

**American Board of Pediatric Neuropsychology**

**Announcement and Application for Currently Certified Members to Complete Boarding**

**Explanation:**

Members of the American Board of Pediatric Neuropsychology who were examined before January of 2004 were admitted via written exam only. As a result of the reconstruction of the bylaws in 2003 and the reincorporation in 2004, all previously boarded members were tentatively grandfathered into the new board, with the expectation that several conditions be met. These included:

- Being currently licensed at the independent level (HSPP) or medicine;
- Completing the yearly attestation forms;
- Having the ABPdN file contain a copy of the certified member's application, malpractice, transcripts, license at the independent level, and C.V.;
- The successful completion of the oral and written sample exam.

Individuals not completing the new board oral and written examination requirements 3 years from 11/17/04 would, therefore, suffer the loss of their board certification (the date the board established the exact grandfathering period).

This application allows currently boarded members who are wishing to complete the oral and written sample exam to notify the examination chair/committee of their intention and to request an exam date/location. Because the board will be examining both new candidates and currently boarded applicants, there is a limit to the number of individuals that can be tested at each exam site. Therefore, currently boarded applications will be accepted on a first come, first served basis. The examinations will occur at least twice a year, once during NAN and the other at the yearly board meeting in Schaumburg (or other designated location).

Please take this process seriously. This is NOT a rubber-stamping process and currently boarded member can fail this exam. If you prepare, this is not likely to be a problem.

Before completing this application, please review the materials attached that review the content and procedure of this examination process. After completing that review, please fill out the form and mail it to:

American Board of Pediatric Neuropsychology  
c/o John C Courtney  
3570 Blackthorn Court, Suite 2  
South Bend, Indiana 46628

There is a \$150 fee to complete the two phases of the examination. This is meant to cover the costs of review, mailing, examination, room rental etc., and should accompany this application.

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

Certificate Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I have read the description of the requirements for board completion and would like to request a date and time to complete these requirements:

DATE OF EXAM REQUESTED: \_\_\_\_\_ (e.g. NAN 2006)

\_\_\_\_\_  
Signature,                      Date

Please send all checks in the amount of \$150 to the address above, along with the signed copy of this both page 1 and 2 of this document.

## Acknowledgment and Release

The undersigned \_\_\_\_\_ (hereafter "Candidate"), a candidate for certification or completion of certification by the American Board of Pediatric Neuropsychology (hereafter "the Board") as a pediatric neuropsychologist acknowledges he/she will be required to meet specific eligibility criteria established by the Board and will be required to achieve a minimum specified score on written, sample and oral examinations in order to be certified by the Board in the subspecialty of pediatric neuropsychology. The Candidate understands and acknowledges that he/she may not achieve the minimum score required for certification and, therefore, may not be certified or may not be recertified by the Board in the subspecialty of pediatric neuropsychology.

I) In consideration of the Board administering the written, sample and oral certification examinations to the Candidate, the Candidate does hereby forever release and discharge the Board, its members, officers, directors, successors and assigns from any and all liability, damages, actions, causes of action, expenses (including reasonable attorney fees), known or unknown, arising from and out of the administration of the certification examination, the grading of same and the decision of whether or not Candidate has met the eligibility requirements for certification as a pediatric neuropsychologist.

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.

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Candidate

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

## Examination Description for Currently Boarded Members of ABPdN

### Written Sample

Prior to taking the objective and oral examination, you must prepare and tender 1 written sample of original neuropsychological examinations performed by you. The procedures for these samples are as follows:

1. Please prepare 1 neuropsychological evaluation report sample demonstrating your **typical** work. This example of your work should be no older than 1 year. 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. We would also strongly discourage you from using forensic cases, although we will leave that up to you;
2. Prepare 4 copies of the above work sample in a neat and carefully organized format. ***Please do not expect for the reviewers to engage in organization for you.*** Make certain that you have produced a sheet of summary scores and be prepared to offer a rationale for your test choice and consultative/diagnostic approach. The better organized your sample is, the easier you will make your reviewers' work;
3. **Your work sample must include** your written report, case notes, raw data protocols, and supportive medical documentation for your opinions. **Please be ABSOLUTELY certain to remove ALL the identifiers from your records. To do otherwise would be pose significant ethical/legal problems for you and likely result in your work sample being failed.**
4. **Your work sample is due the morning you take the oral exam.**

### Oral Examination

The purpose of the oral examination is to evaluate the examinee's explanations of submitted and accepted work samples, their educational and professional history as well as current practice, and other clinical/knowledge base and ethical considerations. The oral examination is to be administered in a collegial, non-threatening fashion, however it can be failed if an examinee demonstrates a substandard knowledge of the field of information. If the examinee does not pass, opportunities to be re-examined will be offered.

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

- The examinee will be asked to provide a verbal history of their educational and professional background. Special consideration should be given to their pediatric neuropsychological training and background.
- 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:

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

Part III:

Discussion of Work Product: The examinee will be asked to verbally present their work sample and the examinee will be asked to describe and substantiate their data analysis, interpretations, functional and developmental neuroanatomical models for the findings and recommended interventions. We would expect that strong discussions would cover patient strengths, weaknesses, impact on the real world, the means by which you will explain the condition to the parent/guardian, and how you will explain the condition to the child.

Part IV: Ethics.

The examiners will review and present ethical dilemmas to the applicant. The examinee will be required to identify the main issues in those scenarios and discuss appropriate responses.