

The American Board of Professional Neuropsychology

APPLICATION FOR DIPLOMA

I hereby make voluntary application to the American Board of Professional Neuropsychology for the issuance of a diploma and submit information in support of my candidacy:

Please type or print clearly-

Home Information:

Name: _____
Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Business Information:

Address: _____
City: _____
State/Zip: _____
Phone: _____
Email: _____

Professional Status:

License Number _____	Date Issued _____	State _____
License Number _____	Date Issued _____	State _____
License Number _____	Date Issued _____	State _____
License Number _____	Date Issued _____	State _____

*****Enclose copy of current state licenses/certificates**

Educational Background:

Institution	Degree	Date	Major
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list Neuropsychology related workshops you have attended (last 5 years)

Program	Sponsoring Agency	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list Neuropsychology related workshops you have taught (last 5 years)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relevant Work Experience
Predoctoral Experience

Institution	Activity	Type of Patients	Supervisor	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Internship Experience

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Cerebral Palsy	_____	_____	_____
Multiple Sclerosis	_____	_____	_____
Head Trauma	_____	_____	_____
Spinal Cord Injury	_____	_____	_____
Anoxia	_____	_____	_____
Electrical Shock	_____	_____	_____
Toxic Exposure	_____	_____	_____
Hearing Problems	_____	_____	_____
Mental Retardation	_____	_____	_____
Dementia	_____	_____	_____
Autism	_____	_____	_____
ADHD	_____	_____	_____
Learning Dis.	_____	_____	_____
Organic Psychosis	_____	_____	_____
Brain Tumor	_____	_____	_____
CVA	_____	_____	_____
Parkinsonism	_____	_____	_____
Huntington's Ch.	_____	_____	_____
Genetic Anom.	_____	_____	_____
Neurosurgery	_____	_____	_____

What are the tests, batteries or assessment procedures you most commonly use, and their relative frequency of use in neuropsychological examinations? (HRB; 70%, LNB; 30%, etc.)

<u>Test / Battery</u>	<u>% of Cases</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Training and Experience in Rehabilitation

List areas in Neuropsychology in which you feel competent and those over which you are prepared to be examined:

Endorsements

Please furnish the names and complete addresses of at least three (3) supervisors or neuropsychological colleagues who can verify your work with the above groups listed. If any of your work with these patient populations has consisted largely of independent practice, please also furnish the names of psychologists, physicians or other professionals who might be able to comment on your abilities. Please give the recommendation forms to your professional endorsers for completion. Two of the endorsers must be neuropsychologists.

References

#1 _____

#2 _____

#3 _____

#4 _____

***** Attach a narrative description of your neuropsychological work (including training), covering items that have been covered in the preceding pages. Be sure to describe the duration and nature of your work with your endorsers.**

***** List on an insert sheet your professional contributions such as major publications, special research projects, and other professional qualifications not covered in the application form. Include offices and positions held in local, state, regional or national organizations.**

In order to maintain current awareness regarding research in the area of Neuropsychology, what journals do you read regularly ?

What books do you consider key references for the kind of work you do?

Please answer the following questions:

Have you ever been convicted of or charged with a crime (felony) in any state? _____

Has any licensing board or professional ethics body ever required you to surrender your license or found you guilty of violation of any ethics code? _____

Are there any complaints or charges pending against you by any licensing Board or professional ethics body for violation of any ethics code? _____

Have you previously submitted an application to this board? _____
If yes, what year _____

I hereby make voluntary application to the American Board of Professional Neuropsychology for professional examination in the specialty of Neuropsychology subject to and in accordance with the rules and regulations of the Board. Upon successful completion of the examination process and the issuance of the diploma, I

agree to become bound by the ethics of professional psychology, not only as current endorsed by the profession, by also by the standards of practice which shall be adopted from time to time by the American Psychological Association.

I agree to be bound by the Bylaws of the Board insofar as they are applicable to me either as a candidate for the diploma or as a Diplomate of this Board.

I agree to disqualification from examination or from the issuance of a diploma and to forfeiture and redelivery of such diploma in the event that any of the rules governing examination and issuance are violated by me or for any of the causes set forth in the Bylaws of the Board.

I understand that the program of the Board is entirely voluntary, and I agree to make no claim against the Board, its members, or its agents, for failure to issue to me its diploma: or for any action taken in connection with the application.

I authorize, whenever it may be deemed appropriate by the Board, the exchange of information concerning my candidacy (before or at any time after action is taken on my application) with the American Psychological Association, with state psychological associations, with state licensing or certifying authorities, and endorsers. I authorize the Board, its members, or its agents to make, on my behalf, investigation as to my character and as to my professional standing as a representative of psychology in the community, and I authorize and invite anyone inquired of for this purpose to respond freely and to report fully and frankly to the Board any matter (without responsibility for the truth thereof) which may seem to them relevant.

I waive any claim to examine such data or other information related to the examination process.

Signature _____

Name _____

Date _____