the power to sign checks on the Corporation's accounts; shall cause to be prepared annual audits of the Corporation's books; shall render from time to time and upon demand by the Board or the President reports of all matters within his or her jurisdiction.

Section 7

The Secretary shall keep or cause to be kept minutes and records of all Board proceedings, of all meetings of the members, of all examinations, and of all certificates issued, and shall have custody of the Corporation's seal and shall affix it when and wherever proper.

Section 8

The Member-at-Large shall be responsible to attend all meetings of the Board, represent the interests of the members at such meetings

Section 9

The Board shall have authority to appoint from time to time an Executive Director who need not be a member of the Corporation. If any Executive Director be appointed, the Board may delegate to him or her any or all of the duties conferred upon the Treasurer and Secretary by these bylaws, or such other duties as the Board may determine. The Executive Director may be compensated for services in an amount established from time to time by resolution of the Board and shall furnish a bond to the Corporation in an amount and with terms established by the Board.

ARTICLE V: Committees

Section 1

Executive Committee

There shall be an Executive Committee composed of the Officers of the Corporation. The duties of the Executive Committee will be to develop an agenda for the annual meeting, to make recommendations to the Board for action, and to act on matters that do not require the vote of the Board. This Executive Committee shall be composed of the President and President Elect.

Section 2

Committee on Eligibility

A. **The Committee on Eligibility will consist of two members of the Board who are drawn from various professional backgrounds. This committee will have the authority to make an initial determination of an applicant's eligibility for examination and to report to the Board as to the applicant's eligibility.**

B. The Committee on Eligibility will be appointed annually by the President, with the approval of the Board.

C. Replacement, in the event of death or resignation during the year, will be made by the President.

Section 3

Examination Committee

A. **The Examination and Test Development Committee will consist of at least three members appointed annually by the President, with the approval of the Board.**

B. The Committee will have the authority to develop, administer, and grade the examinations on behalf of the Corporation. The Committee will be empowered to organize one or more regional examination teams, headed by a Committee member and consisting of additional Board Certified Pediatric Neuropsychologists, as regional examiners.

Section 4 –

The Nominations and Elections Committee

The President, with the approval of the Board, will appoint annually a Chairman of the Nominations and Elections Committee, who will be a Board member. The Chairman will designate two members of the Corporation to serve for one year as members of the Committee. The Nominations and Elections Committee will present at least three candidates to the Board of Elected Officers to fill expiring terms at the annual winter meeting of the Board of Elected Officers. The Nominations and Elections Committee may receive recommendations for nomination from outside the Board of Elected Officers.

ARTICLE VI: Board Certification

Section 1

Qualifications

A successful applicant for Board Certification in the specialty of pediatric neuropsychology must meet each of the following eligibility criteria:

A. A doctoral degree from a regionally accredited program in applied psychology. The program, at the time the degree was awarded, must be 1) approved by the APA and/ or the CPA or 2) be listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria.* Membership in the National Register of Health Service Providers in Psychology, the Canadian Register of health Service Providers, or those holding the Certificate of Professional Qualification qualify as meeting the doctoral requirements for membership.

B. Licensure or Certification at the independent practice level as a psychologist in the state, province or territory in which the psychologist actively practices.

C. An APPIC or APA approved internship that must include at least a 50% concentration in neuropsychology.

D. Two years of postdoctoral supervised experience, at least 50% of which is pediatric oriented **OR** at least two years of Organized training and experience in the neurosciences, pediatrics, assessment, rehabilitation, and psychopathology. This requirement is not satisfied by workshops and weekend conferences. (ABPdN has determined that the Houston Conference Guidelines (HCG) should be considered aspirational at this point. The ABPdN will continue to consider the training and experience of those applying on a case-by-case basis. ABPdN will routinely ask applicants to provide additional documentation (if necessary) to determine their qualifications and readiness for board certification. It is the applicant's responsibility to demonstrate the adequacy of their training in those instances where their training differs substantially from the HCG.)

Section 2

Revocation of Board Certification.

Board certification may be revoked for:

A. Nonpayment of annual dues;

B. Falsification of credentials on the ABPdN Application or subsequent attestation;

C. Any violation of the APA Ethical Principles of Psychologists and Code of Conduct or any violation of the state laws governing psychologists and ethics in the state of licensure;

D. Any criminal violation demonstrating moral turpitude.

Section 3

Dues

Annual Dues will be determined by the Board and will be payable before the first day of the calendar year, with a grace period of two months.

ARTICLE VII: Meetings

Section 1

Meetings of the Board of Elected Officers will be held annually at a time and place to be fixed by the Board of Elected Officers. The Board of Elected Officers may schedule such additional meetings as may be required to conduct its work.

Section 2

Special meetings of the Board of Elected Officers may be called by the President or upon the written request, made to the President, of at least one-third of the members of the Board of Elected Officers, provided that written notice of the time of the special meetings and that subjects to be discussed at such meetings shall have been sent to each member of the Board of Elected Officers not less than twenty days prior to such meeting. The President shall have the right to fix the place of such special meetings.

Section 3

A majority of the members of the Board of Elected Officers shall constitute a quorum for the transaction of business of the Corporation. Except as herein may be specifically otherwise provided, the votes of a majority of the quorum shall be sufficient to pass upon any business of the Corporation. Voting by proxy shall be allowed only so long as the vote is for a specific issue and that the vote is clearly defined, in writing by the eligible board member.

Section 4

The Board of Elected Officers shall be authorized to carry on the business of the Corporation by mail ballot between meetings. In such instance, it shall require an affirmative vote of two-thirds of the members to pass upon any business of the Corporation.

ARTICLE VIII: Income and Properties

The income and properties of the Corporation, whenever and however derived, shall be applied solely toward promoting the purposes of the Corporation as set forth in the

Certificate of Incorporation. No portion of the income or properties shall be paid or transferred directly or indirectly by way of dividend, bonus, or otherwise by way of profit to members of the Corporation, provided that nothing contained herein shall prevent proper remuneration to any officer or to any servant of the Corporation or to any member for any services actually rendered to the Corporation, nor prevent the payment of interest at prevailing bank interest rates or reasonable and proper rent for premises let by any member of the Corporation, nor repayment to any member for traveling expenses actually incurred in connection with the proper and necessary business of the Corporation.

ARTICLE IX: Liabilities of the Board of Elected Officers

No member of the Board of Elected Officers or other officer or servant of the Corporation shall be liable for the accounts, receipts, neglects, or defaults of any other like members or agent, or for joining in any receipt or other act of conformity, or for any loss or expense happening to the Corporation through the insufficiency or deficiency of any security in or upon which any of the money of the Corporation shall be invested or for any loss or damage arising from the bankruptcy, insolvency, or tortious act of any person with whom any monies, securities, or effects shall be deposited, or from any loss or damage occasioned by an error of judgment of oversight, or for any other loss, damage, or misfortune whatever which shall happen in the execution of the official duties or in the relation thereto, unless the same happened through dishonesty, willful neglect, or default.

ARTICLE X: Amendments

Alterations of or amendments to these bylaws may be made by a two-thirds majority vote of the total voting members of the entire voting membership provided that all members have been notified in writing of proposed changes not less than twenty days prior to the date of action.

ARTICLE XI: Seal

The seal of the Corporation shall bear words of the following or similar import, that is to say:

The American Board of Pediatric Neuropsychology

Incorporated in the State of Indiana, 2004.

Examination History and Statistics

(Caveat: The total number of members in the ABPdN is relatively small. We would caution the reader against making improper generalizations or extrapolations from such small numbers.)

The American Board of Pediatric Neuropsychology has been in existence since 1995. It was originally intended to be a multidisciplinary board, examining psychologists and physicians. Between 1995 and 2002, the 5-part written examination which covered pediatric neuroscience, neuropsychology, ethics, research/statistics, testing theory, was administered as the means by which members were certified. Candidates could fail all or part of the exam and be required to retake only those sections they had failed.

During 1995-2002, forty-five people took the written exam. Fifteen more took the exam for validation purposes only. Three candidates failed multiple sections and never took the exam again. Of those that persevered, several failed sections and chose to retake them. Thirty-five candidates ultimately passed all 5 sections and became boarded members (35/45 = 78% pass rate). The number that passed the test on the first trial is unknown. The most commonly retaken task domain was Pediatric Neuroscience.

In 2002, the ABPdN temporarily ceased giving examinations because of concern that its application and written examination-only model was insufficient to assess the range of competencies required in the practice of pediatric neuropsychology. The decision was to re-tool the examination so that it more accurately assessed those skills.

Between 2002 and 2004, a study committee that included a paid, well known, non-ABPdN boarded pediatric neuropsychologist consultant, worked to enhance the application (18 pages) to guide self-selection on the part of the applicants, modify the objective examination, added the requirement of a practice sample, and developed an oral examination that was based upon the model employed by the ASPPB for the Certificate for Professional Qualification. The board also voted to structure the organization and exams such that they would meet ABPP guidelines.

In early 2004, the ABPdN reincorporated as a not-for-profit corporation in Indiana, with the sole purpose of certifying competence in pediatric neuropsychology. New bylaws were written, the trademark purchased from the original corporation and the members from the previous board that could meet the new corporation's certification requirements were migrated. Of the original set of certified members, several (six) could not meet the current requirement guidelines because they were either not licensed health service providers in psychology, they chose not to take the remaining sequence of the exam, had inadequate backgrounds to allow for certification by the current board, or through illness or death. The remaining 29 members were required to

complete the two new phases of examination (which included an oral and practice sample review). Since the written examination has been augmented now by nearly 100 questions (now totaling 200), all current candidates take all questions, with only a pre-defined set of 100 being used for pass/fail status.

When the board re-incorporated in 2004, the new bylaws and policies gave the remaining members a defined period of time by which they could complete the examination sequence. This policy allowed them two opportunities to complete the sequence before they would be required to forfeit their board certification with the new corporation (although they would certainly be welcome to start the process again).

From 1995 through July, 2006, fifty-seven applications have been submitted for consideration by the board. Since 2004, seven new applicants have taken the entire sequence. Three of these seven were required to retake the written exam, but passed the oral and practice sample (all of which were given on the same day). The content areas uniformly posing the most difficulty to the candidates were those of neuroanatomy and developmental neuropathology. All three have retaken the exam and passed on the second trial. To date, no new candidate has failed the oral or the practice sample portion of the exam.

Since the introduction of the new sequence, sixteen of the twenty-nine originally boarded members have completed the entire exam sequence. Six previously boarded members have taken the oral/practice sample portion of the exam and have not passed. Five have not taken the exam as of August 30, 2006. Two of the members have been granted emeritus status and are not expected to complete the examinations.

As of January 2006

- Total Applications (1995-2005) - 57
- Total accepted to sit for either exam – 52
- Percentage passing old exam – 78%

- Total New Applications from 3/2004 – 8/2005: 11

- Total allowed to sit for new exam 7 (64%)

- Percentage passage of new written exam on first attempt: 57%
- Percentage of new candidates passing on second attempt: 100%
- Percentage passage of new candidates on sample/Oral exam: 100%

Current examinations planned for NAN, 2006

- New candidates (never previously examined) 9
- Previous members completing sequence 5

Aside from the application itself which clearly serves a role in assisting candidates to select whether to apply to take the examination or not, there are 3 exam-apparent portions of the assessment of a candidate: objective exam, practice sample, and oral exam. When one considers the 7 new candidates assessed via the three exam tasks through the end of 2005, this would result in 21 different variables being evaluated. Thus, in combination, the first-time passing rate for all phases taken is 86% (18/21). If you add the application acceptance/non-acceptance rate from the applications as well, there are a total of 32 variables, with a passing rate of 78%.

Statistics for the previously boarded members:

- Percentage of passage for oral/written sample on first attempt: 72%
- Percentage of passage on second attempt: Unknown.

Additional validation study

Finally, in mid-2006, the ABPdN executive board voted to select 25 non-boarded, but recognized pediatric neuropsychologists who spend the majority of their time in the clinical practice of pediatric neuropsychology (versus teaching or research) in the U.S. to serve as a criterion sample for the written exam. This validation study is underway. The method and analysis will be published upon its completion.

This page's statistics will be updated on the website (www.abpdn.org) annually with the preceding year's figures.

The American Board of Pediatric Neuropsychology
ABPdN YEARLY ATTESTATION FORM
BOARD MEMBER NAME: ____

ADDRESS:____

____

Phone:____

Fax:____

Email:____

PROFESSIONAL LIABILITY INSURANCE:

Please provide a copy of your malpractice coverage Form

LICENSE TO PRACTICE:

Please provide an updated copy of your license to practice independently (as defined by the ABPdN Bylaws)

Please answer the following:

If any of your answers below are "YES," please detail on a separate sheet:

1. Has your professional liability insurance coverage ever been terminated by action of an insurance company?

YES____ NO____

2. Have you been denied professional liability insurance coverage or rated in a higher than average risk class for your professional specialty?

YES____ NO____

3. Have any disciplinary actions ever been initiated and/or are any pending now against you by any state licensing board, whether or not you were a member of the professional standards board initiating said action?

YES____ NO____

4. Has your license to practice psychology in any state been denied, limited, suspended, revoked or voluntarily relinquished? YES____ NO____

5. Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, Medicaid, or any managed care company)?

YES____ NO____

6. Have you been the subject of an investigation by any state, federal, or private agency concerning your participation in any state, federal, or private, health insurance program?

YES____ NO____

7. Has your application for appointment or reappointment, or your privileges at any hospital or other health care facility ever been denied, reduced, suspended or not renewed?

YES____ NO____

8. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings in any professional organization?

YES____ NO__

If answers to either of the following questions are YES, please attach detailed information. Explanations must include: county or jurisdiction in which the suit was filed; name of the plaintiff and the date the suit was filed.

1. Have any professional liability claims, suits, or judgments ever been made against you or are such claims, suits, or judgments currently pending or have you ever been made aware that any will be filed?

YES____NO____

2. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?

YES____NO____

HEALTH STATUS:

1. Have you ever had, or are you currently aware of having any physical, mental or emotional condition, or chemical dependency/substance abuse problem which may interfere with your ability to care for patients in any way?

YES____NO____

(If the answer(s) to any part of this question is YES, please attach detailed information on a separate sheet.)

I certify that all of the information provided herein is accurate. I understand and agree that if any of the information I have provided is proven to be false or misleading, if in the future my behavior results in the probation or suspension of my license, or I become the subject of an ethics investigation on the part of the APA or my State Psychological Association, my board certification status may suspended or revoked. I agree to use my credentials appropriately and will not use the ABPdN credentials or any other credentials that I might have to mislead consumers or colleagues to believe that I have been trained or examined in areas other than that both truthful and accurate. I understand that to retain my board certification, I must be licensed at the independent level (HSPP) as defined in the ABPdN bylaws.

_____________________________ ____

Applicant's Name (Please Print) **Applicant's Signature**

____

DATE

Please return to: 5721 Magazine Street
New Orleans, LA 70115

Application for Examination by the American Board of Pediatric Neuropsychology

Eligibility Criteria

General Eligibility Criteria:

Pursuant to the language in the ABPdN bylaws (2003), a successful applicant for board certification in the specialty of pediatric neuropsychology, must meet the following minimal eligibility criteria:

- Completed doctoral degree from a regionally accredited program in applied psychology that was, at the time the degree was granted, approved by the APA, CPA or was listed in the publication *Doctoral Psychology Programs Meeting Designation Criteria*. Membership in the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers, or those holding the Certificate of Professional Qualification most easily qualify to meet the doctoral requirements for membership.
- Licensure or certification at the independent practice level as a psychologist in the State, Province, or Territory in which the psychologist actively practices.

Specific Eligibility Criteria:

1. An APPIC or APA approved internship that must include at least a 50% concentration in neuropsychology, **and**;
2. Two years of post-doctoral supervised experience, at least 50% of that being pediatric-oriented. After December 31, 2004

(After December 31, 2004, training consistent with the Houston Conference is the best model for providing the background necessary for eligibility, provided that the post-doctoral training and experience is no less than 50% pediatric.)

Or

1. A APPIC or APA approved internship that must include at least a 50% concentration in neuropsychology, **and**;
2. Organized training and experience in the neurosciences, pediatrics, assessment, rehabilitation, and psychopathology of no less than 2 years. Workshops and weekend conferences cannot meet this requirement.

Application for Board Certification by the

American Board of Pediatric Neuropsychology

This is the application for examination for special board certification in pediatric neuropsychology. Your application represents the single most critical part of our board review process. ***Please attend to it VERY CAREFULLY***. The procedure of examination is a 4 part event that proceeds as follows:

- Your completed application is reviewed and a decision is made as to whether you meet minimal education, training, and experience criteria for board eligibility;
- *After your application is reviewed and if you are determined to be board-eligible, you will then be invited to provide a practice samples* that reflects your typical work in pediatric neuropsychology. This sample must be presented within 2 years of the date you are invited to submit, but *optimally should be tendered on the morning of the combination written/oral examination* (see below). Two examiners will review your work sample. Acceptable work is defined as a passing score by two examiners. If one of the two examiners finds the work samples to be inadequate, the work samples will be passed to a third examiner who will be unaware that they are the third examiner. If the sample is found lacking by the third examiner, then the candidate will be informed of the weaknesses, provided with an opportunity for direction, and be offered the opportunity to resubmit written samples.
- The single day written and oral examination will be offered at least twice a year (APA, NAN, INS). The written part of this exam process is comprised of a 100-question exam covering basic sciences, pediatric neurosciences, neuropsychological application, and how research methods are applied to clinical work. A person not passing (70% is the passing point) this phase of examination will be allowed to retake this portion of the examination at its next administration
- The oral interview/examination portion of the overall ABPdN exam will be offered on the same day as the written exam. This part of the exam will be comprised of a review of the candidate's work sample, the nature and application of neuropsychological knowledge to their current practice, and the candidate's appreciation for ethical issues and obligations. This latter stage is intended to be a collegial opportunity for the reviewers to validate the candidate's preparation and readiness for board certification.

Respective passage on all three sections results in successful completion of the entire examination procedure will result in the chair of examination reporting to the president and secretary of ABPdN that the candidate has passed all of the requirements. The president will then inform the candidate by mail and the board secretary will cause an appropriately signed certificate with associated number to be sent to the successful candidate.

If a candidate fails one or more sections of the exam, they will be provided the opportunity to retake the examination one time without additional charge and to be provided with feedback that will assist in directing their studies or preparation for the next exam.

(office use only)APPLICANT CODE:________________ (office use only)

PLEASE PRINT OR TYPE ONLY

Please submit completed application and current copies of:	(Circle the X when complete)
1. Copies of all Current State Professional Licenses	X
2. Malpractice Insurance Certificate(s)	X
3. Complete Typed Responses to Clinical Vignettes Provided with Application	X
4. Have Official copies of all Transcripts for Undergraduate and Graduate Degrees submitted to address below	X
5. Provide Evidence of National Register or CPQ or other license verifying membership	X
6. Provide a Copy of Your Current Curriculum Vita.	X
7. Provide Copies of Any Current Board Certifications from ABPP boards or ABPN (if applicable)	X
8. Complete Neuropsychologically Related Work History since Graduation.	X
9. Breakdown your patients' demographics over past 5 years as described at the end of this application.	X
10. **On a separate sheet**, please describe your practice of pediatric Neuropsychology for the last 5 years	X
11. **On a separate sheet** list the names off the tests you regularly administer and are comfortable with	X
12. Complete the vignette as directed:	X

Mail application to:
Nadia Webb, Psy.D., ABPdN
5721 Magazine Street
New Orleans, Louisiana 70115
540-560-1645

Please completely answer all sections and if the existing space is insufficient, or if a section is not answered completely, attach information/explanation and reference the section/question.

PERSONAL DATA:

Name (First, MI, Last): ____

Maiden Name: ______________________________ Jr. _____ Sr._____ III._____

Home Address: ____

City/State/Zip:____

Home Telephone Number: ____

Business Address:____

City/State/Zip:____

Business Telephone Number:____

Email Address:____

Names by which you were licensed: ____

Degree Type (i.e., Ph.D., Psy.D. et al): ____

Social Security Number: _______-_______-_______

Date of Birth: _____/____/____ Birthplace: _________________________

Citizenship: __________________________

Additional Group Practice Name (If applicable):
____

Additional Mailing Address: ____

City/State/Zip:____ __________________

All TAX ID Numbers: ________________________________

Office Phone Number: ________________________________

FAX Number: ________________________________

Please send information to the following address: Home: _____ Business: _____

PEER REFERENCES:

Please list the names, and addresses of three professional references who are not relatives, who have directly observed or evaluated your work, and who would be willing to provide information to the Board in writing concerning your expertise in Pediatric Neuropsychology. You will also need to complete three releases, naming each of the individuals below so that we may contact them for these references.

NAME: ____________________________________

ADDRESS: _________________________________

PHONE NUMBER: __________________________

NAME: ____________________________________

ADDRESS: _________________________________

PHONE NUMBER: __________________________

NAME: ____________________________________

ADDRESS: _________________________________

PHONE NUMBER: ___________________________

LICENSING:

State: License Number Expiration Date

_______ _________________________ ______/______/______

_______ _________________________ ______/______/______

EDUCATION:

Undergraduate:

School Name	Address	Degree	Date Graduated

Professional:

School Name	Address	Degree	Date Graduated

Internships:

School Name	Address	Type	Date Graduated

Immediate Post-Doctoral Training Institution Name Address

Institution Name	Address	Date Completed

Post-doctoral Fellowships: Institution Name

School Name	Address	Date Completed

TEACHING AND CLINICAL WORK

School Name	Address	Rank	Dates of Service

Clinical Appointments: Institution Name Address

Institution	Address	Appointments	Dates of Service

***(Attach additional training information specifically related to Pediatric Neuropsychology and proof of attendance for the past 3 years. Please include all applicable CEU courses attended*.)**

BOARD CERTIFICATION:

Specialty boards by which you are certified *that required examination of your competence in that skill area*:

____:Contact Person_______________________________________

____:Contact Person_______________________________________

Certificate Number: Date Certified: Expiration Date: Decertification Date: Expiration Date

____

____

1. Do you believe that you are currently board eligible for either ABPP(CN) or ABPN - YES______NO______

2. If you have ever been board certified, has this certification ever been suspended or revoked, or are such actions currently pending?

YES______NO______

(If your answer is "Yes," please attach a detailed description and explanation.)

3. If applicable, date admitted to National Register? _____/____/____ Registration #: _______________________

ADDITIONAL PROFESSIONAL INFORMATION:

1. Names of Professional Organizations, Academies or Societies in which you hold membership:

____

____

____

2. Please detail your training experience in Pediatric Neuropsychology on a separate page.

3. Please detail your working experience in Pediatric Neuropsychology, including dates, on a separate page.

PROFESSIONAL LIABILITY INSURANCE:

Current Insurance Carrier: ____

Address: ____

City: ________________________________ State: ____ Zip code: _______________

Policy Number: ______________________

Retroactive Date: _____/_____/____ Current Effective Dates: ___/___/___ through ___/___/___

1. Has your professional liability insurance coverage ever been terminated by action of an insurance company?

YES____ NO____

2. Have you ever been denied professional liability insurance coverage or rated in a higher than average risk class for your professional specialty? YES____ NO____

3. If the answer to question 1 or 2 is YES, please detail on a separate sheet:

4. List all insurance carriers for the past five (5) years:

____

____

____

DISCIPLINARY ACTIONS:

If answers to any of the questions below are YES, please attach detailed information.

1. Have any disciplinary actions ever been initiated and/or are any pending now against you by any state licensing board?

YES____ NO____

2. Has your license to practice medicine in any state ever been denied, limited, suspended, revoked or voluntarily relinquished? YES____ NO____

3. Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, Medicaid, or any managed care company)?

YES____ NO____

4. Have you ever been the subject of an investigation by any state, federal, or private agency concerning your participation in any state, federal, or private, health insurance program? YES____ NO____

5. Have any of your federal DEA number(s) or other controlled substance numbers ever been limited, suspended, revoked, or voluntarily relinquished, or are proceedings toward any of those ends currently pending?

YES____ NO____

6. Has your application for appointment or reappointment, or your privileges at any hospital or other health care facility ever been denied, reduced, suspended or not renewed? YES____ NO____

7. Have you ever been denied membership or renewal thereof, or been subject to disciplinary proceedings in any professional organization? YES____ NO__

LEGAL ACTION:

If answers to either of the following questions are YES, please attach detailed information. Explanations must include: county or jurisdiction in which the suit was filed; name of the plaintiff and the date the suit was filed.

1. Have any professional liability claims, suits, or judgments ever been made against you or are such claims, suits, or judgments currently pending or have you ever been made aware that any will be filed?
YES____NO____

2. Have you ever been convicted of a felony or misdemeanor other than minor traffic violations?
YES____NO____

HEALTH STATUS:

1. Have you ever had, or are you currently aware of having any physical, mental or emotional condition, or chemical dependency/substance abuse problem which may interfere with your ability to care for patients in any way?

YES____NO____

(If the answer(s) to any part of this question is YES, please attach detailed information on a separate sheet.)

ATTESTATION:

I certify that all of the information provided herein is accurate. I understand and agree that if any of the information I have provided is proven to be false or misleading, if in the future my behavior results in the probation or suspension of my license, or I become the subject of an ethics investigation on the part of the APA or my State Psychological Association, my application may be rejected and/or my board certification status may suspended or revoked. I agree to use my credentials appropriately and will not use the ABPdN credentials or any other credentials that I might have to mislead consumers or colleagues to believe that I have been trained or examined in areas other than that both truthful and accurate.

______________________________ ____

Applicant's Name (Please Print) **Applicant's Signature**

______________________________ ____

Witness (Please Print) **Witness Signature** **Date**

<u>Send three copies of this application to:</u>

Nadia Webb, Psy.D., ABPdN
5721 Magazine Street
New Orleans, Louisiana 70115
540-560-1645

Application Fee enclosed 300.00 Dollars:

NOTE: Additional fees are due and payable upon approval to move on to the next phase of examination. The following fees apply as of 05/01/2003. The Board reserves the right to change its schedule of fees at any time during the course of candidacy.

FEES ARE NOT RETURNABLE

Schedule of Fees

Application Package	N/C
Application Fee	$350.00
Examination Fee (Written & Work and Oral)	$450.00
Induction Fee	$ 150.00
Annual Dues	$ 250.00

On a separate page, please list those neuropsychological testing instruments with which you are very familiar and are comfortable with administering and interpreting. Please also include a rough estimate of the number of times you have administered each of these instruments.

Past 5 years of your patient demographics:

Percentage for Patient Age groups:

0-5______ 6-11______ 12-16______ 17-25 ______ 25-55_______ 56+_______

Males:_____________ Females:______________

Please describe the cultural variability of your work:

Credit Card Payment

Circle One: Visa - Master Card - Discover Card

Card Number ____

Name as on card ____

Expiration Date _______________

Signature ____

Amount to be charged: ($350.00)__________ (initial application fee)

THE AMERICAN BOARD OF PEDIATRIC NEUROPSYCHOLOGY

Applicant's Consent and Release Form

I hereby apply for participation with the American Board of Pediatric Neuropsychology (hereafter ABPdN) as requested in this application and am to make myself available for interviews in regard to said application.

As an applicant, I have the burden of producing adequate information for proper evaluation of my qualifications. I also agree to update the ABPdN with current information regarding all questions contained in this application as such information becomes available and any additional information as may be requested by the ADPdN or its authorized representatives. Failure to produce any such information will prevent my application from being evaluated and acted upon.

Information given in or attached to this application is accurate and complete to the best of my knowledge and ability. As a condition to making this application, any misrepresentation, misstatement, or omission, whether intentional or not, shall constitute cause for automatic and immediate rejection of this application, resulting in denial of request for participation. In the event that certification has been granted prior to the discovery of such misrepresentation, misstatement or omission, such discovery may result in immediate termination of said certification. As a component of the credentialing and process, I accept the following conditions:

A) I extend absolute immunity to, and release from any and all liability, the ABPdN, its authorized representatives and any third parties (as defined in Subsection B below) for any acts performed in good faith, communications, reports, records, statements, documents, recommendations or disclosures involving me; performed, made, requested, or received by ABPdN and its authorized representatives to, from, or by any third party, including otherwise privileged or confidential information, relating, but not limited to the following:

1) Applications for participation with ABPdN including temporary privileges;
2) Periodic reappraisals undertaken for re-credentialing;
3) Proceedings for suspension or reduction of clinical privileges or for denial or revocation of participation or my other disciplinary action
4) Medical care evaluations;
5) Utilization reviews
6) Any other ABPdN service or committee activities;
7) Matters of inquiries concerning my professional qualifications, credentials, clinical competence, character, ethics or behavior;
8) Matters of inquiries concerning my mental or emotional stability, or physical condition; and
9) Any other matter, which might directly impact or reflect on my competence, on patient care or on the orderly operation of a health care facility.

The foregoing may or may not be privileged as permitted by law. My release and immunity shall extend to ABPdN and its authorized representatives, and to any third party, regardless of whether my application is accepted; and if accepted, regardless of whether my membership and privileges as hereafter aforementioned are terminated, either voluntarily or involuntarily.

I specifically authorize ABPdN and its authorized representatives to consult with any third party who may have information including otherwise privileged or confidential information, bearing on my professional qualifications, credentials, clinical competence, character, (mental or emotional stability, physical condition), ethics, behavior or any other matter bearing on my satisfaction of the criteria for initial or continued participation with ABPdN relating to such questions. I also specifically authorize said third parties to release said information to ABPdN and its authorized representatives upon request.

B) The term "authorized representatives" means the corporation(s) with which I have applied for participation, and any of the following individuals who may have any responsibility for obtaining or evaluating my credentials, or acting upon my application: the members of ABPdN and Their appointed representatives, the Chief Executive Officer or his designees, other ABPdN employees, consultants to ABPdN, ABPdN attorney and his/her partners, associates or designees. The term "third parties" means all individuals, including appointees to ABPdN medical staffs of hospital or other physicians or health practitioners, nurses or other government agencies, organizations, associations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested to ABPdN or its authorized representatives or who have requested such information from ABPdN and its authorized representatives.

__________________________ ____________________________
Applicant's Name (please print) Applicant's Signature

__________________________ ____________________________
Witness Date

Case Vignettes

For ABPdN Application

The following case vignettes are purposely adaptable because we want you to be able to write about something that you know and do well. Please carefully read the instructions, circle the identifying variables you intend to use as your chosen demographic constraints, and keep your responses to no more than 3 typed, single-spaced pages. Please use either "Times New Roman" or a Courier font, no less than a pitch size of 12, margins of no less than 1" on all 4 sides. Finally, please paginate all pages and use a right-justified header with the following notation:

Your first and last initials followed by your birth date, the vignette #, followed by your application date (##/##/####). If done correctly, the header should look something like this:

JC01/01/1960 - 1 – 05/05/2003

Please note that you will not be given exhaustive historical materials in these vignettes, but often only case outlines. The examiners will be reviewing your thinking and questioning process about these cases, so do not get caught up in being overly concerned about the data you don't have. Rather, respond to the material as best you can (just like all other candidates will do as well – sometimes this is helpful to remember).

Finally, there are three vignettes provided**. You must respond to one of the vignettes for your application to be considered "complete."**

Finally, we want evidence of how you think about the case that you choose. We do not want a list of citations or quotes from another source. Treat this in the way that you would any patient referral to your practice.

Vignette I

The patient (S.C.) is a 3 8 12 16 year old male with a history of head injury at 1 year of age. Prior to the head injury, his history included a normal maternal pregnancy, uneventful delivery, developmentally unremarkable maturation through the predicted milestones, and the presence of loving and attentive parents. The injury occurred as a result of a fall from a crib. The fall was heard by the parents who rushed to find the child on the floor, unconscious, and unresponsive. The length of unconsciousness was estimated to be near 10 minutes. When the paramedics arrived, they found the child to be obtunded, though clearly more responsive. The child was taken to the hospital, found to have no CT abnormalities, and to be dramatically improved within 24 hours. He was released the following day.

At 3 years of age, this young child began to demonstrate seizures that were ultimately described as petit mal. He was placed on medication and was seen by a pediatric neurologist for this care.

For the purpose of your response, please choose the age at which you are presuming to have had this child introduced to your practice. For instance, if you wish to write about this child at 3, simply circle and define this as the age. If you wish to answer this question presuming that you first saw this child at age 16, then circle and define your responses as such.

(**Vignette I –continued**)

This child demonstrates considerable behavioral problems. The parents are concerned that the child is not learning or developing as efficiently as they predicted, that he seems disinterested in tasks or behaviors consistent with others in his age group, and they have heard from other parents and/or professionals that he appears to be falling behind others in peer group.

Please define your likely initial intervention with this child (and, perhaps, his family). In your response, please discuss your rationale, the possible complicating outcomes, and your potential responses to these. Comment about data that you feel you need but don't have and why that data was important. Discuss referrals you might make and why. If you decide to use any neuropsychological testing instruments, please define the measures and provide your rationale for the selection of those instruments.

Vignette II

You are referred a child for neuropsychological evaluation by a local pediatric neurologist. The child was referred to the neurologist because the child was demonstrating symptoms of hyperactivity, poor attention to age appropriate tasks, and reading skills that are not consistent with his peer group. This child is (choose 6 8 10 12 14 16) years of age. The neurologist has indicated that the neurological examination is essentially normal, including MRI and EEG. Blood work is also normal.

This neurologist has referred the child to you requesting that you help the parents define the correct behavioral diagnosis, establish the child's cognitive strengths and weaknesses, assist the school in defining the reading difficulties, and make recommendations for his consideration regarding possible pharmacological support.

Please design a reasonable examination protocol that will enable you to assist the neurologist, the family and the school. Discuss your rational for the tests you select and for any other procedures that you believe will likely be necessary to arrive at the recommendations that you ultimately provide to the parties above.

Finally, do not forget to choose the age at which you are presuming to have had this child introduced to your practice. For instance, if you wish to write about this child at 6, simply circle and define this as the age. If you wish to answer this question presuming that you first saw this child at age 16, then circle and define your responses as such.

<u>Vignette III</u>

You are referred a (5, 8, or 11) year-old Caucasian child. The child is a public school, Kindergarten student. The child was referred because of the following behaviors:

> Poor attention and concentration when doing seatwork despite good attention during story time; Isolation during recess and inability to establish peer relationships; Poor gross and fine motor skills including difficulty printing, cutting, and drawing; Unusual behaviors including flapping, hypersensitivity to noise in the cafeteria, perseveration on the theme of dinosaurs as well as needing to be first in line. Although the child appears to be verbally bright, he/she sometimes doesn't make sense and obtained an intellectual score in the Borderline range when tested by another psychologist.

<u>Questions:</u>

1. Detail what information will you want to obtain from the family and why?
2. What further information will you want to obtain from the teacher?
3. What might be your hypothesis as to the reason for this child's problems?
4. Why might this child, who appears to be verbally bright, score in the Borderline range on an IQ test?
5. What tests would you include in your battery and why?
6. What are some recommendations you might make to the school before you begin your evaluation and why?

Finally, do not forget to choose the age at which you are presuming to have had this child introduced to your practice. For instance, if you wish to write about this child at 5, simply circle and define this as the age. If you wish to answer this question presuming that you first saw this child at age 11, then circle and define your responses as such.

American Board of Pediatric Neuropsychology

LETTER OF REFERENCE

Applicant Name:____

Applicant Address:______________________________________

____

Applicant Phone:____

Name, Address, Phone, and affiliation of Reference:

____
____
____

I hereby release the party above to provide a reference for me pursuant to my application for board certification with the American Board of Pediatric Neuropsychology. I further waive my right to review the letter of reference or any information contained on this document in the interest of obtaining said reference.

________________________ ___________________________
Applicant's Printed Name Applicant's Signature and date
****

I have known the above applicant for ________years.

My knowledge of the applicant's skills in pediatric neuropsychology is based upon____

____

I consider this person to demonstrate competence in his/her practice of pediatric neuropsychology
T **F** **Unknown** (Circle one)

I **have / have no** (circle one) reservations in recommending this individual for board certification in pediatric neuropsychology. If you have reservations, please elaborate on a separate page. Thank you!

____
Reference Signature and date

Please attach additional explanatory pages if desired

AMERICAN BOARD OF PEDIATIRIC NEUROPSYCHOLOGY

Preparation Guide for Examination and Certification
By the
American Board of Pediatric Neuropsychology

Prepared: JULY 31, 2006

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Introduction

Background Information

There has been much concern within Division 40, International Neuropsychological Society (INS) and the National Academy of Neuropsychology (NAN) regarding the potential proliferation of certifying boards for neuropsychologists and potential for professional fragmentation. Many neuropsychologists believe that American Board of Professional Psychology (ABPP) sufficiently serves the profession, while others believe that ABPN sufficiently serves the profession, while others believe that ABPP incompletely or inaccurately examines neuropsychological skills for both adults and pediatric practitioners. The ABPdN does not offer an opinion as to whether the ABPP / Clinical Neuropsychology (ABPP / CN) or American Board of Professional Neuropsychology (ABPN) Boards adequately measure the skills necessary to assess competence for the practice of adult neuropsychology. However, it is the ABPdN Board opinion that neither of the above boards (ABCN or ABPN) provides board certification examinations that are sufficient to the task of assessing the skills required by those who practice primarily pediatric neuropsychology. The ABPdN Board, therefore, is established to assess those specific skills.

Clinical practitioners representing institutions hiring pediatric neuropsychologists formed a coalition in 1996 to advance their belief that a unique interplay exists between neurodevelopmental issues and neuropsychological assessment that require special sets of expertise not readily assessed by existing boarding entities. Following discussion with colleagues, who are members of medical practice boards and ABPP Boards, the coalition elected to establish an independent certifying authority. This authority developed an examination using a purely objective evaluation method, in order to create a credentialing format that could reliably evaluate for content validity.

In early 2002, the ABPdN Board voted to become a separate, not-for-profit corporation from its original parent company. This new corporation, purchasing the trademark “ABPdN” from the parent corporation for a nominal fee, would serve the primary and only purpose of pediatric neuropsychological board certification. It was determined that a new set of bylaws were needed for the corporation and that these would be promulgated and voted on at the October 2002 meeting in San Diego, California.

The elected officers and leaders within ABPdN met again in 2002 to discuss the current examination method, to endorse the new bylaws, and to review whether the goals of the organization were being met. At that meeting it was determined that the objective instrument being used by the board was in sufficient to review the necessary skills of pediatric neuropsychology, and that several things were needed. These included a careful review of the current written examination, a revision of the current application, and the addition of both a written sample requirement and an oral exam. It was also reiterated that these examination procedures had to reflect the board’s intention to inclusively assess for competence and not to generate an examination that would produce an

otherwise group of individuals with exclusively elite-level skills. With this an examination redevelopment committee was formed and the work on a revised examination method began.

Over the following calendar year, the ABPdN ceased accepting new applications for membership and the board retained the services of a consultant published in the area of board examinations and ecological validity. Following the consultant's recommendations, the board made several significant changed to the typical procedures for examination. These changes included shifting considerable focus of review to the background and training of the applicants for examination, offering the written and the oral examination to applicants on the same day, and changing the threshold for passage to meet those generally seen with medical boards.

The ABPdN has required its membership to go through the new credentialing process, suggesting that members certified prior to October 2002 submit work samples for review and to sit for the oral examination. The application process was reopened in October 2003, although it was determined that the first written and oral exam would not take place until the meeting of the National Academy of the Neuropsychology in 2004. The first set of oral and written sample examiners were examined and appointed in April 2004 using the criteria proposed by the examination committee in Dallas, Texas in October 2003. As such, the first set of written sample and oral exams were held in April 2004 and new examiners were enlisted for training in preparation for the NAN meeting in 2004.

If neuropsychology is to remain a viable and important clinical profession, then boards must acknowledge their responsibility to continue to adapt to the current clinical landscape. Political divisiveness is unproductive if the consumer is not protected and the boards cease to attend to the scientific necessity of assessing their members in an ecological valid manner. Whether there exits one board or many, the consumer of neuropsychological service is served most effectively when boards act responsibly to insure that their members are adequately prepared to provide clinical services. As of this writing the American Board of Pediatric Neuropsychology represents the only board in the United States with the sole and primary responsibility of assessing competence in pediatric neuropsychology.

Founders of the American Board of Pediatric Neuropsychology believe that pediatric neuropsychology is a defined specialty of clinical neuropsychology and that pediatric neuropsychologists need a knowledge base that differs in significant ways form practitioners of adult neuropsychology. Evidence for the recognition of this specialization is apparent from the growth of journals and texts devoted to pediatric neuropsychology, the presence of special interest groups within American Psychological Association (APA), INS, and NAN (Pediatric Neuropsychology Interest Group = PNIG), and an actively growing international pediatric neuropsychologists list serve. With the clear demarcation of pediatric neuropsychology as an independent specialty, we believe that continued maturation of an exclusive specialty board significantly enhance the

stature and practice of pediatric neuropsychology, as well as serves to increase the protection of the consumer of those services.

Consistent with the ABPdN mission and as articulated in its bylaws, the ABPdN exists for the following purposes:

- To arrange and conduct investigations and examinations to determine the qualifications of individuals who apply for the certificates issued by the corporation.

- To award such certificates in the field of pediatric neuropsychology to qualified applicants and to maintain a registry of holders of such certificates.

- To serve the public welfare by preparing and furnishing lists of its members to proper persons and agencies.

PURPOSE OF THE ABPDN EXAMINATION

The format of the ABPdN's credential review and examination processes has been constant since the examinations held in 2004, and the procedures continue to be reviewed and amended. The process of examination is as follows:

1. Successful completion of the written application materials including case vignettes and credential review.
2. Successfully completing the 100-item, multiple-choice examination.
3. Successful completion of the Practice Sample (formerly called "Work Sample"). This step includes a review by three (3) ABPdN members for the purposes of demonstrating competency in written work and with regard to acceptability for the Oral Examination.
4. Completion of the Oral Examination.

The purpose of the ABPdN process is to ensure that the examinee has the opportunity to demonstrate competency to practice Pediatric Neuropsychology along several domains.

This Manual serves as a guide for applicants who have already completed the first step of the examination process. It is assumed, based on completion of the written application, credential review and case vignettes that the applicant is knowledgeable, informed, and active in the practice of pediatric neuropsychology. The applicant's preparation for the examination must be understood in the context of being able to pass the initial threshold requirements. That is, once the initial application screen threshold has been passed. The applicants are viewed by the examination committee as being capable of passing both the written and oral examinations for board certification with the ABPdN. Individuals who have the best training experience prior to applying to the ABPdN will be those individuals who have completed a formal postdoctoral training program as reflected in Houston Conference Guidelines. Conversely, simply attending continuing education workshops, reading standard and classic texts in pediatric neuropsychology, and informal

study groups are unlikely to position an applicant for successful completion of the examination process outlined by the ABPdN. Detailed preparation is not a substitute for the formal training at the postdoctoral level.

Pass Rates and Statistics

1. The total number of neuropsychologists who have submitted applications for certification. **57 (since 1995)**

2. The number of applicants who were granted the opportunity to sit for the exam. **45 (eventually) – since 1995**

3. Of those who were denied, how many eventually returned following additional training. **6**

Of those taking the essay exam, how many passed on their first try? Since the board was originally founded, this figure is yet unknown. Since the board was re-organized in 2002, the following is true:

- 7 new applicants have taken the new exam since November 2004
- 4 passed all steps 1st time through
- The 3 that failed, failed the written exam, but passed the oral & written sample section.
- All 3 have retaken the second written exam (a different exam - we have 150 total questions & only 100 are used in any given exam) and have passed.
- There are 16 members of the originally boarded group who have passed the written, oral and sample exams (required since 2004). There are 6 in the original group that have passed only the written, but did not pass the oral exam when taken. They have been given one more chance to pass before NAN, 2007.
- 6 members from the original boarded group have dropped out of the ABPdN for reasons related to not being able to meet the new criteria, death, or other related reasons.
- We have added an emeritus category for the two MD members that no longer meet the 2004 ABPdN criteria. The will not have board certification as defined by the current bylaws.
- As of July August 2006, we have 11 applications being reviewed for examination at NAN, 2006.

Study Recommendations

There are several ways to review and prepare for the examination. Such methods include continuing education workshops, identification of a mentor, working in a peer group, or completing a postdoctoral program in pediatric neuropsychology. A review of materials when received during their training, including texts, manuals, specialized lectures, is probably the most efficient route for preparation. Again, relative to the high threshold

requirements of the ABPdN, once the applicant has passed the initial threshold requirements, it is presumed that they have the knowledge required to successfully complete the oral and written examination portions of the board certification process.

Being current with literature in pediatric neuropsychology is also encouraged. Specific journals of interest may include:

Developmental Neuropsychology
Child Neuropsychology
Journal of Pediatric Neuropsychological Rehabilitation
The Clinical Neuropsychologist
Archives of Clinical Neuropsychology

Continuing education workshops are offered through the National Academy of Neuropsychology, Division 40 of the American Psychological Association, as well as the International Neuropsychological Society. Such workshops and presentations may aid in rounding out areas for which the applicant did not have exposure or formal training during their doctoral or postdoctoral training.

The ABPdN has developed a reading resource list, identifying core resources for specialized topics, as well as the general practice of pediatric neuropsychology. Many of these texts are used in either doctoral or postdoctoral training programs. Formal review of the resources listed may be warranted, if the individual has previously read the specific text. This reading list is not exhaustive; however, core resources are printed in bold font and should provide the applicant with a helpful forum for completing either self-directed study or review.

The examination committee of the ABPdN is in the process of developing a specific workshop oriented toward preparing applicants or prospective applicants for the ABPdN examination. The ABPdN intends to offer this workshop several times per year, typically in conjunction with the NAN, APA, or INS meetings. The workshop will provide applicants and prospective applicants with information regarding the ABPdN, and allow interested individuals to inquire about each stage of the examination process.

Pediatric neuropsychology should constitute a core portion of your practice. Again, given the threshold requirements, it is likely that the applicant has already met this requirement. The remainder of this manual will be devoted to aiding the applicant in navigating each remaining step of the ABPdN process.

MENTORING

Every applicant passing the initial step in the examination process (Step 1) may request (is encouraged to request) a mentor. Mentors are active or emeritus ABPdN members who have completed all stages of the examination process (again, this is expected to include ALL ABPdN members by December 2007). Mentors can aid the applicant in preparing and presenting data for the Practice Sample, guidance on the most salient

concepts for study in preparing for the Written Examination, and guidance on strategies for preparing for the Oral Examination. Encouragement and support are also part of the mentoring process and can be a valuable resource for applicants. Mentors can be obtained by request to the Executive Director.

Practice Sample

PURPOSE

The purpose of the Practice Sample is determine the applicants overall knowledge in the area of clinical practice. While the Written Examination was designed to assess content-specific knowledge with regards to the field of pediatric neuropsychology, the Practice Sample is a way for the board to evaluate the day-to-day skills of the applicant. To that end, the sample should reflect a typical patient seen in the applicant's clinical practice. Practice Samples are not limited to pediatric neuropsychological assessments.

PREPARATION

After an application is reviewed and determined board-eligible, a candidate will then be invited to provide a work sample that reflect their typical work in pediatric neuropsychology. Prior to taking the objective and oral examination, the candidate must prepare and tender one written sample of an original pediatric neuropsychological examination performed solely by the candidate. Appropriate samples may include case analysis/interventions and supervision sessions.

SUBMISSION

The procedures for these samples are as follows:

If the applicant is providing a neuropsychological evaluation:

1. Prepare one neuropsychological evaluation report sample demonstrating your **typical** work. PLEASE do not send in work reflecting a case that is diagnostically unusual or something that you think demonstrates uncommon diagnostic acumen. We want to see what you do every day;

2. Prepare 4 copies of your work samples in a neat and organized format. Please do not expect for the reviewers to engage in organization for you. The better organized your sample is, the easier you will make your reviewer's work;

3. Your work sample must include your written report, case notes, raw data protocols, and the supportive medical documentation for your opinions. Please be **ABSOLUTELY** certain to remove the identifiers from your records. To do otherwise would be pose significant ethical/legal problems for you and will result in your work sample being failed;

4. Send all of the materials to the ABPdN Executive Director who will be responsible for distribution;

5. Your work sample is due no less than 3 months before you take oral and written exam and must be tendered no more than one year after your application has been approved.

6. One your sample is approved, you will be prompted to prepare for the oral and written exam.

If the applicant is providing either an intervention or a supervision session:

1. Provide a careful and thorough case analysis of the material that will be covered during the session to be viewed. This analysis should include background, diagnoses to be covered, methodological approaches, and a reference bibliography that specifically supports your approach and work. Please make certain that the latter includes the specific page references for the examiners to review.

2. Provide 4 copies of the analysis above that includes the specific chapters or articles upon which you are basing your intervention/supervision. Do not expect that that your reviewers will have access to your texts or journals. Remember that they will be working to determine if you have reasonably applied the material you sited to the case in question.

3. Provide 4 copies of a video of your neuropsychological intervention or supervision. This should be no less than 30 minutes in length, but no more than 1 hour.

4. Please be **<u>ABSOLUTELY</u>** certain to remove the identifiers from your records. To do otherwise would be pose significant ethical/legal problems for you and will result in your work sample being failed;

5. Send all of the materials to the ABPdN Executive Director who will be responsible for distribution;

6. Your work sample is due no less than 3 months before you take oral and written exam and must be tendered no more than one year after your application has been approved.

7. One your sample is approved, you will be prompted to prepare for the oral and written exam.

<u>Scoring</u>

Your work sample will be forwarded to a panel of reviewers. If your work samples do not meet ABPdN standards, the problems identified will be carefully delineated and feedback will be provided in order to assist you in working toward the standard. However, please note that your sample is primarily being assessed to determine if it is a

generally defensible document, demonstrates the required pediatric neuropsychological knowledge, and will likely increase the likelihood of your passing the oral examination.

Example

The following document contains a Practice Sample that meets the requirements for ABPdN. Although there are many methods and instruments available for the examination of pediatric neuropsychology patients, ABPdN reviewers will pay close attention to the applicant's ability to (1) obtain a thorough history of the patients and presenting problems/reason for referral, (2) obtain all relevant medical/school/etc records and integrate them with the history, (3) design an appropriate battery to answer the referral question, (4) administer, score and interpret the data, (5) integrate the test data with the history and records, (6) derive an appropriate diagnosis accounting for all symptoms and other factors (if relevant), (7) determine appropriate treatment recommendations.

NEUROPSYCHOLOGICAL EVALUATION

Name:	BRAD X
Date of Birth:	XX/XX//96
Age:	7
Hand:	Right
Referring Physician:	Deborah XXX, M.D., XXX Center, XXX, Indiana
	Vicenta XXX, M.D., XXX Hospital
Length of Consult:	1 Unit (XX/XX/2004)
Length of Evaluation:	7 Units (Xx/XX/2004)
Length of Follow-up:	1 unit (XX/XX/2004)

IDENTIFICATION AND REASON FOR REFERRAL

Brad is a seven-year-old Caucasian male who was seen for a neuropsychological evaluation in our office. He has a history of peri-natal trauma, neonatal seizures and more recently diagnosed partial seizures with secondary generalization, which are fairly well controlled on medication. He has some difficulty with auditory processing within the school system and this neuropsychological evaluation was requested to provide some diagnostic clarity and treatment recommendations.

BACKGROUND INFORMATION

Brad was the result of a vaginal, on time delivery with induction using Pitocin. His mother had a history of gestational diabetes, controlled with diet. She denied the use of any tobacco, alcohol, recreational or prescription medications. A vacuum was used in the extraction and during the delivery, meconium was found in the fluid. In addition, he was not breathing spontaneously and Apgar scores were quite low (4, 6). Lungs were cleared and there was no meconium found in his lungs. He was intubated and on a ventilator for approximately two days. During that time he began showing neonatal seizures that looked like, from the reports, partial seizures involving the right upper and lower extremity with secondary respiratory distress. He was treated immediately with Phenobarbital and that was successful in the short term for discharge.

Imaging done at that time revealed diffuse encephalopathy and a possible small tentorial hemorrhage, as well as a small hematoma in the bi-parietal occipital region. The parents reported that a follow-up MRI was done within one year and showed completed resolution. Results from this MRI were requested, but not available at the time of this report. His pediatrician was contacted and confirmed this data.

He was eventually discharged on Phenobarbital and was seizure free for eight months. He was later weaned off the medication and apparently seizure free.

His mother did not breast feed and his feeding was complicated by reflux; but, he did gain weight easily. Early medical history is remarkable for RSV, which eventually led to what sounds like asthmatic bronchitis and dehydration. He was hospitalized for one to two days. He currently takes Xopenex and Albuterol inhaler that he uses on a p.r.n. basis and takes Singulair daily.

Developmental milestones were largely on time for motor but he did show some dystonia and was treated with PT and OT through First Steps until age 3. He was then discharged and thought to by at an age appropriate level Language milestones were largely on time. He toilet trained well, but does still have fairly chronic nocturnal enuresis. This is untreated and does not cause concern to the family.

Somewhere around age five (December 2002), he again began showing seizure activity, which was initially described as nocturnal in onset with confusion upon awakening and with accompanying motor tremor. He was running a low-grade fever. There is a record of an EEG in January of 2003, which showed mild encephalopathy, but this was unobtainable. Mom thought that the initial events might have been due to a Phenergan suppository that he was given for flu treatment but no medical records confirm that. What can be said is that on the 24 hour-EEG done in March of 2003, some focal epileptiform activity was found in the right central parietal region and he was again started on seizure medication.

He took Trileptal initially but had some reflux and was later switched to Valproic Acid. He has currently been seizure free for 18 months while on this medication. Other medications include Clonidine 0.1 mg, one-half tab q. h.s for sleep.

Academic problems include difficulties following directions, primarily when directions are given auditorially. On confrontation with him during the neurological examination, he was able to do some basic word decoding and follow simple commands. His performance is thought to be best characterized as inconsistent at home and school.

Initial neurological evaluation found him to be solidly right-handed, footed, eared, and eyed. Balance and coordination were good. Romberg was initially positive but was repeated and then was negative to two different confrontations. He may have been playing around a little bit and as it could not be replicated, was considered negative.

His parents indicated that he is not a behavioral problem, per say, but struggles to follow directions, complete tasks, and consistently comply with homework without constant monitoring.

TESTS ADMINISTERED

Wechsler Intelligence Scale for Children - IV
Woodcock-Johnson Test of Achievement - III
Seashore Rhythm Test
Speech Sounds Perception Test
Beery Visual Motor Integration Test
Conner's Continuous Performance Test - 2
Dyslexia Screening Test
NEPSY Neurodevelopmental Inventory
Personality Inventory for Children – 2
Disruptive Behavior Rating Scale – Parent Form
Disruptive Behavior Rating Scale – Teacher Form

BEHAVIORAL OBSERVATIONS

Brad is a 7-year old male who appears his age. He is average in height and weight and no dimorphic features are noted. He was polite and cooperative throughout the evaluation and his mood was euthymic. His affect varied appropriately with the content of the subject matter and he could be rather playful during the initial evaluation. His thought processes were rational and goal directed. Brad' effort during the evaluation was good and with prompting he appeared to be able to bring his full skills to bear on the material. His motor functions were adequate for testing purposes and he showed no difficulty with hearing or sight.

RESULTS

The following section provides a brief narrative summary of the test results across various neurocognitive domains. For specific measures, raw scores, and/or demographic corrections, please refer to the NEUROPSYCHOLOGICAL ASSESSMENT RESULTS SUMMARY at the end of this report.

Intelligence
Brad completed the WISC-IV to assess his overall intellectual functioning. He achieved a Full Scale IQ Score of 88, which is ranked at the 21st percentile and in the low average range. However, his scores on the Verbal Comprehension Index and Perceptual Reasoning Index (96, 92 respectively) indicate intellectual abilities that are more consistent with the average range. Thus, his General Ability Index would be a standard score of 94, which is in the Average range. His Full Scale IQ score seemed to be dragged down by the difficulties in Processing Speed (SS = 80), while Working Memory was more commensurate with his intellectual ability (SS = 94). Overall, his GAI would probably be the best estimate of his intellectual functioning.

Achievement
Academic functioning was assessed using the Woodcock-Johnson Test of Achievement - III. He achieved a Broad Reading Score of 89, which is ranked at the 22nd percentile and in the low average range. Again, ability measures such as Letter-Word Identification (93) and Passage Comprehension (93) were both within the average range, while scores affected by processing speed (Reading Fluency = 82) fell within the low average range. He achieved a Broad Mathematics Score of 97, which is ranked at the 41st percentile and in the average range. The pattern was consistent with the reading with a Calculation Score of 103 and an Applied Problems Score of 96, both within the average range, and a Math Fluency Score of 79, which is ranked within the borderline range of impairment. This data would argue against the presence of a specific learning disability but rather demonstrates the impact of his poor processing speed.

Patterns of deficits consistent with developmental dyslexia were assessed using the DST. As this was a timed measure, more emphasis was given to the most salient, non-timed measures for dyslexia including verbal fluency, phonemic segmentation, regular/irregular/nonsense word reading, and rapid naming. With the exception of rapid naming, all fell within the average range. He did show difficulties in handwriting that could not be explained simply by time but rather by constructional deficits. No evidence of dyslexia was clearly demonstrated outside of his poor processing speed and his Total Scaled Score, even under timed conditions, fell within normal limits (0.8).

Visuospatial Processes and Motor Co-ordination
Visuo-spatial abilities and motor co-ordination were assessed using multiple methods. To further assess visual constructional abilities, the Berry-VMI was administered. All scores were within the average range. He achieved an Integration Score of 92, a Perception Score of 91, and a Motor

Coordination Score of 93. Thus, while there is difficulty with handwriting, there was no evidence of constructional dyspraxia.

Follow-up testing for motor speed and dexterity were done using the NEPSY. He achieved an 89 on the Sensori-motor domain, which is ranked at the low average range. However, differences were found in comparison of upper extremities. His motor speed was average on the right hand, with borderline scores on the left. This was also true for tasks of motor precision. Thus, there was evidence of reduced motor speed and dexterity on the left hand of borderline severity.

Attention
Attentional capacity and control was assessed in a multi-method format. He had a great deal of difficulty on the auditory attention measures from the Halstead-Reitan. These deficits were obvious even under the phonemic portions, suggesting primary problems with auditory attention and not just phonemic awareness. His scores on the NEPSY auditory comprehension were in the high average range, however, suggesting that his difficulties on measures from the Halstead-Reitan may have more to do with figure-ground discrimination.

On the CPT-2, his profile matched better with a clinical (74.7%) than a nonclinical population based on the discriminate functional analysis. He had high scores on measures of omission, commission, detectability, and perseveration. Thus, the data argues for a more global problem with attention rather than a central auditory processing deficit exclusively. Behavioral correlates were not found from rating scales, however, and thus, it appears to fit less with an ADHD pattern and much more with a neurological pattern secondary to seizures and/or the medications used to treat them.

Language
Global language was assessed using the NEPSY. All language scores were in the average to high average range and would argue against any delays in those areas.

Memory
Visual, verbal and multi-modal memory were assessed using the NEPSY. He achieved a Scaled Score of 78, which is well below what would be expected given his IQ. In addition, most measures for immediate memory were largely intact with primary difficulties in delayed memory, even on tasks with repeated exposure. Thus, these deficits are indicative of an amnestic disorder and not simply a result of attention problems. Again these are common in seizure disorders.

Emotional Functioning
Personality and emotional functional was assessed using the PIC-2. He had a borderline elevation on one of the scales for somatic concerns but, given his medical history, this was not surprising. Several of the critical items for attention were also elevated but there was no evidence of an Axis I Mood Disorder or ADHD.

IMPRESSIONS

This is a 7-year –old male with an early history of peri-natal complications, including post-asphyxia encephalopathy, neo-natal seizures and intra-parenchymal hemorrhage. More recent history includes partial seizures with secondary generalization controlled with anti-convulsant medication. Results from the current examination revealed residual sequelae in several neurocognitive domains of borderline to mild severity. The pattern of impairment implicated

attention deficits, mild bradyphrenia (slowed thinking), memory deficits and motor speed/dexterity deficits in the non-dominant hand. This pattern of impairments suggests a more diffuse process, with possible focal deficits in the right hemisphere due to the motor impairments. Of note, there does not appear to be impairment in intellectual or academic domains and general behavioral and psychological functioning are good.

The most likely cause of these deficits is epilepsy since it is often associated with impairments in attention, memory and processing speed. However, the impact of the AED is unclear except to note that no dose-dependant relationship to cognitive functioning has been established. His seizure presentation was characterized as partial onset (right hemisphere) with secondary generalization. There was mentioned in the records and from the family of an abnormal CT scan at birth indicating a small hemorrhage at the level of the tentorium (specific location not mentioned) and a subgaleal hematoma, which was likely the result of the vacuum extraction. The family's descriptions of early seizure activity indicated that the left side of the body showed flexion and thus the current seizure activity may have resulted from scar tissue or abnormal neural connections on that side. What can be said is that no structural abnormalities were revealed on follow-up MRI.

In terms of long-term prognosis, certainly the intact IQ and the absence of learning disabilities and behavioral problems paint a more optimistic picture. In addition, the fact that he has been seizure free for a year and a half is also some cause for optimism. The deficits in memory and the fact that he does still show some spike wave activity in the evening time when the seizure threshold is limited due to fatigue is an area of continued concern. We will not be able to assess how much his memory will improve until after we get two years stabilized on medication and then can wean him off of it at such time his EEG normalizes.

The family has talked a little bit about what immediate interventions can be done and certainly a trial on stimulant medication could prove fruitful. While it won't erase all the memory problems, it certainly could help compensate for some of those deficits in attention. They will need to discuss this with their pediatrician and attending neurologist in XXX to determine the relative cost/benefit of that type of intervention. We certainly have found that helpful in many of our cases as long as it is monitored rather closely. A follow him up in the fall when he begins classes would also be useful to help determine his immediate needs in school. In addition, a follow-up evaluation in the spring would be helpful if they do decide to pull him off medication in January and if his EEG has stabilized. At that point in time we can reassess some of the memory and see what relative progress he has made and do some planning for the next year.

DSM-IV DIAGNOSIS

DSM-IV/ICD-9	**Code**	**Diagnosis**
Axis I:	294.9	Cognitive Disorder, NOS
Axis II:	V71.09	No Diagnosis
Axis III:	345.90	Epilepsy NOS, without Intractable Seizures
	772.3	Hemorrhage, after birth (by history)
Axis IV:		Educational problems
Axis V:		GAF – 65 (current)

RECOMMENDATIONS

The following recommendations were generated based on the history, neuropsychometric results, medical and school reports and consultation with the family:

1. It is recommended that Brad and his family continue with careful adherence to his current medication regimen. A follow-up appointment with his attending neurologist has been scheduled for December of this year to determine continued need for AED medications.

2. It is recommended that Brad's parents confer with the school and share data from this report (if they chose) with his school for the purposes of contributing to his IEP.

3. A follow-up appointment has been scheduled with Brad and his family in the fall school semester to determine specific needs. His teacher will also be contacted to determine his start to the year. The following recommendations were suggested by the data:
    a. Processing speed deficits were evident on IQ and achievement testing. Brad would profit from additional time when completing long assignments. Care should be taken to see that he has an adequate opportunity to produce written work. His performance in this are will be reviewed at the fall follow-up appointment.
    b. Brad showed difficulty with retrieval in both the verbal and visual domains. Thus, he would profit from reminders from his teacher of instructions and visual aids when multi-step instructions are given. Specific interventions for Brad will be generated once he begins the new school year.
    c. Attentional deficits were noted on testing. Brad may profit from a trial on a medication to address this issue. However, since he does not show a tremendous amount of behavioral problems, a conference with the family and teacher in mid fall will determine his relative acclimation to the new year and contribution of attention deficits.
4. A weakness in fine motor speed and dexterity was found on the non-dominant hand. The relative contribution of this deficit to his school and recreational abilities are said to minimal by his family. Thus, no intervention is planned. However, this deficit will be monitored throughout the year and re-evaluated at the end of this next year. If progress in development is not found, we may decide to obtain a consultation with an occupational therapist.

I appreciate the opportunity to participate in the care of Brad. If any additional information is needed, please feel free to contact me at the number listed on the front page.

NEUROPSYCHOLOGICAL ASSESSMENT DATA SUMMARY: Brad

	Score	T-Score	Rating
SUMMARY INDEXES			
General Ability Index	94	46	Average
Neuropsych. Deficit Scale			
WISC-IV Full Scale IQ	88	42	Low Average
Children's Memory Scale			
MMSE			
INTELLIGENCE			
WISC-IV FSIQ	88	42	Low Average
WISC-IV VCI	96	47	Average
WISC-IV POI	92	45	Average
WISC-IV WMI	94	46	Average
WISC-IV PSI	80	37	Borderline
PREMORBID IQ			
WISC-III/IV FSIQ			
VERBAL MEMORY			
NEPSY – Memory for Names	6	37	Borderline
NEPSY – Narrative Memory	7	40	Low Average
NEPSY – List Learning	7	40	Low Average
NEPSY-LL Acquisition		44	Average
NEPSY-LL Imm Recall		43	Average
NEPSY-LL Del Recall		35	Borderline
NONVERBAL MEMORY			
NEPSY- Memory for Faces	8	44	Average
NEPSY-Memory for Names	6	37	Borderline
EXECUTIVE FUNCTION			
CPT-2 Commissions	30	57	WNL
CPT- Disc Func Anal	74.7		Impaired
NEPSY-Attn/Exec SS			
NEPSY - Tower			
NEPSY – AARS			
NEPSY – Visual Atten			
ACHIEVMENT			
WJ-III – Broad Read	89	42	Low Average
WJ-III – LWI	93	46	Average
WJ-III - RF	82	38	Borderline
WF-III - PC	93	46	Average
WJ-III – Broad Math	97	48	Average
WJ-III – Calc	103	52	Average
WJ-III – MF	79	36	Borderline
WJ-III - AP	96	47	Average
DST - Total	0.8		WNL

	Score	T-Score	Rating
LANGUAGE			
NEPSY – Lang Domain	109	56	Average
NEPSY – PA	13	60	High Average
NEPSY – SN	8	44	Average
NESPY – CI	14	64	High Average
VISUOSPATIAL			
Berry VMI	92	45	Average
Berry VP	91	44	Average
Berry MC	93	46	Average
NEPSY – VS Domain			
NEPSY – DC			
NEPSY – Arrows			
ATTENTION			
Sustained (SRT)	13	47	Average
Sustained (SSPT)	16	31	Mild Imp
Sustained (Conner's Index)	74.7		Impaired
Divided (TMT-B)			
Divided (LNS-WISC-IV)	7	40	Low Average
Focused (Stroop)			
Verbal Span (WISC-IV)	11	54	Average
Visual Span (CMS)			
PROCESSING SPEED			
WISC-IV – CD	6	37	Borderline
WISC-IV – SS	7	40	Low Average
Trail Making Test-Part A			
WJ-III RF	82	38	Borderline
WJ-III MF	79	36	Borderline
SENSORY-MOTOR			
Finger Tapping-Dom	42		Average
Finger Tapping-NonDom	54		Borderline
Grip Strength-Dom			
Grip Strength-NonDom			
Grooved Pegboard-Dom			
Groove Pegboard-NonDom			
Imitating Hand-Dom	9		Average
Imitating Hand-NonDom	7		Borderline
Sensory-Perceptual Error-R			
Sensory-Perceptual Error-L			
NEPSY-Sensorimotor	89	42	Low Average
EMOTIONAL FUNCTIONING			
PIC-2 Elevations			
SOM1	4	62	Borderline
DBRS-Parent INT	14	64	Borderline
DBRS-Parent IMP	7		WNL
DBRS-Teacher INT	14		WNL
DBRS-Teacher IMP	6		WNL

Written Examination

Purpose

The third step is the objective exam. The purpose is to assess the candidate's breadth of knowledge in pediatric neuropsychology. The examination is a 100 question, multiple-choice instrument that was designed and constructed by other pediatric neuropsychologists who submitted questions about facts that they believed were critical or important in the practice of pediatric neuropsychology. The questions were first assessed for face validity, clustered for content area, rank ordered, deleted or refined, re-analyzed, debated, approved and then compiled. Each exam may include the following basic core areas of review:

- Psychometrics
- Pediatric Neurosciences
- Psychological and Neurological Development
- Neuropsychological and Neurological Diagnostics
- Ethics and Legal Issues
- Research Design Review for Clinical Application
- Intervention Techniques
- Consultation and Supervisory Practices

Development

The examination is a 100 question, multiple-choice instrument that was designed and constructed by other pediatric neuropsychologists who submitted questions about facts that they believed were critical or important in the practice of pediatric neuropsychology. The questions were first assessed for face validity, clustered for content area, rank ordered, deleted or refined, re-analyzed, debated, approved and then compiled.
Sample Items

The following questions do not appear on any of the variations of the ABPdN Written Examination. However, these questions reflect the depth and content of actual items on the exam.

1. Which of the following is not a consequence of blood O_2 decreases secondary to an anoxic event during birth and delivery:
    a. Increase in blood pressure
    b. Decrease in energy consumption
    c. Increase expulsion of waste at the cellular level
    d. Depletion of ATP reserve

2. Which is not a primary type of synaptic reorganization of the brain following injury:
    a. Sprouting

b. Straining
c. Spreading
d. Extension

3. What percentage of the human genome is devoted to neuronal development:
    a. 5%
    b. 10%
    c. 30%
    d. 50%

4. The most frequent prenatal etiologies of hydrocephalus include all but which of the following:
    a. Spina bifida
    b. Dandy-Walker Syndrome
    c. Aqueductal stenosis
    d. Arterial-venous malformations

5. Which subtest from the WISC-IV is often problematic for children with EITHER ADHD or Dyslexia:
    a. Coding
    b. Vocabulary
    c. Similarities
    d. Matrix Reasoning

Scoring

Not all domains of pediatric neuropsychology are covered equally in all exams, however the above content areas represent the core information that the applicant should reasonably expect to see on the written objective exam. A passing score on this examination is currently set at 70% (70 out of the 100 questions correct).

The examination may include up to 25 additional items that are "research" items and are used for standardization purposes. These items will not be identified separately and your responses to these items will not be calculated when arriving at your final score. A person not passing (70% is the passing point) this phase of examination will be allowed to retake this portion of the examination at its next administration. Since scoring of the written examination takes place at a later date, the examinee will sit for the oral examination on the same day regardless of their performance on the Written Examination.

Content Areas

The following section provides an outline of the main content areas included in the Written Examination as well as more specific topics for consideration within each domain. Bolded areas are themes that consistently appear on the Written Examination each year.

Areas of Competency Necessary for Examination

Part I: Basic Neurodevelopment

Early Neural and Cognitive Development

- **Candidates should be familiar with principles of neural development**
- **Candidates should be familiar with the sequence of neural development**
- **Candidates should demonstrate an awareness of development of functional neuropsychological systems**

Themes in Pediatric Neuropsychology

- Candidates should have an awareness of cerebral lateralization research.
- **Candidates should be able to locate major brain regions in cortical and sub-cortical areas**
- **Candidates should be familiar with literature relevant to sex differences**
- Candidates should be familiar with critical developmental windows, plasticity, as well as recovery of function.
- Candidates should be familiar with disconnection syndromes
- Candidates should be able to demonstrate an awareness of epidemiology and classification of pediatric neuropsychology disorders.
- **Candidates should be familiar with major instruments in the field with respect to systems in the brain they assess**
- **Be familiar with test instruments frequently used to assess various neurocognitive conditions in children, their limitations (e.g. concept of "downward extension"), their subtests, and age ranges**

Disorders of Development

- **Candidates should be familiar with chromosomal and genetic disorders and the developmental outcomes for these disorders**
- **Candidates should be familiar with structural abnormalities of the central nervous system, and the impact such abnormalities have on neuropsychological functioning**
- **Candidates should be familiar with issues pertaining to prematurity and low birth, and the neuropsychological deficits associated with low birth weight**
- Candidates should be familiar with the impact that infections can have upon neuropsychological functioning, and the long-term impact that certain infections may have on neuropsychological functioning
- **Candidates should be familiar with the impact of neurotoxins on neuropsychological functioning of pediatric populations**
- **Candidates should be familiar with nutritional disorder and their impact on the neuropsychological functioning of pediatric populations**

- **Candidates should be familiar with the impact of anoxia on neuropsychological functioning, risk factors for severity, and clinical outcomes**
- **Candidates should be familiar with literature pertaining to traumatic brain injury**
- Candidates should be familiar with focal neurological disorders
- **Candidates should be familiar with Seizure disorders**
- **Candidates should be familiar with literature regarding hydrocephalus**
- **Candidates should be familiar with literature pertaining to brain tumors**
- Candidates should be familiar with Meningitis
- Candidates should be familiar with Neurofibromatosis

PART II Neuropsychological Dysfunction in Medical Disorders

- Candidates should be familiar with Turner Syndrome
- Candidates should be familiar with Phenylketonuria
- Candidates should be familiar with Acute Lymphoblastic Leukemia
- Candidates should be familiar with Sickle Cell Disease
- Candidates should be familiar with Diabetes
- Candidates should be familiar with Renal Disease
- Candidates should be familiar with Human Immunodeficiency Virus

PART III Disturbances of Function

- Candidates should be familiar with Soft Neurological Signs
- **Candidates should be familiar with Attention Deficit Hyperactivity Disorder**
- Candidates should be familiar with Sensorimotor, Motor, and Disorders of Praxis
- Candidates should be familiar with Visual Disorders
- Candidates should be familiar with Auditory Disorders
- **Candidates should be familiar with Language Disorders**
- **Candidates should be familiar with Learning Disabilities**
- Candidates should be familiar with Tourette’s Syndrome
- **Candidates should be familiar with Autism and Pervasive Developmental Disorders**
- Candidates should be familiar with Turner’s Syndrome
- **Candidates should be familiar with Fragile X Syndrome**
- Candidates should be familiar with the Mucopolysaccharidoses
- Candidates should be familiar with Noonan Syndrome
- Candidates should be familiar with Klinefelter's Syndrome
- Candidates should be familiar with Rett’s Syndrome

Part IV:

- Understand current psychological theories of intelligence
- Understand the levels of severity of mental retardation
- Know the diagnostic criteria and differential diagnosis for mental retardation
- Understand the interaction of environment and biology in the etiology of mental retardation
- Know the risk factors related to the causes of mental retardation
- Understand the academic potential, occupational potential, and independent living potential of individuals with the different levels of mental retardation
- Know the conditions that may affect the validity of assessments of intellectual ability
- Understand the specific behavioral, educational, and social challenges associated with each developmental stage for a child with mental retardation
- Know the common etiologies of mental retardation
- Know the educational interventions available for children with mental retardation
- Plan the neuropsychological evaluation of a child with mental retardation
- Understand the effects of early intervention for children with developmental delays
- Interpret the psycho-educational assessment of a child with mental retardation
- Know the co-morbid conditions associated with mental retardation
- Understand the appropriate educational interventions and accommodations for a child with mental retardation
- Plan the treatment of common behavioral and emotional problems associated with mental retardation
- Understand the principles of planning for the transition to adulthood for youth with mental retardation
- Know the epidemiology of mental retardation

Part V.

A. Language and Learning Disorders

- Understand the discrepancy definition and low achievement definition of learning disabilities
- Know how to plan the evaluation of a child for a learning disability
- Understand the structure of educational interventions attempting to provide the least restrictive environment (e.g., classroom aide, resource room)
- Understand the overlap between mental retardation and learning disorders
- **Know the epidemiology and natural history of learning disabilities**
- Understand the issues related to differentiating learning disabilities from normal variations in academic skill acquisition

B. Reading disorder

- Understand the cognitive and adaptive skills that are necessary for the typical development of reading abilities.

- Understand the relationship between early language delays and later reading disorders
- **Understand current concepts of the genetics of reading disorders**
- Understand the current concepts regarding the underlying neuropsychological deficits in reading disorders
- Understand the appropriate educational interventions and accommodations for children with a reading disorder
- **Understand the range of prognoses for children with a reading disorder**
- **Know the specific CNS localization of deficits related to reading disorder**
- **Know the conditions commonly associated with reading disorder**
- Understand that reading disorders may result in academic failures in other subject areas
- **Know the diagnostic criteria for reading disorder**
- **Recognize the symptoms of reading disorder**
- **Know the differential diagnosis for low achievement in reading**

C. Mathematics disorder

- Understand the appropriate educational interventions and accommodations for a child with mathematics disorder
- Understand the range of prognoses for children with mathematics disorder
- Know the conditions commonly associated with mathematics disorder
- Know the diagnostic criteria for mathematics disorder
- Recognize the symptoms of mathematics disorder
- Understand the cognitive and adaptive skills that are necessary for the typical development of mathematics abilities
- Know the current concepts regarding the underlying neuropsychological deficits in mathematics disorder
- Know the differential diagnosis for low achievement in mathematics

D. Other academic disorders

- Know the diagnostic criteria for disorder of written expression
- Understand the cognitive and adaptive skills that are necessary for the typical development of writing and spelling abilities
- Know the differential diagnosis of disorders of written expression and spelling
- Know the components of the evaluation of children for disorders of written expression or spelling
- Know the appropriate educational accommodations for children with spelling disorder or disorder of written expression
- Recognize the signs and symptoms of a non-verbal learning disorder
- Understand the natural history of non-verbal learning disorders
- Know the conditions commonly associated with non-verbal learning disorders
- Recognize the symptoms of disorder of written expression
- Know the appropriate educational interventions and accommodations for children

with non-verbal learning disorder

E. Speech and language disorders
1. Language

- **Understand the distinction between speech and language**
- **Distinguish the phonological, semantic, grammatical, and prosodic aspects of language**
- **Know the differential diagnosis of language disorders**
- **Understand the role of hereditary factors in language disorders**
- Understand theories about the causes of language disability
- **Recognize disabilities in semantic, phonological, grammatical, as well as prosodic skills**
- **Understand the distinction between receptive and expressive language skills**
- Know the diagnostic criteria for mixed expressive-receptive language disorder and expressive language disorder
- Know how to plan the evaluation of a child with language delay
- Know how to plan the management of a child with a language disorder
- Know the range of prognoses for children with different types of language disorders
- Understand the neural basis of language functioning and language development
- Understand the impact of exposure to more than one language (bilingual household) on language development
- Understand the role of environmental factors in language disorders
- **Understand the neural basis for language disorders**
- **Know the epidemiology of language disorders**
- Recognize the signs and symptoms of language disorders

2. Speech disorders

- Understand the distinctions among articulation, voice/resonance, and fluency
- Know the pathophysiological factors that affect articulation
- Recognize the developmental progression of articulation skills
- Know the definitions of dysarthria and oral-motor dyspraxia
- Know how to plan the evaluation of a child with articulation abnormalities
- Know the differential diagnosis of a child with articulation delays
- Know how to plan the management of a child with speech abnormalities
- Understand the range of prognoses for children with articulation disorders
- Understand the normal development of speech fluency
- Know the criteria for referral of a child with speech dysfluency
- Know how to plan the management of a child with speech dysfluency
- Understand the prognosis for a child with speech dysfluency
- Know the pathophysiological factors that affect voice and resonance
- Know how to plan the evaluation and management of a child with abnormalities of voice or resonance

- Know the prognosis for a child with abnormalities of voice or resonance

3. Selective mutism

- Recognize the signs and symptoms of selective mutism
- Differentiate between selective mutism and other conditions affecting speech and language
- Know how to plan the evaluation of a child with selective mutism
- Know how to plan the management of a child with selective mutism
- Differentiate selective mutism from normal variations in a child's comfort speaking in social settings

Part VI - Motor Disabilities and Multiple Handicaps

A. Cerebral palsy

- Recognize signs in early infancy that are associated with the later development of cerebral palsy
- **Recognize the signs and symptoms of spastic cerebral palsy**
- **Know the prevalence and epidemiology of cerebral palsy**
- **Distinguish the different subtypes of spastic cerebral palsy**
- Recognize the signs and symptoms of extrapyramidal cerebral palsy
- Know specific causes of the different types of cerebral palsy
- Distinguish cerebral palsy from spinal cord injuries, peripheral motor disorders, and lower motor neuron lesions
- Know how to plan the management of a toddler or preschooler with cerebral palsy
- Know how to plan the management of a school-age child or adolescent with cerebral palsy
- Evaluate early intervention and physical therapy in the management of cerebral palsy
- Know the pharmacological management of spasticity
- Know the natural history of cerebral palsy
- Know the pharmacological management of drooling in children with cerebral palsy
- Understand the neurological, orthopedic and/or ophthalmological complications associated with cerebral palsy
- Know the developmental and behavioral characteristics of individuals with cerebral palsy
- Know the range of prognoses for children with different types of cerebral palsy

B. Myelodysplasia

- Understand the high prevalence of hydrocephalus and Chiari malformation in children with myelodysplasia
- Understand the relationship between the level of myelodysplasia and motor and

cognitive dysfunction

- Know how to plan the management of children with different levels of myelodysplasia
- **Know the conditions commonly associated with myelodysplasia**
- **Understand the relationship between genetic and environmental factors in the etiology and prevention of myelodysplasia**
- Understand the urological, neurological, and/or orthopedic complications associated with myelodysplasia
- Know the developmental and behavioral characteristics of individuals with myelodysplasia

C. Muscular dystrophy

- Recognize the signs and symptoms of Duchenne muscular dystrophy
- Understand the long-term prognosis for a boy with Duchenne muscular dystrophy
- Know how to plan the laboratory evaluation for a child with progressive muscular weakness
- Understand the genetics of Duchenne muscular dystrophy
- Know how to plan the management of a boy with Duchenne muscular dystrophy
- Understand the neurological and orthopedic complications associated with muscular dystrophy
- Know the developmental and behavioral characteristics of individuals with muscular dystrophy
- Recognize the cases of non-Duchenne muscular dystrophy.

D. Tics

- Differentiate tics from voluntary and other involuntary movements, such as chorea, athetosis, and ballismus
- Know the epidemiology of tics and tic disorders
- Know the diagnostic criteria for tic disorders, including transient tic disorder, chronic tic disorder, and Tourette's Syndrome
- Describe the natural history of tics and tic disorders
- Know the conditions commonly associated with Tourette's Syndrome (e.g., ADHD and OCD)
- Understand the pathophysiology of Tourette's Syndrome
- Plan the evaluation and treatment of a child with a tic disorder
- Know the pharmacological interventions that can be helpful in management of tics
- Recognize the behavioral and developmental complications of Tourette's Syndrome
- Understand the genetics of Tourette's Syndrome

E. Other

- Plan the evaluation of an infant with hypotonia
- Recognize the typical presentation of developmental coordination disorder
- Know appropriate management strategies for a school-age child with developmental coordination disorder
- Know the causes of congenital hypotonia
- Know the signs and symptoms of spinal muscular atrophy (SMA)

Part VII . Autism Spectrum Disorders

A. Autism

- **Know medical conditions commonly associated with autistic disorder**
- **Know the etiologies, diagnostic criteria, and differential diagnosis for autistic disorder**
- Understand the deficits of children with autistic disorder in joint attention, social referencing, and theory of mind
- Know how to plan the psycho-educational evaluation of a child with autistic disorder
- Know how to plan the medical evaluation of a child with autistic disorder

B. Asperger's disorder and pervasive developmental disorder- not otherwise specified

- Differentiate the natural history of Asperger's disorder from that of other pervasive developmental disorders
- Know how to plan the management for a child with Asperger's disorder
- Know the diagnostic criteria, differential diagnosis, range of prognoses for a child with Asperger's disorder
- Know the diagnostic criteria, differential diagnosis, and range of prognoses for a child with PPD-NOS
- Know how to plan the psycho-educational evaluation of a child with PPD-NOS
- Know how to plan the medical evaluation of a child with PPD-NOS

C. Rett's syndrome

- Know the etiology, natural history, and developmental and behavioral characteristics of Rett's syndrome
- Recognize the signs and symptoms of Rett's syndrome
- Know the evaluation of a child with Rett's syndrome

<u>Part VII -Child Abuse and Neglect</u>

A. Physical abuse

- Know the parental risk factors associated with physical abuse of young children (e.g., stress, isolation, parental abuse, substance abuse, poverty)
- Know the child risk factors that predispose to physical abuse (e.g., prematurity, disability, irritability, male gender)
- Describe common screening techniques to identify children at risk of physical abuse
- Recognize signs and symptoms of physical abuse
- Understand the legal and clinical implications of reporting physical abuse
- Recognize characteristics of fractures caused by physical abuse
- Know the signs and symptoms of "shaken baby syndrome"
- Know the long-term outcome of physical trauma

B. Sexual abuse

- Know the risk factors for sexual abuse
- Recognize psychological physical signs and symptoms of sexual abuse

C. Factitious disorder by proxy (Munchausen syndrome by proxy)

- Recognize signs and symptoms suggestive of factitious disorder by proxy
- Know family risk factors often seen in cases of factitious disorder by proxy
- Know how to plan the management of cases of factitious disorder by proxy
- Know how to diagnose factitious disorder by proxy

D. Child neglect

- Know common developmental and behavioral sequelae of chronic neglect
- Understand how the developmental and behavioral symptoms of neglected children vary with stages of development
- Know the legal definition of child neglect
- Know how to plan the management of chronic neglect
- Know the parental risk factors associated with child neglect
- Recognize child neglect as the most common form of child maltreatment
- Know the child risk factors that predispose to child neglect
- Describe interventions that can lower the risk of child neglect (e.g., home nurse visits)

Part VIII - Law, Policy, and Ethics

A. Legal rights and processes

1. Individuals with disabilities

- Know the criteria for early intervention or special education for children from

birth through 21 years of age
- Understand the different implications of the Americans with Disabilities Act for public, private, and parochial schools
- Know the components of an Individual Family Service Plan (IFSP)
- Understand parents' rights to participate in special education decisions as described in the Individuals with Disabilities Education Act (IDEA)
- Understand how to apply the concept of least restrictive environment to designing an educational program for a child with a disability
- Understand the components of the Individuals with Disabilities Education Act (IDEA)
- Describe the eligibility criteria for services described in the Individuals with Disabilities Education Act (IDEA)

Part IX - Ethics

1. Treatment

- Understand the ethics of participation of the competent adolescent patient in decisions to withhold treatment in serious, life- threatening medical conditions
- Understand the appropriateness of psychiatric hospitalization of a young adolescent who the clinician feels is at serious risk of self- harm when the parent and child do not agree to hospitalization
- **Understand the three elements of informed consent - information, comprehension, and voluntariness - and how it can be applied to children**
- **Know the limits of confidentiality of disclosures of child patients to neuropsychologists**
- Understand the legal and ethical implications of drug screening in adolescents
- Understand the ethical implications of potential financial conflicts of interest of treating neuropsychologists and how to avoid and manage such potential conflicts

2. Research

- Know the circumstances in which passive consent to participate in research is acceptable
- Understand the ethics of exclusion of children from participation in research protocols
- Understand the roles and responsibilities of the investigator in human subject research
- Know the definition of scientific misconduct
- Know the purpose and function of an Institutional Review Board
- Know what populations are considered as vulnerable in research
- Know the unique considerations regarding the participation of individuals with cognitive disabilities in research.
- Understand the ethical implications of potential conflicts of interest of research investigators and how to avoid and manage such potential conflicts

Part X - Principles of Research

A. Epidemiology and statistical analysis

- **Distinguish between incidence and prevalence**
- **Know how to calculate sensitivity and specificity**
- **Know how to calculate positive predictive value and negative predictive value**
- **Understand that positive and negative predictive values depend on the prevalence of a disease within the population being screened**
- **Understand how to calculate the joint probability of two independent events**
- **Recognize the difference between nominal, ordinal, and continuous data**
- **Understand various measures of central tendency, such as mean, median, and mode**
- Be familiar with characteristics of Gaussian (normal) distributions
- Understand measures of variation within a data set, such as standard deviation and standard error of the mean.
- **Know the meaning of skewness and kurtosis**
- **Recognize when non-parametric statistical analysis should be employed**
- **Understand type I (alpha) error in statistical testing**
- **Understand type II (beta) error in statistical testing, and its relation to a study's power**
- Understand the impact of performing multiple statistical comparisons on the chances of a type 1 error
- Distinguish between clinical and statistical significance

B. Research methodologies

1. Design and measurement

- Know the important features of randomized clinical drug trials
- Understand the importance of randomization of subjects in study design
- Understand the reasons for blinding subjects and experimenters in medical investigation
- Recognize the biases that may arise during the recruitment of subjects for medical investigation
- Understand the importance of employing objective criteria in determining the outcome of investigations
- Understand the differences between a priori and post-hoc analyses and related issues
- Understand the role of mediating variables and covariates
- Understand the principles involved in the development and use of questionnaires in research
- Describe the factors associated with an increased strength of evidence of causality in observational studies (e.g., temporality, effect size, biologic plausibility,

reversibility, specificity, consistency)
- Understand the role of mediating variables and covariates

Reading List

The following section contains the recommended reading list for the Written Examination. Citations in bold are suggested books that should be considered critical for study.

RECOMMENDED READING LIST FOR ABPdN EXAMINATION

Anderson, V., Northam, E., Hendey, J., and Wrennal, J. (2003). Developmental Neuropsychology: A Clinical Approach (Brain Damage, Behaviour and Cognition). Psychology Press.

Baron, Ida Sue (2003). Neuropsychological Evaluation of the Child. New York: Oxford University Press.

Carman, G., Kaplan, E. et al (2001). The Consumer-Oriented Neuropsychological Report. PAR (Psychological Assessment Resources). Florida (ISBN: 0911907351)

Groth-Marnat, G. (2000). *Neuropsychological Assessment in Clinical Practice*. New York: John Wiley.

Harris, J.C. (1998). *Developmental Neuropsychiatry, Volume I1: Assessment, Diagnosis, and Treatment of Developmental Disorders*. New York: Oxford.

Heilman, K.M. & Valenstein, E. (eds). (1994) *Clinical Neuropsychology*, 3rd Edition. New York: Oxford University Press.

Jambaque, I., Lassonde, M., Dulac., (eds) (2001). Neuropsychology of Childhood Epilepsy. Plenum Press.

Kolb & Wishaw (1996) *'Fundamentals of Human Neuropsychology (4th ed)'* New York: Freeman & Co.

Lezak, M. D. (1995 or 2004) *Neuropsychological Assessment*, 3rd Edition. New York: Oxford University Press.

Nelson, N.W., (1998). *Childhood Language Disorders in Context: Infancy Through Adolescence*, 2nd Edition. Boston: Allyn & Bacon.

Ris, M.D., Taylor, H.G, and Yeates, K.O. (eds). (1999) Pediatric Neuropsychology: Research, Theory and Practice. Guilford.

Sattler, J.M. (1992). *Assessment of Children*, Revised and Updated 3rd Edition. San Diego: Jerome M. Sattler, Publisher.

Sattler, J.M. (2002). *Assessment of Children: Behavioral and Clinical Applications*, 4th Edition. San Diego: Jerome M. Sattler, Publisher.

Spreen, O., Tuokko, H., Risser, A. (1993). Human Developmental Neuropsychology. Oxford University Press.

Teeter, P.A. & Semrud-Clikeman, M. (1997). *Child Neuropsychology: Assessment and Interventions for Neurodevelopmental Disorders*. Boston: Allyn & Bacon.

Oral Examination

Purpose

The oral interview/examination portion of the overall ABPdN exam is offered on the same day as the written exam. This part of the exam will be comprised of a review of the candidate's work sample, the nature and application of neuropsychological knowledge to their current practice, the candidate's appreciation for ethical issues and obligations, and a review of the candidate's views and philosophy on pediatric neuropsychology. The oral exam also includes a mock case review, in which the candidate is given progressively more information about a fictional case, as they develop and articulate their working hypothesis. The oral exam is intended to be a collegial opportunity for the reviewers to validate the candidate's ability to "think on their feet" and discern their preparation and readiness for board certification.

ABPdN holds oral examinations semi-annually in the months of March/April or October/November in conjunction with meetings of the Board of Directors and the annual meetings of the National Academy of Neuropsychology and the International Neuropsychological Society.

To assure standardization of the examination process, the ABPdN has established the following Oral Examination Schedule. The general pace and sequence of topics provide guidelines to minimize the possibility that applicant might receive differential treatment. The Oral Examination process is designed to be completed in approximately three hours. Within each segment, there is room for variation according to the judgment of the examination committee. Many topics will be inter-woven throughout the examination, and flexibility should be allowed if relevant to the discussion. A topic may receive more cursory exploration in its scheduled time period if it has been sufficiently covered earlier. All written materials are reviewed IN ADVANCE.

Oral Examination Schedule

Task	Time allotted (min.)
Team Meets and Organizes	10
Team Greets Candidate	10
Examination on Professional Statement and Practice Sample	90
BREAK	10
Exam on Ethical, Legal and Professional Issues	15
Research Awareness	10
Exam wrap-up and Discussion.	
Return practice samples to Candidate.	5
Team Votes, Completes Forms and Writes Report	10-25

Note: Time allotments are guidelines that should be followed reasonably closely. Significant variations from the exam format and/or schedule must be by mutual agreement between the applicant and Chair and documented in a written statement

describing the variations and stipulating that they shall NOT serve as grounds for the appeal of a failed examination.

Content

The Examination Committee is a committee of three Board Certified examiners, one of who serves as Chair. No committee member may have had any significant prior or current personal, professional, or administrative relationship with the applicant or the clients in the Practice Samples.

The ABPdN recognizes that specialists in Pediatric Neuropsychology use a variety of approaches and techniques and have differing conceptual frames of reference. The ABPdN also recognizes that the effectiveness of professional practice is a function of many factors, including personal factors, level of experience and theoretical understanding. The Examination Committee Chair and Member Examiners will be selected with consideration of the theoretical orientation, knowledge base, professional interest and experience expressed in the applicant's Professional Statement. However, this is not required and is not a basis for appeal. The Chair will inform the applicant of the choices for the Examination Committee. The applicant has one week from notification to raise any concerns or objections about the proposed Examination Committee to the Chair. If the applicant does not contact the Chair within one week, it will be assumed the proposed Examination Committee is acceptable.

The ABPdN requires that the oral examination be conducted in a courteous, professional, and collegial manner consistent with the policies and procedures stated in this manual. An examiner serves as a representative of ABPdN and accepts responsibility to protect the welfare of the applicant, the confidentiality of the Practice Samples and the integrity of the examination. The relationship between the applicant and the examiners should be considered a collegial one in which the applicant is treated as a mature professional pediatric neuropsychologist.

Examiners should recognize that most applicants will experience anxiety in a face-to-face situation in which they are being evaluated by peers. This anxiety will be more apparent in some than in others. Each Examiner should be supportive and create a favorable situation in order that the applicant may demonstrate his/her specialized clinical competencies.

Prior to the Oral Examination, Examiners should prepare questions that relate to important theoretical and research concepts and professional issues generated by the Practice Samples and Professional Statement. The examination is a confidential and professional process. An Examiner will not disclose what is learned about an applicant during the examination, except in the official report to the ABPdN Central Office. All communications concerning the results of the examination shall be addressed to ABPdN via the Chair of the Examination Committee. It is not appropriate for an applicant to communicate with the Examiners about the outcome of the examination prior to receiving information about the outcome from the Central Office.

The high-quality, collegiality, relevance and standardization of the ABPdN Board Certification process are maximized by a clear and explicit manual and the training of Chairs and Examiners. Any ABPdN board certified pediatric neuropsychologist may have the opportunity to become an Examiner after appropriate training or become a Chair after appropriate experience. Interested board certified Neuropsychologists should contact the ABPdN Board of Directors. Since new Examiners require training as well, an applicant can expect to see Examiners-in-Training during their Oral Examination.

A. Introduction and Review

Many applicants will gain training in pediatric neuropsychology at all levels (doctoral, practica, internship, post doctoral residency). However, the first portion of the Oral Examination is an opportunity for the examination team to consider the scope of the applicant's body of training. This is important for the committee to ascertain more information about how the applicant practices within the field of pediatric neuropsychology (e.g. acute care, rehabilitation, outpatient, assessment, treatment) so that the Fact Finding and Practice Sample review can be conducted in the most relevant fashion. It is also an opportunity to begin the collegial nature of the Oral Examination process and to ensure that any questions or concerns about the process have been answered at an appropriate level. This section is broken into two parts:

Part I: The examinee will have the opportunity to explain their background.

a. The examinee will be asked to provide a verbal history of their educational and professional background.
b. Special consideration should be given to their pediatric neuropsychological training and background.
c. The examinee will be asked to explain their current role as a pediatric neuropsychologist and with what issues their typical clientele present.

Part II: The examinee will be asked to cover pertinent knowledge areas of practical pediatric neuropsychology. Possible questions include:

a. Please reflect upon the differences is between pediatric neuropsychology and adult neuropsychology.
b. Please review developmental factors that should be considered in a pediatric neuropsychological evaluation.
c. Please review factors that are germane to pediatric traumatic brain injury (TBI) that are not as much of a factor in adult TBI, etc

B. Review of Practice Samples

If the Practice Sample meets the pass criterion (a minimum of two passing votes), the applicant then proceeds to the oral portion of the examination. The Oral Examination allows the applicant to present the material in their Practice Sample and to provide an

overview of the history, evaluation process and outcome of the case. The examiners are concerned with the applicant's ability to articulate the major findings and their rationale.

Applicants should be aware that although their Practice Sample was deemed appropriate for presentation at the Oral Examination, it does not mean that the reviewing members did not have any questions or concerns regarding their work product. Applicants should be prepared to discuss their rationale in such areas as:

(1) Test selection (if applicable)
Included in this area are discussion points such as: psychometric properties, test validity/reliability, limitations for use, exclusion of all competing diagnoses.

(2) test interpretation (if applicable)
Included in this area are discussion points such as: alternate interpretations of findings, conflict resolution within the data, discussion of strengths and weaknesses, environmental and cultural factors.

(3) Diagnostic conclusions
Included in this area are discussion points such as: alternate diagnosis, ultimate understanding of neuropathology, prognosis, progression, lateralizing/localizing effects, pathognomic signs, causality, environmental conditions, effects on neural development.

(4) Recommendations and treatment planning
Included in this area are points such as: best practices for treatment, availability, prognosis, funding, delivery options, cost/benefit analysis, iatrogenic outcomes, parental compliance/agreement, ethical issues.

(5) Consultation and supervision (if applicable)
Included in this area are discussion points such as: best practices for communication of data, delivery options, supervisee needs/relationships, rapport/therapeutic relationship.

Again, this process is intended to be collegial and the examiners are well aware that there are many different and yet equally viable approaches within pediatric neuropsychology to the assessment and treatment of neurological conditions. The purpose is to ascertain the logic and thought processes of the applicant and to allow them to demonstrate their ability to "think on their feet".

C. Fact Finding and Ethics Vignettes

During the Ethics segment of the Oral Examination, the applicant will be given one or two standardized vignettes to discuss. The Examining Committee does not necessarily expect a "right" answer, but anticipates that the applicant will present

relevant options and demonstrate the ability to thoughtfully weigh them in the light of the APA ethics principles, professional practice standards, and relevant statutes.

No outside materials can be used to aid the applicant during this section of the Oral Examination.

At the conclusion of the Oral Examination, the chair collects all copies of the Ethics vignettes, with a copy being maintained at ABPdN Central Office for archival purposes. The use of each vignette will be tracked so that in the case of an applicant's failure, a new vignette will be used for re-examination.

Examiners and Candidates will treat the vignettes as confidential.

Scoring

Each domain area of the oral examination will be ascribed a judgment of 'No pass', 'Borderline', 'Pass', or 'High Pass'.

<u>Fail</u> – (1 point) The examinee did not show the requisite knowledge base needed in order to perform as a competent, unsupervised practitioner of pediatric neuropsychology.

<u>Borderline</u> – (2 points) The examinee is able to express the requisite knowledge base, but could benefit from further training or supervision.

<u>Pass</u> – (3 points) The examinee expresses the requisite knowledge base at a competent level and can practice as a pediatric neuropsychologist independently and without supervision.

<u>High Pass</u> – (4 points) The examinee expresses a superior knowledge base and can practice as a pediatric neuropsychologist independently and without supervision.

The total points possible from each examiner is sixteen (16) and a passing cumulative score is twelve (12) points. Section A is worth 8 points, B & C are worth 4 each. The total points possible from the Oral Examination Board is forty-eight (48) and a passing cumulative score is thirty-four (34) points (70%).

Criterion Examples of Competencies

Interwoven throughout the Oral Examination are several of the core competencies of ABPdN. Examples of the demonstration of these competencies are provided below to assist the applicant in understanding how the examiners operationalize these areas. These are not meant to be the only ways each area can be demonstrated. Rather, these are meant to provide examples.

1. Science Base and Application – Psychometrics

a. Understands patients/clients and their problems with conceptual breadth and depth. This involves having a definable set of constructs or a theoretical orientation of sufficient complexity to allow a rich discussion.
b. Critically evaluates research and professional literature and discusses implications for practice.

Passing Level Examples:
• Presents a coherent and reasonably comprehensive explanation of patient/client behavior.
• Demonstrates awareness of research and other publications relevant to his or her practice.
• Demonstrates awareness of diversity factors relevant to his / her practice.

Failing Level Examples:
• Explanations of patient/client behavior may be accurate, but lacks support and omit obviously useful constructs.
• Is largely unaware of current research or has an inaccurate reading of that research.
• Is largely unaware of diversity factors relevant to his / her practice.

2. Assessment – Pediatric Neurosciences

a. Chooses procedures appropriate for referral needs and appropriate for patient/client.
b. Interprets assessment and evaluation data accurately.
c. Applies assessment and evaluation data and draws conclusions appropriately.
d. Uses the assessment and evaluation data in conceptualizing the case.
e. Communicates results in ways that lead to useful outcomes for diagnosis and treatment while minimizing the likelihood of misuse.

Passing Level Examples:
• The assessment and evaluation procedures chosen could, at least in theory, provide data that could answer the referral questions and are appropriate for all aspects of the patient's/client's diversity status.
• Interpretations and conceptualization of assessment and evaluation data are reasonably accurate and complete.
• Interpretations and conclusions take into account client uniqueness (diversity considerations) and environmental situation.
• Assessment or evaluation results are communicated clearly and unambiguously and show effort to avoid foreseeable, inappropriate interpretations by others.

Failing Level Examples:
• Procedures chosen restrict the examinee's ability to respond appropriately to the referral questions, or are inappropriate for the patient's/client's ethnic status.
• Scoring, interpretations and/or conceptualization of assessment and evaluation data are incomplete or contain errors.

• Interpretations and conclusions fail to take into account some aspect of the patient/client's uniqueness (diversity status) and/or fail to take into account the patient/client's environmental situation.
• Assessment results are communicated in an unclear, disorganized or ambiguous manner, or fail to anticipate foreseeable, inappropriate interpretations.

3. Psychological and Neurological Development

a. Manages treatment contract issues (patient's/client's goals, boundaries of treatment, payment resources, etc.) well.
b. Chooses procedures appropriate for patient's/client's issues and diversity status.
c. Applies interventions with a high-quality level of skill.

Passing Level Examples:
• Patient's/client's goals are assessed; issues regarding payment arrangements are dealt with appropriately; limits of confidentiality and boundaries of services are defined clearly.
• Interventions are appropriate to patient's/client's assessed goals, situation, and resources.

Failing Level Examples:
• Patient/client goals are ignored or not adequately determined.
• Payment arrangements are not clearly defined. The course of action to be taken when payment resources are exhausted is not discussed.
• Limits of confidentiality are not discussed or are not clearly defined.
• Provider services and availability are not clearly defined.
• Interventions chosen are not consistent with the patient/client's goals, situation or resources.
• Interventions provided are not consistently of high quality, are not thought out in advance or are not communicated effectively.
• Clinical record-keeping practices are below accepted standards.

4. Neuropsychological and Neurological Diagnostic Methodologies

a. Candidate selects, administers, scores, and interprets assessment measures germane to the referral question.
b. Candidate has reviewed prior record, and commented on any prior psychological, neuropsychological, or neurology consultations provided to the individual.
c. Based on findings from evaluation conducted by candidate, appropriate referrals, if indicated, are made for MRI, E.E.G. or other neuro-diagnostic procedures.

Passing Level Examples

- Prior records reviewed and negative E.E.G. findings are commented on by candidate.
- Prior records reviewed and MRI findings are commented on and integrated with current test data.

Failing Level Examples

- Failure to recommend or make a referral for neurology consultation when clinical history indicates it is warranted (i.e. ELBW)
- Failure to address salient medical records in patient's clinical history.

5. Ethics and Legal Issues

Demonstrates knowledge of and effective application of ethical principles, professional practice standards, legal standards in clinical practice, and implications for these principles.

Passing Level Examples:

- Demonstrates awareness of the ethical implications of various situations. Can cite an ethical quandary from own practice and describe appropriate responses.
- Demonstrates awareness of statutory reporting and other legal requirements that practitioners must follow in their jurisdiction, can cite an example from own practice when these requirements were relevant and can describe appropriate behaviors in response.

Failing Level Examples:

- Is unaware of important ethical implications, professional practice standards, or legal requirements that should inform his/her practice behavior.
- Is aware of ethical implications, practice standards or legal requirements, but does not comply.
- Is aware of ethical implications, practice standards or legal requirements, but seems incapable of determining whether or how to proceed in accord with such standards.

6. Research Design Review for Clinical Practice

a. Demonstrates awareness of the activities involved in, and the complexities of the supervisory relationship.
b. Demonstrates awareness of the parameters for consultation and the limitations of training and competence that require consultation.

Passing Level Examples:

- Is aware of the fundamental aspects of the supervisory relationship.
- Is aware of the fundamental aspects of the consultative relationship.
- Provides good examples of seeking supervision or consultation in his/her practice.
- Provides supervision and consultation in his/her practice.

Failing Level Examples:

- Offers consultation or supervision in areas outside of his/her sphere of training or competence.
- Is unaware of the potential emotional impact of the professional relationship.
- Demonstrates poor judgment or unethical behavior in the supervisory or consultative relationship.

• Fails to keep the commitment made in the professional relationship.
• Fails to maintain proper professional boundaries.
• Utilizes the supervisory or consultation relationships for his or her own personal advantage to the detriment of the client or supervisor.

7. Commitment To and Involvement in the Specialty of Pediatric Neuropsychology

a. Demonstrates active participation in the profession.
b. Describes current issues facing the profession and their implications for patient/client welfare.
c. Seeks consultation and supervision when needed.
d. Seeks ongoing training and continuing professional education.

Passing Level Examples:
• Belongs to more than one professional organization.
• Provides pro bono or low fee professional services.
• Is aware of significant issues facing the profession and describes predictable consequences for practice.
• Participates in continuing professional education activities.
• Has sought consultation on occasion.

Failing Level Examples:
• Belongs to one or no professional organizations.
• Does not participate in the life of the profession.
• Is unaware of any significant issues facing the profession.
• Is aware of some significant issues facing the profession, but misunderstands their implications for practice.
• Cannot cite an example of seeking consultation
• Does not participate in continuing professional education activities

Immediately upon the completion of the oral examination, each member of the Examination Team completes and signs the Rating Grid for the Oral Component of the Examination. The Forms are submitted to the Examination Committee Chair who notes the votes. Two votes to pass constitute a pass and two votes to fail constitute a failure.

Repeating Portions of the ABPdN Examination Process

Practice Sample

As mentioned previously, a panel of ABPdN examiners will review the applicants Practice Sample as a stand-alone competency of written work and understanding of the field of pediatric neuropsychology and as a defensible document for the purposes of the Oral Examination. Passing the Practice Sample does not necessarily imply that ALL reviewers felt the document was of sufficient quality since in takes only two out of three reviewers to pass at this stage. However, questions or concerns raised at this level will be addressed at the Oral Examination provided the applicants passes with at least two of the reviewers.

In the event that an applicant fails the Practice Sample of the examination process, the applicant will be notified in writing of this and offered some specific feedback on areas of weakness. In addition, the applicant may request a mentor or if they have a mentor, they may request their mentor to appropriately aid in planning their remediation of their Practice Sample.

The candidate will then submit an alternative Practice Sample incorporating the feedback provided by the Examination Committee and their mentor (if desired). Typically, when an applicant fails this stage of the examination, it is not due to any limitation in their professional development. Rather, the most likely reasons for failure are (1) an incompletely redacted Practice Sample, (2) an overly complicated sample that appeared to be submitted to reflect the applicant's clinical acumen rather than typical patient, (3) a failure to provide all necessary documentation (4) a misinterpretation of a particular instrument that led to an erroneous conclusion.

Many of these errors can be easily corrected with the next sample and specific feedback will be provided to the applicant as to how to avoid these errors in the future. Remember, it is the goal of ABPdN to ensure that ALL competent pediatric neuropsychologists will complete the boarding process.

Written Examination

Applicants who fail the Written Examination will generally not be informed until several weeks after the completion of the examination. Applicants will be notified in writing as to their performance and (upon request) may ask for guidance as to specific areas of weakness. Applicants will be able to re-take the examination at the next opportunity (e.g. NAN, INS, APA). In some instances, an applicant may be proctored by another ABPdN member if they are unable to attend the next scheduled examination. Requests for this accommodation should be made to the Executive Director or Examination Chair. Applicants should be aware that the next examination may not contain the same relative percentages of questions from all content areas, nor is it likely to contain a significant overlap of questions from their previous Written Examination.

Oral Examination

The report of the Examination Committee will be sent to the unsuccessful applicant. This letter will contain verbatim and compiled feedback from the Examination Committee and is to be written by the Chair of the Examination Committee with consultation from the Committee and sent to the Central Office via fax or email within one week following completion of the oral exam.

The report of the Examination Committee to the unsuccessful candidate should reflect the ratings and comments of the Committee as a whole. It should be written with the clear understanding that the report will be sent unedited to the Candidate and will become a part of the Candidate's permanent file in the ABPdN Central Office.

The report will achieve three essential objectives:

- Documentation of the outcome of the examination and the rationale or support for that outcome. This should include comments of the examiners based on the ratings in the examination areas.
- Identification of specific areas of weakness manifested in the applicant's performance, along with suggestions for how the applicant might address these areas in order to confidently and successfully approach re-examination.
- Identification of specific areas of strength in the applicant's performance to emphasize the competence of the applicant and to provide balance in the report.

The report will:

- Begin with an opening statement that sets a positive and constructive tone regarding the applicant's overall professional competence and interaction in the examination.
- Address each of the scoring areas in the Examination Manual. The wording of comments can follow closely the wording of the scoring examples with reference to the applicant's performance. For each scoring category rated a weakness, a specific suggestion for remediation should be offered.
- If the letter is sufficiently lengthy so that a summary is needed, the summary should address the applicant's overall performance. It should review areas of strength as well as weakness, and suggest remediation to reiterate the collegial and constructive intent of the report.

It is important for the Chair to be sensitive, diplomatic, and constructive in writing a report that is certain to be read very carefully by the applicant. It is important to be objective and descriptive. Suggestions should be realistic and appropriate to the extent that if the applicant follows the recommendations, he/she would likely be in a position to fair better upon re-examination. Likewise, it is important not to be judgmental, inflammatory, or pejorative in words or tone.

The report from the Chair should focus on the applicant's performance during the Oral Examination, without any assumption that the unsuccessful performance is necessarily characteristic of the applicant's usual practice. The Chair should assume that all unsuccessful applicants will want to improve their performance and re-take the exam in the near future. If a particular problem in terms of reporting on an applicant's performance is encountered, the Chair should consult the other members of the Examination Committee first, then the Regional Board Member if concerns still exist.

Unsuccessful applicants have a right to know why they failed. The Chair should be clear in giving examples, but should avoid being overly specific. Although examples for each problem identified in the examination need not be reported, the Chair should have such examples available in personal documentation in the event of an appeal or inquiry. The Chair should not report problems that are not related to required passing criteria or cannot be supported by the documentation available. In using examples, the Chair should feel confident that he/she understands exactly what the applicant did and what the problem was. If this is not accurate, the applicant may have a legitimate basis for complaint that the Fail judgment was based on inaccurate information. Unsuccessful applicants should be reminded that they have a right to appeal the decision of the Examination Committee on procedural grounds.

Strategies for Preparing for the ABPdN Examination Process

The ABPdN examination process was developed with the ultimate goal of ensuring the public that the practitioner certified by ABPdN has the requisite skill set, professional competency and ethical standards necessary to practice within the specialty of pediatric neuropsychology. This is not an elitist board created to establish a set of standards that prevents competent clinicians from obtaining membership. The members of every examination committee and every reviewer are committed to ensuring that every applicant that makes it through the initial credential review will complete the ABPdN process. Applicants should be aware that the current pass rate for the process is 85% for the first try and it is expected that applicants who fail any one stage (typically the Written Examination) will gain the necessary feedback and mentoring to allow them to pass the exam on the next try. So far, that has been the case for those who chose to repeat a stage.

Practice Sample

Applicants are strongly encouraged to pick a typical case for submission. If your practice is made up of mainly ADHD, Dyslexia, Seizure Disorders or Autism, please choose a disorder from that category. Many applicants worry that they must choose a known neurological condition or one that involves an extensive amount of testing. Ultimately, the best sample is one that has a clearly defined referral question, a well conducted interview, a thorough attempt to obtain all relevant records, a battery designed to assess the referral question and cogent treatment recommendations. When this occurs, the applicants are almost always successful.

Applicants who choose to submit a case conceptualization or supervision tapes should ensure that their recordings contain interventions specifically related to the treatment goals, they have a clear conceptualization of the case, have researched the most effective and evidenced-based practices with regard to the population, build and maintain rapport and can demonstrate mechanisms of change. Again, care should be taken to redact all recordings and obtain appropriate consent.

Written Examination

This can be the most daunting portion of the examination process. For many, it has been several years since they studied for any examination and it is difficult to know how to begin. The examination covers several domains that most pediatric neuropsychologist will have extensive knowledge of and will "carry around in their heads" from working in the field. The examination also contains material from several of the most useful texts in the field. Care should be given to those listed in bold. Applicants should pay particular attention to the texts on neural-development, neuroanatomy and neuropathology. These are quite prevalent on most examinations.

Time management and good study habits will lead to the best results. Applicants are strongly encouraged to discuss with their mentors the best ways to prepare for the examination. Again, this is the portion most often failed by applicants and there is no shame in this. To date, all applicants who have chosen to retake the examination have passed and are now boarded by ABPdN.

Oral Examination

Although applicants are examined by experts in the field and are paired with ABPdN members who have expertise in the particular case under consideration, the applicant is still the expert in that <u>particular</u> case. The review of the sample is a time for applicants to provide a cogent rationale for their choices in the assessment or treatment process and they should be prepared to articulate and defend those choices. There is generally no "right answer" for these types of question. Rather, the committee is interested in how the applicant thinks through their decision making process. During the Fact Finding portion, the applicant will receive case vignettes to help evaluate how they think through an alternative case in the moment and how they "think on their feet". This is not unlike the vignettes used during the initial application process. Applicants should be prepared to discuss how they gather data that leads them to battery design, behavioral observations and treatment planning. Again, there is often no right answer. Rather an opportunity for the committee to observe how the applicant thinks through the process.

It is our hope at ABPdN that all qualified applicants complete the process and our goal to do everything we can to support and encourage every applicant willing to have their professional credentials and identity reviewed. Applicants are encouraged to ask questions along they way and should be assured that they will be treated with the utmost respect.