

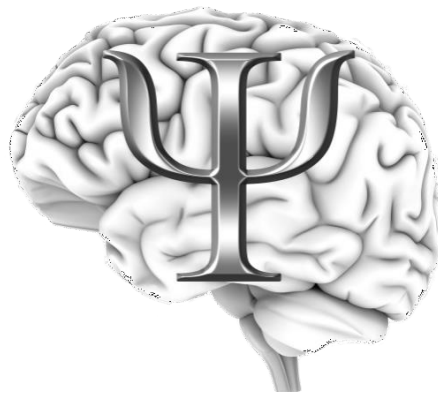
# ABN

THE AMERICAN BOARD OF  
PROFESSIONAL NEUROPSYCHOLOGY



## American Board of Professional Neuropsychology APPLICANT HANDBOOK

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# Board Certification Guidelines

## American Board of Professional Neuropsychology

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## WELCOME NEW APPLICANT

Congratulations on your decision to pursue board certification with the American Board of Professional Neuropsychology (ABN). This manual contains information that is helpful in preparing for the examination process. We understand that the process can at first appear daunting; however, it is intended to be a collegial growth experience. We invite you to take advantage of several types of support available to assist you through the process.

### Mentoring

ABN can provide you with a mentor to help guide you through the boarding process once your application has been approved. A mentor is someone who has already been through the boarding process and is available to answer questions about his or her experience with the process. A mentor may offer suggestions about study materials helpful in preparing for the examination. We have a cadre of ABN members who are available to answer questions and would be glad to assist. The ABN Board highly recommends taking advantage of this support, particularly through the work sample and oral examination steps.

Although a mentor will assist you through the boarding process, the mentor has restrictions on the assistance provided to you as determined by the ABN Board of Directors. A mentor *cannot* share actual questions on the examination. However, a mentor can unofficially look at your work samples and offer feedback as to whether or not the samples meet some basic criteria used to evaluate work samples. A mentor *cannot* tell you whether or not your samples will pass and *cannot* comment on the content or quality of your work or assist in work sample revision.

A mentor can guide you in your preparation for the Oral Examination by explaining the process and perhaps offer a “mock” Oral Examination. A mentor can also be a source of motivation to keep you moving along the path toward board certification. You may discuss your individual needs with your mentor, and tailor the process to meet those needs. However, it is not a mentor’s role to provide supervision, education, or training. Having a mentor does not guarantee passage of the certification process, but may improve your chances of passing, and may be helpful in allaying your anxiety during the process.

You may choose your own mentor if you have someone specific in mind who is willing to help you. Or, to request a mentor, contact the mentor coordinator at: <https://abn-board.com/about-us/board-of-directors/> or ask an examination coordinator.

## Applications coordinator

Applicants are encouraged to review eligibility questions with the [Applications Coordinator](#), prior to application. Should deficiencies in the applicant's training and experience be identified during the application review, the applicant may receive recommendations from the applications coordinator to address specified training needs. The Applications Coordinator also serves as a resource for graduate students in training, who are seeking to assure that their training experiences are consistent with boarding requirements. Future applicants and their prospective supervisors (particularly those affiliated with non- APA / AABN / APPCN / APPIC listed post-doctoral fellowships) are encouraged to consult the Houston Conference guidelines to guide their postdoctoral supervision planning and are also invited to contact the Applications Coordinator with any questions regarding current ABN requirements.

## Examination coordinators

Additionally, ABN assigns a specific resource person, or coordinator, to guide the candidate at each step of the examination process. They are available to answer any questions that you may have about what to expect and how to prepare for and schedule the next step of the examination. For more details, see [Examination Process](#)

The following sections of the handbook are designed to familiarize you with eligibility criteria for board certification with ABN as well as specific expectations and requirements at each step of the examination process.

## Eligibility for expedited application review

Neuropsychologists who currently hold a Diplomate from another neuropsychology specialty board recognized by the American Psychological Association Commission for the Recognition of Specialties and Subspecialties in Professional Psychology are deemed eligible as applicants for the ABN Diplomate and are offered an expedited application review. Graduates of APA, AABN or APPCN postdoctoral fellowships may qualify for expedited credential review. See the online application for more information.

## ELIGIBILITY CRITERIA

### Requirements of All Applicants

Minimum requirements for all applicants include:

**Active practice:** A minimum of three years professional experience in neuropsychology of which one year may be a supervised neuropsychology internship and two years may be a neuropsychology post-doctoral fellowship. A minimum of 500 hours/year during the past three years devoted to the delivery of neuropsychological services, including clinical practice, research, supervision, training, education, program development and administrative/management activities.

**Licensure:** Current licensure/certification, in good standing, for independent practice of psychology in a state, territory or province.

#### **Doctoral education:**

**Applicants who completed their doctoral training on or after January 1, 2018:** A doctoral degree in professional psychology from a program which, at the time the degree was granted, was accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA) is required.

**Applicants who completed their doctoral training prior to 1/1/2018:** A doctoral degree from a program in professional psychology which, at the time the degree was granted, was accredited by the American Psychological Association (APA) or Canadian Psychological Association (CPA), or which has been recognized as meeting doctoral degree equivalency requirements. Applicants credentialed in the most recent directory of the National Register of Health Service Psychologists (NR), the Canadian Register of Health Service Psychologists, or who hold the Certificate of Professional Qualification in Psychology (CPQ) from the Association of State and Provincial Psychology Boards (ASPPB) qualify as meeting the doctoral degree equivalency requirements. Graduates of non APA/CPA accredited programs may demonstrate equivalency of doctoral training via [ASPPB/National Register Designated Programs Historical Listing](#).

#### **Internship training:**

**Applicants who completed their internship training on or after January 1, 2020:** An American Psychological Association or Canadian Psychological Association accredited internship in

professional psychology is required.

**Applicants who completed their internship training prior to 1/1/2020:** Completion of an American Psychological Association or Canadian Psychological Association approved or Association of Psychology Postdoctoral and Internship Centers (APPIC) member internship program, or equivalent. Graduates of non-APA/CPA/APPIC internship programs may demonstrate equivalency by credentialing in the most recent directory of the National Register of Health Service Psychologists. Alternatively, internship supervisor(s) may verify equivalency of the applicant's internship experience to National Register guidelines, by completing and returning the [ABN Internship Equivalency](#) form. Upon receipt of these materials, final determination of equivalency will be at the discretion of the ABN Examination Committee.

**Foreign trained applicants:** Foreign trained applicants who possess current licensure/certification, in good standing, to practice psychology in a state, territory or province, and who otherwise meet ABN equivalency standards are eligible to apply. Upon request, the National Register of Health Service Psychologists will review an applicant's doctoral degree that was obtained outside of the U.S. and Canada to determine if it meets the ASPPB/NR Designation Guidelines for Defining a "Doctoral Degree in Psychology."

### **Knowledge and competencies**

**Competencies:** Systematic didactic and experiential training in neuropsychology and neuroscience must include knowledge and skill based competencies.

**Knowledge:** Applicants are required to document relevant didactic and experiential training addressing the Knowledge Base as described in the [Houston Conference Guidelines](#) and eight core knowledge domains in the specialty of clinical neuropsychology outlined below. This core knowledge may be acquired through multiple pathways, not limited to graduate coursework, and may come through other documentable didactic methods at any time during training. Some requirements may be fulfilled by less formal means (e.g., participation in a Neurology Grand Rounds series may be credited toward partial fulfillment of the Clinical Neurology knowledge domain, while completion of a Brain Cuttings Seminar or National Academy of Neuropsychology DistanCE Learning course may be credited toward the Neuroanatomy training guideline).

*The core knowledge domains include:*

Basic neurosciences

Functional neuroanatomy  
Neuropathology  
Clinical neurology  
Psychological assessment  
Clinical neuropsychological assessment  
Psychopathology  
Psychological intervention

**Skills:** Core skills in professional clinical neuropsychology may be acquired through varied training and experiences (e.g., didactics, research, rehabilitation, and service provision). Skill domains include:

- **Assessment:** Information gathering; History taking; Tests and measures selection; Test administration and interpretation; Diagnostic formulation; Treatment planning; Report writing, Feedback; Recognition of multicultural and individual differences issues.
- **Treatment and Interventions:** Identification and specification of intervention needs; Formulation of intervention plan; Plan implementation; Plan monitoring and adjustment; Outcome assessment; Recognition of multicultural and individual differences issues.
- **Consultation** (patients, families, colleagues, agencies, etc.). Effective communication; Identifying referral issues; Educating referral sources about neuropsychological services; Communicating evaluation findings and recommendations; Educating patients and families about services and findings.
- **Research:** Selection of appropriate research topics; Review of relevant literature; Research design; Research operations (e.g., initiation and oversight); Evaluation of outcome; Presenting results.
- **Teaching and Supervision:** Methods of effective instruction; Curriculum design; Use of technology; Supervision methods.

## Post-doctoral training

Completion of postdoctoral education and training is required to produce an advanced level of competence in the specialty of clinical neuropsychology. ABN understands that postdoctoral training standards and opportunities have changed over time. Accordingly, requirements for post-doctoral training vary according to the applicant's graduation era. *Standard* requirements apply to applicants who completed their doctoral degree on or after January 1, 2005, while a more flexible set of standards, consistent with era of graduation, apply to *senior* applicants who

completed their doctoral degree prior to January 1, 2005. Lastly, in recognition of historical differences in access to post-doctoral training, ABN has developed separate [Requirements for Applicants Trained in Canada](#).

## Standard Post-doctoral Training Requirements

**Duration:** Applicants completing their doctoral degree on or after January 1, 2005 are required to have completed the equivalent of 2 years of full-time postdoctoral education and training, on at least a half-time basis, which closely follows Houston Conference guidelines. Limited exceptions to the intensity of training years (e.g., a hiatus during the training time, less than half time programming) may be submitted for review, as may occur with health or professional factors, etc.

**Setting:** Training and supervision occurs at specified sites, with supervision promptly available. Completion of a formal 2-year postdoctoral fellowship in clinical neuropsychology, such as those listed with APA, APPIC, APPCN, or The Academy of the American Board of Professional Neuropsychology (AABN), is preferred, but not currently required.

**Supervision:** The postdoctoral program shall include regularly scheduled, primarily face to face individual supervision, provided by supervisors who themselves are neuropsychologists, with the specific intent of supervising neuropsychological services rendered directly by the Fellow. Supervision by a board certified neuropsychologist is preferred but is not currently required. Applicants may be requested to provide evidence of the qualifications of supervisors identified in the application. ABN's requirement for primarily face to face individual supervision does not preclude supplementary telepsychology supervision and distance training when provided, on a limited basis, in a manner consistent with current professional guidelines ([APA, 2014](#); [ASPPB, 2015](#)). However, in no case shall it be the primary format for individual postdoctoral supervision.

**Format and content:** ABN applicants are required to fulfill all core skills and knowledge competencies guidelines as defined by the Houston Conference, though they may be allowed specified areas of flexibility in methods and time frames of doing so. The primary task is advanced training in clinical neuropsychology as outlined in the Houston Conference core skills and knowledge blueprint.

The postdoctoral training program shall provide the Fellow with a planned, organized experience of supervised didactic and experiential training in clinical neuropsychology. At least 50% of postdoctoral training must be in the provision of clinical neuropsychological services to



individuals with diverse clinical diagnostic issues.

Postdoctoral didactic and experiential training activities may include educational activities, scholarly activity, and other activities addressing core knowledge and skills appropriate to the individual resident's training needs in areas including:

1. Neuroanatomy
2. Neurological disorders
3. Psychiatric disorders
4. Neuroimaging
5. Neuropathology
6. Neuroscience
7. Neurochemistry
8. Psychometrics
9. Brain behavior relationships
10. Neuropsychological assessment

Didactic activities designed to fulfill the Houston Conference core knowledge and skill blueprint may be supplemented by distance training resources accessed via telecommunication technologies (i.e., multisite telepsychology seminars, on-line coursework, lecture series, etc.).

*Exit criteria include:*

- Advanced understanding of brain-behavior relationships.
- Competency in neuropsychological evaluation, treatment, and consultation at an independent level, as indicated by the professional references and supervisor evaluation.
- Formal documentation of training requirements, including ABN Application criteria.
- Eligibility for licensure for the independent practice of psychology.
- Eligibility to apply for board certification in clinical neuropsychology.

**Documentation:** ABN Candidates are required to produce in the ABN Application and in response to any inquiries from the Examination Committee, detailed evidence of their having

satisfied these requirements. The required training experiences are to be confirmed by the Training Director or Supervisor(s) whose correspondence must indicate: Successful completion of all requirements, and attainment of skills and knowledge base according to the Houston Conference Guidelines. For individuals who completed post-doctoral training with a non- APA / AABN / APPCN / APPIC listed program, required training experiences are to be confirmed by the Training Director or Supervisor(s) via completion of the [Postdoctoral Training Verification Form](#). Applicants who completed postdoctoral training which was not formally designated as Clinical Neuropsychology (e.g., post-doctoral training in Geropsychology; Rehabilitation Psychology; School Psychology), must document that their training in clinical neuropsychology was consistent with [Houston Conference Guidelines](#).

### **Requirements for Applicants Trained in Canada**

For applicants who completed their doctoral program on or after January 1, 2005.

In recognition of the fact that applicants trained in Canada may face particular barriers in pursuing board certification in neuropsychology due to historical differences in training models available in USA and Canada, the ABN has developed interim standards, to better match advanced training models typically available to applicants trained in Canada. These interim standards will be periodically reviewed by the ABN Board of Directors until such time that it is determined that they are no longer required.

Didactic, academic and clinical training requirements at the pre-doctoral and internship level will continue to be the same for US and Canada trained applicants. Applicants who completed post-doctoral training in Canada are required to have completed the equivalent of two years of full-time post-doctoral education and training, on at least a half- time basis, supervised by a clinical neuropsychologist.

Training achievements, including exit criteria, as enumerated above, remain the same as for US graduates, with the exception that postdoctoral training and supervision may be attained through combined formal training and/or peer supervision to address core requirements for the standard application, including: core knowledge, specialty skills, and specific neuropsychology experience. This process allows for some greater flexibility for achieving eligibility criteria where formal postdoctoral fellowships do not yet exist.

In summary, the only deviations from the ABN standard applicant criteria involve more flexibility for Canadian trainees to seek out comparable supervisory and training experiences where formal residency programs do not yet exist in sufficient numbers to meet training needs.

## Senior Application Requirements

For all applicants completing the doctoral degree prior to January 1, 2005:

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Training requirements for applicants who received their doctoral degree prior to 2005 remain the same as for recent graduates, with the exception that postdoctoral training and supervision to address neuropsychology core knowledge, specialty skills, and experience may be attained through training models most typically available during their respective graduation era.

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**Between January 1, 1990, and December 31, 2004:** Two or more years of appropriate supervised training, in the application of clinical neuropsychological services with participation in specialty-specific didactics is required. A minimum of one year of training must be postdoctoral.

**Between January 1, 1982, and December 31, 1989:** 1600 hours of clinical neuropsychological experience supervised by a clinical neuropsychologist at the pre-doctoral or postdoctoral level is required.

**Before 1982:** 4800 hours of postdoctoral experience in a neuropsychological setting, involving a minimum of 2400 hours of direct clinical service is required.

## EXAMINATION PROCESS

The remainder of this manual is divided into sections that roughly follow the examination process.

The board certification process for all applicants consists of four parts, completed in the following order:

- Application Review
- Multiple Choice Examination
- Work Sample Review
- Oral Examination

The Examination Committee Chair oversees the entire examination process. In addition, each step of the examination process has its own examination coordinator, who will be your main

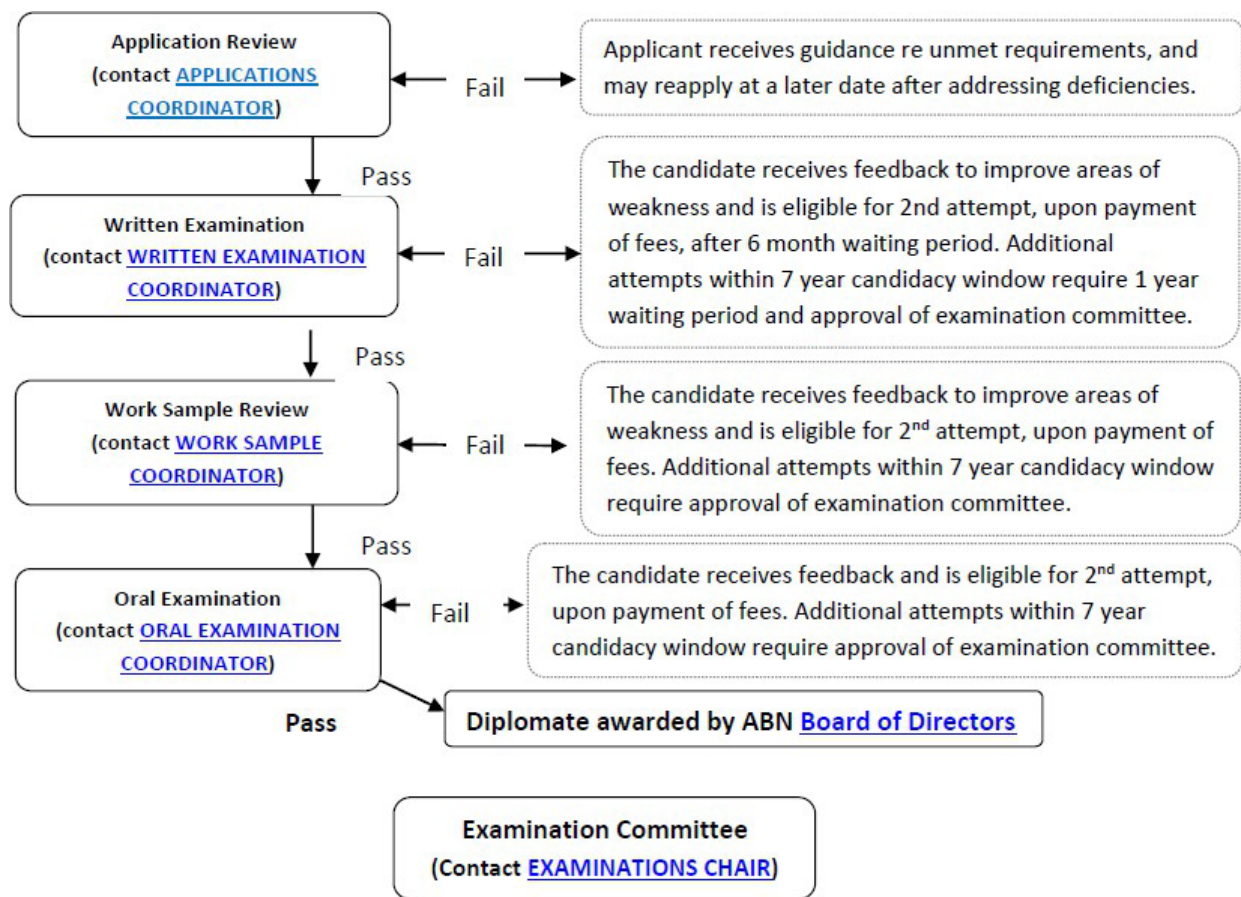
point of contact. Only the official coordinator for each section of the examination process can pass you on to the next step of the process (see figure 1, below). You may also communicate directly with the Examination Committee Chair if you have questions that the individual examination coordinators are unable to answer, but the individual examination coordinators are the recommended information source at this stage.

## **Applying for the ABN Diplomate – Steps 1 to 4**

### **Step 1: Application and credentials review**

Application materials are located online, where you will also find associated information, including where to forward applications and fees: <https://abn-board.com/becoming-a-diplomate/application-process/application-materials>. Please note that except in the case of accidental overpayment, all fees are non-refundable, including the ABN candidate initial application fee and all examination fees. Each candidate will be required to complete an application package and must include the names of three endorsers, 2 of whom must be neuropsychologists. The endorsers are supervisors or neuropsychological colleagues who can comment on your training and/or professional practice and abilities. Applications are reviewed by the Applications Coordinator, to verify that eligibility criteria are met. If it is determined that the applicant's background (as determined by the information provided in the application) does not meet ABN eligibility requirements, the Application Coordinator will detail deficiencies and offer constructive suggestions for remediation. In the event that an applicant files an appeal of the Application Coordinator's determination, the application is referred to the examination Committee Chair, who may, at his or her discretion, consult with the Examination Committee as a whole.

Submission of incomplete or unsatisfactory documentation is the most frequent reason for delay in application processing. Applicants will typically receive notification by e-mail within 3 weeks of receipt of a complete application packet, including transcripts, endorsements and verification letters. Applications requiring additional documentation or verification will be kept open for one year; after that time, a re-application fee will be required.



*Figure 1: Boarding Process Flowchart & Contact Information*

## Application Window

On the date the application is officially accepted, the applicant's 7 year application window opens. Applicants have a maximum of 7 years, from the date their application was approved, to complete the board certification process, at which time their application window will expire. An application window may also expire in the event that a candidate exhausts all opportunities to re-take a failed portion of the examination.

Applicants who do not successfully complete the process within the 7-year window or who exhaust opportunities to re-take a failed step of the examination will have the option to initiate a new application window by submitting a new application with relevant application fees, following a 3 year waiting period. Examinations completed in a previous, expired application window will not carry forward, and the applicant will be expected to repeat all steps of the examination process upon approval of their new application. In rare occasions, for example in

the case of personal hardship, the applicant may petition the Examination Committee for an extension of this window, with approval subject to recommendation by the Examination Committee and approval of the Board of Directors.

### **Consent to the Examination Process**

Any attempted violation of the integrity of ABN's evaluative process or its components (i.e., submitted application, multiple-choice examination, work sample submission, oral examination) may result in the following consequences.

- a. Disqualification from sitting for the examination in the future.
- b. Termination of the applicant's candidacy.
- c. Revocation of the ABN Diplomate status. If the candidate successfully completed the evaluative process and became board certified, and it is later revealed to the ABN Board of Directors that the candidate had an ethical violation during the evaluative process.
- d. Legal action

### **Step 2: Multiple Choice Examination**

Once the application is accepted, the candidate is eligible to sit for the multiple choice examination. The candidate has three hours (180 minutes) to complete the examination.

#### ***Preparing for the Examination***

The multiple choice examination surveys essential knowledge and skill competencies necessary for competent and ethical practice of clinical neuropsychology, as outlined in section VI of the Houston Conference Guidelines.

A suggested [Reading List](#) is provided to help candidates direct their studies in preparation for the examination. The recommended texts are offered as suggestions which past successful candidates have found helpful in preparing for the examination. However, it is assumed that the ABN candidate has already attained advanced academic preparation, training, and supervision in clinical neuropsychology prior to the application process; and should not assume that recommended readings address all the questions in the examination.

#### ***Scheduling the Examination***

Once your application has been approved, the Multiple Choice Examination Coordinator serves

as your primary contact through the next stage of the process. Once the coordinator has received notice of your application approval, he or she contacts you within 3 to 5 days. Once the examination fee has been paid, candidates may schedule the multiple choice examination. Examinations are administered on an individual basis via remote proctoring platform and instructions for scheduling the examination are provided by the Multiple Choice Exam Coordinator. There are multiple systems in place for the remote proctored examination that allow for monitoring of your test-taking behavior. You are not allowed to make any attempts to record or reproduce examination questions by any means. In the event that a warning is given from the remote examination proctor, the remainder of the will be recorded by the proctor and additional suspicious actions may result in termination of the examination.

### *Notification of results*

The Multiple Choice Examination Coordinator will communicate with you regarding results. Candidates who successfully pass the multiple choice examination are contacted by the Work Sample Coordinator, with instructions on how to prepare and submit two work samples for the next phase of the examination process.

### *Repeating the Multiple Choice Examination*

Candidates who do not pass the multiple choice examination are automatically eligible for a second attempt, upon payment of fees, following a 6-month waiting period. Candidates are eligible for a third attempt, upon payment of fees, after an additional 1-year waiting period. If the candidate does not pass the multiple choice examination on their third attempt, their application will be closed. A candidate whose application is closed has the option to initiate a new application following a 3 year waiting period, at which time they must meet all application requirements in force at the time of their re-application, pay all applicable fees and repeat any examinations completed during their previous candidacy window.

### **Step 3: Work Sample Examination**

Once you have passed the multiple choice examination, the Work Sample Examination Coordinator will serve as your primary contact through the next stage of the process. Upon receiving notice that you have passed the multiple choice examination, and after your Work Sample Examination fee is paid, the Work Sample Examination Coordinator will provide you with instructions regarding the specific requirements for preparation and submission of work samples. Work samples must be submitted electronically and should be organized and developed specifically for the ABN examination process. Materials submitted should reflect

current clinical practice activities and not be older than 2 years.

Note: It is strongly recommended that you contact the Work Sample Examination Coordinator to discuss the cases you plan to submit prior to submitting work samples. This will help prevent potential rejection of the work sample due to errors of procedures or format. Please read this section of the handbook thoroughly. Failure to follow submission instructions as follows is the most common reason for rejection of an applicant's work samples.

Proper selection of work samples is critical to the process. Candidates are strongly encouraged to select straight forward, clear cut cases, exemplary of classic diagnoses, representative of the candidate's current practice. Cases that include supporting documentation, such as neuroimaging, may allow the candidate to best demonstrate understanding of the particular diagnosis or syndrome, and mastery of a systematic approach to assessment explicitly linked back to the pathophysiology and the literature for that syndrome. Complex cases, or those that might be considered controversial, such as those featuring a mixed etiology of neurological insult, psychological overlay, and question of secondary gain, may not be ideal choices for work sample submission.

Planning evaluations ahead with the work sample submission process in mind can be helpful. This offers the candidate the advantage of making choices which best allow demonstration of mastery and showcasing of the applicant's skill set, for example by: 1) avoiding short forms and by supplementing screening tools with well standardized psychometric measures; 2) demonstrating capacity to plan a comprehensive neuropsychological battery, adapted to the diagnostic questions at hand, using well standardized, generally accepted, neuropsychological instruments; 3) having the needed time available to conduct desired patient and collateral interviews, pull in all relevant medical records, etc.; and 4) allowing sufficient time to produce a "best practices" report free of same day turnaround time pressures which might otherwise lead to compromises which do not stand up well as board work samples.

In addition to the neuropsychological report itself, each work sample should also include an introductory rationale that outlines your approach to case conceptualization, such as how and why you chose particular tests procedures, how you developed your opinion of the case, factors influencing differential diagnosis, support for diagnostic hypotheses, and rationale for recommendations offered. This is also a place to explain any anomalies in the work sample. You might also include relevant references within this rationale. This rationale should be about 5 double spaced pages and you must have a separate rationale for each case. You must submit copies of all raw data. It is further suggested that you submit all available supporting



documentation such as pertinent medical/school records, MRI reports, etc. Documents will be uploaded to a secure cloud site, at the direction of the Work Sample Coordinator. Documents must be submitted in PDF format. Once documents are submitted to the Work Sample Coordinator in the appropriate format, they may not be revised or withdrawn.

### *Grounds for automatic failure*

There are several reasons why a work sample may be subject to automatic failure. It may be helpful to have a colleague review your samples prior to submitting them for review, as these are common reasons for work sample failure.

*Failure to fully blind submitted materials will result in automatic failure of the Work Sample portion of the Examination.* Please be sure that all submitted information is fully blinded. This includes not only the name of the patient, but other identifying information such as the names of other professionals that might be present on your supporting documentation, exact birth date, other dates of care (only leave year), facility names, names of other providers involved in the patient's care, etc. Additionally, for the purposes of ensuring the integrity of the review process, candidates are asked to remove their own identifying information from their work sample submissions.

Any work sample which contains 2 or more scoring errors is considered to be an automatic failure. Candidates are strongly encouraged to pay close attention to proper test administration and scoring according to published manual guidelines.

Any work sample that demonstrates incorrect selection of tests (e.g., use of WISC-IV in a 20 year-old) or norms (e.g., inadvertent selection of norms table not matching patient's age/race/gender) will be grounds for automatic failure.

Evaluations that do not utilize performance validity measures will also be automatically failed.

Work samples that contain automated interpretations (e.g., interpretations for intellectual assessments such as the WAIS-IV report writer, MMPI or PAI interpretive report, MNB sample reports etc.) are cause for an automatic failure.

### *Work sample review*

Once materials are received, they will be sent to two work sample reviewers. Candidates are not allowed to make any revisions to work samples once they are sent out for review. Reviewers will independently score the work samples based on a standard set of scoring criteria. Each reviewer recommends that the work samples pass or fail based on this detailed objective rating system. In order to successfully pass the Work Sample Examination, the candidate's work sample must meet or surpass 70% of scoring criteria on each of the two work samples. If either or both of the work samples do not meet the criteria of 70%, this would result in a decision of NO PASS.

The candidate will pass this portion of the examination if both reviewers agree that both work samples meet or exceed scoring criteria for passing the Examination. If the two reviewers disagree, a 3<sup>rd</sup> reviewer will be appointed to review the samples and the candidate will then pass or fail the work sample examination based on the consensus opinion of two out of the three examiners.

Applicants are typically notified of the results of the work sample examination within 4-6 weeks of submission. In the event that reviewers determine that the submitted work samples do not meet ABN standards, the Work Sample Coordinator will contact the candidate detailing deficiencies and concerns and will include constructive suggestions for improvement. The candidate is automatically eligible for a second or third Work Sample Examination attempt, upon payment of fees and submission of two new work samples. If the candidate does not pass the Work Sample Examination on their third attempt, the current application will be closed, though the candidate would have the option to initiate a new application to ABN after a minimum waiting period of 3 years. Upon acceptance of a new application, candidates would be required to repeat all previously completed portions of the examination process, and to pay all applicable fees.

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### **Step 4: Oral Examination**

Once you have passed the Work Sample review, the Oral Examination Coordinator will serve as your primary contact through the next stage of the process. The oral examination is the final step toward board certification in clinical neuropsychology with the American Board of Professional Neuropsychology and is administered by two trained ABN examiners in the areas of (1) *work style* and (2) *ethics and professional standards*. The purpose of the oral examination

is to critically evaluate the candidate's current knowledge base and ability to conceptualize cases and apply ethical principles. The candidate shall be treated as a respected colleague whose knowledge, experience, and work samples have passed very careful scrutiny. The oral examination is, in effect, a final, "fail-safe mechanism." In the event that the credentials, multiple choice Examination, and work samples are not representative of the candidate's actual knowledge base and clinical skills, the oral examination is designed to reveal this fact. The oral examination is divided into two, one-hour sections that will be conducted on the same date, but by different examiners.

The *work style* section of the oral examination will include general questions about the candidate's work style; including tests used, assessment philosophy and approach and so forth. The candidate will select from two vignettes and will be asked to tell the examiner how he or she would conceptualize and evaluate the case, from start to finish. The questions about the candidate's work style will be wide-ranging and are intended to be an examination of the candidate's general knowledge of neuropsychology and the ability to apply that knowledge to a case. Oral examiners use objective scoring criteria upon which the candidate will be judged. It is recognized that no professional is likely to be an expert in all areas of neuropsychology and this is taken into account so long as the candidate recognizes his or her areas of expertise and practices within those areas.

The *ethics* portion of the oral examination is intended to be a general examination of the candidate's knowledge of ethics and professional standards. This portion also includes the use of clinical vignettes, and general questions about ethics. As in the work style section, the candidate will be asked to respond to one of two ethics vignettes. The candidate will be asked to identify and discuss the ethical issue(s) present in the vignette.

The candidate may take notes while reading the selected vignette and may take a few minutes to identify critical issues. These notes may be used to help organize the candidate's presentation to the examiner and will be collected at the end of the oral Examination. The candidate will then be asked to identify and discuss ethical issues posed by the scenario, as they relate to relevant APA ethics code standards and other relevant ethical/legal mandates (e.g. state licensure law, AHIPAA). While the candidate is not expected to know the specific number of the relevant ethics standard, or to quote it verbatim, familiarity with the APA Ethical Principles of Psychologists and Code of Conduct is required. The candidate should be able to describe the key concepts contained within the code and discuss their relevance to the vignette. In other words, the candidate should be able to respond to the question "*What are the (ethical) issues here?*" linking identified concerns to specific ethical principles and the

reasoning behind them. Next, the candidate should be prepared to discuss how the situation described in the vignette might be handled differently, and be ready to address the question *“What would you do in this situation to resolve it in an ethical fashion?”* In evaluating the candidate’s responses, the examiner will consider not only the candidate’s professional judgment, but also his or her ability to enumerate the specific ethical principles and professional standards guiding their decision process.

Recognizing that unresolved controversies may continue to surround specific aspects of the Ethics Code as currently drafted, the examiners will be open to frank discussion of any areas where the candidate may wish to express reservations or divergent viewpoints, as long as he or she can articulate a clear ethical rationale for their point of view. In addition to the vignette, the ethics examination will also include a discussion of ethical issues that the candidate may have encountered in practice as well as an assessment of the candidate’s general understanding of professional standards and ethical practices in the provision of neuropsychological services.

Scheduling: Typically, oral examinations are offered twice a year, in October, concurrent with the annual conference of the National Academy of Neuropsychology, where they may be taken either virtually or in person, and in May when they are offered virtually, via secure, web-based assessment platform. To guarantee and secure a spot for oral Examinations (given passing work sample scores), work samples must be submitted no later than three months prior to the oral examination. Additional work samples will may be reviewed and offered an oral examination spot as feasible. Please note that arrangements to take the oral examination must be made in advance, through the Oral Examination Coordinator, and all fees must be paid prior to scheduling your Examination. Note: Candidates wishing to participate in the virtual examination format will incur an additional \$200.00 monitoring fee paid directly to the monitoring company.

On the date of the in person oral examination, the examinee will report to the designated location and will be met by the Oral Examination Coordinator (or his/her designee), who then introduces the examinee to the first of the 2 examiners. After the candidate finishes the first oral Examination, he or she will again be met by the Oral Examination Coordinator, who will introduce the examinee to the second examiner. After both portions of the oral examination are completed, the examinee is instructed to wait in a holding area while the examiners complete their ratings. Once it is determined that neither examiner has additional questions for the examinee, the examinee will be dismissed. Specific instructions for remote examination will be sent out approximately one week from the date of the Examination.

Role of Oral examiners: The ABN Board requires that its representatives arrange and conduct

an examination that is consistent with the policies and procedures stated in this manual. The examiners, in service as representatives of the Board, accept responsibility to protect the welfare of the candidate as well as the integrity of the Board. This includes conducting a courteous, equitable, and valid examination that is always within the appropriate limits of professional conduct and decorum. The relationship between the candidate and the examiner should be considered that of a peer collegial relationship in which the candidate is thought of as a mature professional. The oral examiners will be individuals who do not know the candidate personally. An examiner will not disclose the results of the committee deliberations or anything learned about the candidate during the examination except to the Examination Committee Chair, the Oral Examination Coordinator or the ABN Board President.

Please note that examiner trainees may be present during one or both of your oral Examinations. Examiner trainees who are observing experienced examiners will sit quietly, and will not interact with the examinee during the examination process. These trainees will rate the candidate's performance, for training purposes, but will not discuss the examination with the examiner until *after* the examiner has completing his or her own rating form, so that the examiner trainee will not in any way inadvertently influence the process. Candidates may also occasionally encounter examiner trainees who are *administering* their first Examinations, which must be observed by an experienced examiner. In addition to being present to evaluate the new examiner, the experienced examiner is instructed intervene at any time, as necessary, to ensure that the candidate receives a fair and equitable Examination.

Notification of examination results: Please note that the examinee will receive *no feedback* at the time of the oral Examination, but can expect to receive notification of the final result from the ABN Board President by email, typically within two weeks. If an applicant passes both portions of the Oral Examination, he or she is awarded the ABN Diplomate. If the applicant fails one section of the examination but not the other, the applicant is required to re-take and pass the failed section of the examination before being awarded Diplomate status. If the applicant fails both examination sections, he or she must retake and pass both sections of the Oral Examination prior to being awarded Diplomate status.

After completion of the oral examination, all communications from candidates from that point forward, concerning the examination process, should be addressed to the ABN Board President.

Once the oral examination has occurred, it is not appropriate for a candidate to communicate with the Examination Committee Chair, the Oral Examination Coordinator, examiners, or with mentors about the oral Examination, or to ask ABN board members for information. In the

event that any of these individuals receives a communication from a candidate who has been examined, the communication will be forwarded at once to the ABN Board President.

Repeating the Examination: In the event that the oral examination is not passed, detailed narrative feedback about particular strengths and weaknesses is provided. Candidates failing the oral examination are automatically eligible to repeat the oral examination a second or third time upon resubmission of fees. However, if the candidate does not pass the oral examination on the third attempt, the application will be closed and the candidacy period terminated. Should the candidate desire to pursue board certification with ABN again in the future, the full application and examination process would need to be re-initiated, following a 3-year waiting period.

## Appeals Process

*Appeal of NO PASS decision:* Any candidate who thinks that he or she was unfairly issued a NO PASS decision, after attempts have been made to resolve concerns with the Coordinator of the specific examination section, may appeal the decision. A request for an appeals review must be submitted in writing within thirty days of the initial notice of No Pass. The candidate's request shall include a statement of the specific factors or conditions considered by the candidate as having interfered with a fair and impartial evaluation. Appeals cannot solely be based on disagreement with multiple reviewers that came to the same conclusion for work samples. Appeal letters should be sent to the ABN President. The candidate's written appeal will be reviewed by an *appeals committee* consisting of three members of the ABN board, not to include members of the candidate's examination committee. The appeals committee may review documents and request additional written information. The members determine whether or not the examination was conducted in a manner consistent with ABN policies.

The appeals committee review will result in one of two possible outcomes:

- (1) Confirmation of the No Pass decision, or
- (2) Nullification of the Examination.

A candidate *cannot* be awarded a diploma as a result of an appeals process, nor can a candidate move to the next part of the examination process as the result of an appeal.

*Nullification:* Candidates whose examination results are nullified by the appeals committee are eligible to sit for repeat Examination. The re-examination fee is waived in such cases, and the

nullified examination will not be counted toward the maximum allowable examination attempts. New examiners are appointed for the re-Examination. For a re-examination of work samples, the candidate may use his or her original work samples for the re-examination or may use new samples.

*No pass:* Candidates receiving a confirmation of a No Pass decision by the appeals committee continue to be eligible to sit for repeat examination without prejudice, provided that the No Pass decision did not occur on the maximum allowable examination attempt. New examiners are appointed for the repeat Examinations. In the case of a verification of No Pass of the work sample Examination, the candidate must prepare and submit new work samples for re-Examination. The candidate will be required to pay the re-examination fee, which are in effect at the time the request for re-examination is received by the ABN.

## **Maintenance of Record**

Examination results are confidential. The only information routinely provided by ABN to the public is the diplomate's name, certification period and number, and current status. Diplomates may request that additional information (e.g., licensure reported) be provided. No other information is provided. If an applicant, candidate, or diplomate submits fraudulent documentation, he or she will be automatically and permanently disqualified.

## **EXAMINATION ACCOMMODATIONS**

Candidates with disabilities and individuals from historically underrepresented groups are welcomed and encouraged to apply for the ABN diploma. ABN certification requirements are practice-related to enhance content validity and reduce bias. Reasonable efforts will be made to provide candidates with oral Examinations in their native language. Oral Examinations have been successfully conducted in Spanish. The multiple choice examination is in English.

In accordance with the Americans with Disabilities Act (ADA) of 1990, candidates with disabilities who would otherwise have difficulty adhering to examination policies and procedures will be offered reasonable accommodation.

For onsite Examinations offered annually, all test sites are handicapped accessible (i.e., wheelchair accessible, with handicapped accessible toilet facilities). Remote proctored online Examinations may be completed in an accessible environment of the examinees choice, consistent with examination security guidelines. However, authorization from ABN is required.

The following guidelines apply to candidates seeking special accommodations:

- Candidates requesting special testing accommodations due to impaired sensory, manual, or speaking skills, or other disability must submit, through the ABN application process, a written request that includes a description of the requested accommodation.
- The request must be accompanied by supporting documentation from an appropriately qualified, licensed professional reflecting a diagnosis of the condition and an explanation of the need for the requested accommodation.
- Alternatively, documentation may be submitted from appropriate educational or regulatory officials indicating that special accommodation has been provided historically for the candidate's condition that is prompting his or her present request.
- Candidates seeking examination accommodations must submit an Application for Accommodations form, and supporting documentation, no later than 60 days before the planned Examination. Please contact the to the ABN Examination Committee Chair for assistance in this process.
- ABN will evaluate each request on its own merit in accordance with the Americans with Disabilities Act (ADA). In some cases, applicants may be asked to assist the board in developing reasonable accommodations, as necessary. Once accommodations are granted, the examination coordinator will ensure that the approved accommodation is implemented.
- Decisions regarding disability accommodations are made by the chairperson of the Examination Committee at the written request of the candidate. In the case of disagreement, the candidate may appeal to the ABN board.

## **MAINTENANCE OF CERTIFICATION**

Continuing education is required for maintenance of certification as an ABN Diplomate, as endorsed at the ABN general membership meeting in October 1993. The requirement is 18 credits of neuropsychology-relevant continuing education and other qualifying professional activities per calendar year. Compliance with the standard is monitored via a yearly member attestation. Petition for a 1-year waiver will be considered under special individual circumstances, and request should be forwarded in writing to the ABN Board President. For additional information click on this link to [American Board Of Professional Neuropsychology Maintenance Of Certification Requirements](#).



## Representation of Board Status

Diplomates of the American Board of Professional Neuropsychology, as well as individuals currently in the process of certification or recertification, must accurately state their certification status at all times. This includes, but is not limited to, descriptions in curriculum vitae, advertisements, publications, directories, letterhead and websites. There is no mechanism for recognition of ABN status of candidates currently going through the board certification process. For example, a candidate who is partly through the examination process cannot refer to him or herself as "ABN Diplomate pending" or "Diplomate eligible". Individuals may describe themselves as board certified by the ABN or as an ABN Diplomate only when they hold a current certificate awarded by the ABN and have maintained their active membership status via annual dues payment, as well as current attestation of eligibility and completion of maintenance of certification requirements. Individuals previously certified by the ABN who have allowed their certifications to lapse may not use these descriptions without clearly indicating that the certification is inactive and no longer current. Individuals in violation of any of the above policies will be contacted by the ABN and may be subject to legal action and/or loss of ABN Diplomate status or eligibility. Inactive members will be identified as such in response to any inquiries made by the public regarding an individual member's status.

## SUGGESTED READING LIST

This reading list is intended to help ABN candidates focus their studies in preparation for the multiple choice and oral Examinations. The candidate should not assume that recommended readings contain the questions that were used in preparation of the multiple choice Examination. While an exhaustive cover-to-cover review of each of the following texts may not be necessary, selected sections of each of these volumes include resources which may be useful in preparation for the ABN multiple choice Examination.

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1. American Psychiatric Association, DSM-5 Task Force. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5™ (5th ed.)*. American Psychiatric Publishing, Inc.
  2. Baron, I.S. (2018). *Neuropsychological Evaluation of the Child: Domains, Methods, & Case Studies (2nd ed.)*. New York: Oxford University Press.

3. Blumenfeld, H. (2021). *Neuroanatomy through clinical cases (3rd ed.)*. Sunderland, MA: Sinauer Associates.
4. Feinberg, T. E., & Farah, M. J. (2003). *Behavioral neurology and neuropsychology (2nd ed.)*. New York: McGraw-Hill Medical Publishing.
5. Grant, I., & Adams, K. M. (Eds.). (2009). *Neuropsychological assessment of neuropsychiatric disorders (3rd ed.)*. New York: Oxford University Press.
6. Heilman, K. M., & Valenstein, E. (Eds.). (2003). *Clinical neuropsychology (4th ed.)*. New York: Oxford University Press.
7. Kolb, B., & Whishaw, I. Q. (2015). *Fundamentals of human neuropsychology*. New York: Worth Publishers.
8. Koocher, G. P., Norcross, J. C., & Greene, B. (2013). *Psychologists' desk reference (3rd ed.)*. New York: Oxford University Press.
9. Koziol, L. F., & Budding, D. E. (2009). *Subcortical structures and cognition: Implications for neuropsychological assessment*. New York: Springer Science + Business Media.
10. Lezak, M. D., Howieson, D. B., Bigler, E. D., & Tranel, D. (2012). *Neuropsychological assessment (5th ed.)*. New York: Oxford University Press.
11. Loring, D. (Ed.). (2015/1998). *INS Dictionary of neuropsychology and Clinical Neurosciences (2nd ed.)*. New York: Oxford University Press.
12. Morgan, J. E., & Ricker, J. H. (2017). *Textbook of clinical neuropsychology (2nd ed.)*. New York: Taylor & Francis.
13. Parsons, M. W., & Hammeke, T. (2014). *Clinical neuropsychology: A pocket handbook for assessment (3rd ed.)*. Washington, D.C.: American Psychological Association.
14. Ropper, A. H., Samuels, M. A., Klein J. P., & Prasad, S. (2019). *Adams and Victor's Principles of neurology (11th ed.)*. New York: McGraw-Hill.
15. Schoenberg, M. R., & Scott, J. G. (Eds.). (2011). *The little black book of neuropsychology: A syndrome-based approach*. New York: Springer.
16. Strauss, E., Sherman, E. M. S., & Spreen, O. (2006). *A compendium of neuropsychological tests: Administration, norms, and commentary (3rd ed.)*. New York: Oxford University Press.

### Oral Examination, ethics portion:

1. American Educational Research Association, American Psychological Association, & National Council on Measurement in Education. (2014). *Standards for educational and psychological testing*. Washington, D.C.: American Psychological Association.
2. American Psychological Association. (2014). *Guidelines for clinical supervision in health service psychology*. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>
3. American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct*. Retrieved from <http://apa.org/ethics/code/index.aspx>
4. American Psychological Association. (2008). *APA Guidelines for practitioners*. Retrieved from <http://www.apa.org/practice/guidelines/index.aspx>
5. American Psychological Association. (2007). *Record keeping guidelines*. *American Psychologist*, 62, 993-1004.
6. Association of State and Provincial Psychology Boards. (2015). *Supervision guidelines for education and training leading to licensure as a health service provider*. Retrieved from [http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/Guidelines/Final Supervision Guidelines.pdf](http://c.ymcdn.com/sites/www.asppb.net/resource/resmgr/Guidelines/Final_Supervision_Guidelines.pdf)
7. Board of Directors, American Academy of Clinical Neuropsychology. (2007). Practice guidelines for neuropsychological assessment and consultation. *The Clinical Neuropsychologist*, 21(2), 209-231.
8. Bush, S. (2007). *Ethical decision making in clinical neuropsychology*. New York: Oxford University Press.
9. National Academy of Neuropsychology Position Papers. This series, originally published in the *Archives of Clinical Neuropsychology*, reflects consensus guidelines for various professional practice issues. To access individual papers, click on links below:
  - [Third Party Observers](#)
  - [Technicians in Practice](#)
  - [Test Security](#)
  - [Test Security Update](#)

- [Test Security Appendix](#)
- [Definition Of A Neuropsychologist](#)
- [Cognitive Rehabilitation](#)
- [Independent And Court-Ordered Forensic Neuropsychological Examinations](#)
- [Precertification Of Neuropsychological Services](#)
- [Informed Consent In Clinical Neuropsychology Practice](#)
- [Symptom Validity Testing: Practice Issues and Medical Necessity](#)
- [The Importance Of Neuropsychological Assessment For The Evaluation Of Childhood Learning Disorders](#)
- [The Use, Education, Training And Supervision Of Neuropsychological Test Technicians \(Psychometrists\) In Clinical Practice](#)
- [Secretive Recording Of Neuropsychological Testing Interviewing](#)
- [Neuropsychological Evaluation In The Diagnosis And Management Of Sports Related Concussion](#)
- [Conflict Of Interest Inherent In Contingency Fee Arrangements](#)
- [Role Of Neuropsychologists In The Evaluation And Management Of Sports-Related Concussion: An Inter-Organizational Position Statement](#)
- [Computerized Neuropsychological Assessment Devices - Joint Position Paper Of The American Academy Of Clinical Neuropsychology And The National Academy Of Neuropsychology](#)
- [Computerized Neuropsychological Assessment Devices - Joint Position Paper Of The American Academy Of Clinical Neuropsychology And The National Academy Of Neuropsychology](#)
- [Professional Considerations for Improving the Neuropsychological Evaluation of Hispanics](#)

## REFERENCES

American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <https://www.apa.org/about/policy/guidelines-supervision.pdf>

The Association of State and Provincial Psychology Boards. (August 2015). Supervision Guidelines for Education and Training leading to Licensure as a Health Service Provider.

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