

Academy of Neurologic Communication Disorders and Sciences

2345 Rice Street, Suite 220
St. Paul, Minnesota 55113

BOARD CERTIFICATION CANDIDATE APPLICATION

Candidate for Board Certification in Neurologic Communication Disorders (BC-NCD) in
 ___Adults ___Children ___Adults and Children (Dual)

Type of Current ANCDS Membership ___Full Member ___None

Please Print or Type

Full Name _____ (circle:) MS/MA/PhD/other _____
 (Last) (First) (Middle)

Preferred Address _____ Home Phone (____) _____
 (For Membership Directory) _____ Office Phone(____) _____
 _____ Fax (____) _____
 _____ Email _____

I. Educational and Professional Background

1. Education	University	Major	Degree	Year Completed
Undergraduate	_____			
Graduate	_____			
Post-Graduate or Doctoral	_____			
2. Currently hold a license(s) to practice Speech-Language Pathology: ___Yes ___No State _____; License number, if applicable _____				
3. Currently hold a valid Certificate of Clinical Competence (CCC) in Speech-Language Pathology from the American Speech-Language-Hearing Association: ___Yes ___No Date awarded _____; Account number _____				
4. Professional employment in the past 5 years				
Title	Employer/Location		Dates (from/to)	

5. Has your ASHA certification and/or license ever been suspended or revoked? _____				
6. Have you ever been convicted of an offense involving abuse or fraud? _____				
7. Have you ever been sued for malpractice involving a client? _____				
[If you have answered "yes" to any of the three questions above, please provide explanatory information on a separate sheet of paper and attach]				
8. Identify the approximate percentage distributions of the following conditions in your caseloads during the past				

five (5) years:

Aphasia____%; Dementia ____%; Voice ____%; Motor Speech Disorders____%; Dysphagia____%;
Other Cognitive/Communicative Disorders____% Other____% (Total = 100%)

9. For each disorder listed below, identify the most frequent etiologies of the cases you have treated:

Aphasia _____
Dementia _____
Voice _____
Motor Speech Disorders _____
Dysphagia _____
Other Cognitive/Communicative _____

10. How would you best characterize your professional practice?

____ Primarily Diagnostic
____ Primarily Intervention
____ Both Diagnostic and Intervention

11. What is the percentage distribution of your caseload over the most recent five (5) years?

Adults (18 and older) ____ %
Children (under 18) ____ %

II. Letters of Recommendation and Documentation of CECs

Letters from the following three health care providers with first-hand knowledge of the applicant's clinical competence and skills are attached to this application (includes at least one Speech-Language Pathologist qualified to attest to the applicant's competence in clinical management of neurologic communication disorders)

1. _____ 2. _____
3. _____

The ANCDS CEC Documentation Form must be completed to verify continuing education complete during the past three years (see enclosed form).

III. Payment of Fees: Certification Application Fee enclosed ____US \$125 (ANCDS member) ____US \$210 (nonmember)
[make checks payable to "ANCDS"]

Note: Applicants for Board Certification who also wish to apply for membership in ANCDS must complete and attach the Application for Membership form (see enclosed form). The Application for Membership requires payment of the current year's annual membership dues (\$85 for full members).

IV. Applicant's Signature _____ Date _____

V. Attach a signed "Statement of Understanding" to this form. See enclosed form.

VI. Knowledge and Competency Verifications

The applicant is encouraged to complete the Board Certification process within two years of the first case study. The Certification process involves the following steps:

Step 1: *Submission and review of the first Case Study* The written Case Study will be reviewed and deemed "Pass," "Revise," or "Fail."

Step 2: *Submission and review of the second Case Study* The second Case Study cannot be submitted until the first Case Study has been deemed a "pass."

Step 3: Oral Presentation and Discussion The candidate will not be approved to move to this step until both Case Studies have been successfully completed.

Final Evaluation The Written Case Studies and the Oral Presentation & Discussion will be judged as a whole and will be evaluated as “Pass” or “Fail” immediately following the Oral Presentation and Discussion. If the candidate passes, he or she will be informed by the committee and will then receive written verification that he or she has attained Board Certification.

updated
8/2013

Statement of Understanding

For applicants for Board Certification in Neurologic Communication Disorders

I hereby apply for Board Certification in Neurologic Communication Disorders offered by the Academy of Neurologic Communication Disorders and Sciences. I understand that I am subject to all requirements of Board Certification as described herein and that Board Certification depends on successfully completing specified program requirements. If certified, my name will be included on the official registry of individuals who are Board Certified in Neurologic Communication Disorders.

I authorize the Certification Board and staff to make whatever inquiries and investigation they deem necessary to verify my credentials and professional standing. All information will be kept confidential and shall not be used for any other purposes without my permission.

I understand that continued compliance with the rules and regulations of the Certification Board and post-certification standards (including, but not limited to, payment of fees and adherence to continuing education requirements and the code of ethics), as adopted and amended from time to time, are conditions of my license to use the certification marks. If I fail to comply with any of the foregoing conditions, I will cease immediately all use of the marks.

I further agree that neither the ANCDs Executive Board or Certification Board nor its directors, officers, agents, employees and others acting on its behalf shall be liable to me for any actions taken or omitted in an official capacity or in the scope of employment, except to the extent that such actions or omissions constitute willful misconduct or gross negligence, and I thereby release the ANCDs Executive Board, Certification Board and others described above from any liability of such actions or omissions.

I affirm that I have read carefully and understand the items set forth in this Statement, including the release of liability and items in preceding sections of this form. I further affirm that my statements (including attachments) are true and complete to the best of my knowledge and freely given. I attest by my signature that I believe I meet all eligibility requirements for certification as stipulated. I understand that any misstatement of material fact submitted by me may be sufficient cause to bar me from the examination, cause revocation of certification or other appropriate action.

Signature of applicant

Date

Print Name _____

2345 Rice Street
Suite 220
St. Paul, MN 55113
651-925-5528
info@ancds.org
<http://www.ancds.org>

**ANCDS GUIDELINES FOR DOCUMENTING
CONTINUING EDUCATION CREDITS (CECs)**

Dear Board Certification Applicant:

Please use the attached form to document CECs earned during the last three year period. Please note that 10 contact hours = 1 CEC; therefore 1.0 CEU = 1 CEC.

Six broad areas of activity can be credited: meetings; workshops; post Masters degree courses audited; post Masters degree courses taken for credit; presentations or courses taught; workshops; publications. Examples of activities that are applicable to each area are summarized in the next section.

Individuals who hold Board Certification are expected to engage in 60 hours of continuing education activities every three years. This keeps Certified members' knowledge and skills up to date and further enhances their ability to serve people with neurologic communication disorders. For this reason, applicants for Board Certification are asked to demonstrate their continuing education activities as a representation of their involvement in the field.

The following section summarizes and provides examples of activities that can meet CEC requirements. Please note that the activities listed under each continuing education category are just examples; they do not represent an exhaustive listing of acceptable activities. *If applicants are uncertain about the acceptability of certain activities, they should contact the Certification Board for clarification before submitting their application materials.*

Thank you for your application,
The Board Certification Committee

Category 1 - Professional Meetings

Examples: ANCDs Annual Meeting
Clinical Aphasiology Conference
Conference on Motor Speech
Academy of Aphasia
ASHA Convention
State Speech-Language-Hearing Association Conventions
Regional and local conferences
Within work facility departmental meetings, grand rounds, guest lectures, etc.

Documentation: ASHA Continuing Education Registry transcripts
Meeting program with proof of registration (e.g., receipt, attendee listing)
For within-work facility activities without formal registration or documentation- a listing of topics and hours, with verification signed by a work supervisor

CEC Credits: **10 contact hours = 1 CEC**

Category 2 - Workshops

Includes on-site workshops, seminars and presentations, teleconferences, and videoconferences; usually focused on a well-defined topic and presented by one or a few individuals.

Examples: PICA workshops
ASHA-sponsored teleconferences
ASHA/RTN videoconferences
National Center for Neurogenic Communication Disorders Telereounds Workshops
sponsored by hospitals, universities, private corporations, etc.

Documentation: ASHA Continuing Education Registry transcripts
Workshop program with proof of registration (e.g., receipt, attendee listing)
For within-work facility activities without registration or ASHA CEC documentation - a listing of topics and hours with verification signed by a work supervisor

CEC Credits: **10 contact hours = 1 CEC**

Category 3 - Auditing Post - Masters Courses & Self-Study

Examples: Auditing graduate level courses
Audio or videotape presentations viewed as self-study
Special Interest Division 2 Newsletters read for self-study credit Other
ASHA-sponsored self-study activities

Documentation: For audited courses, academic transcript or signed verification from course instructor
For self-study activities, ASHA Continuing Education Registry transcripts or comparable documentation

CEC Credits: **1 course (regardless of number of credits) = 1 CEC**
10 contact hours for documented self-study = 1 CEC

Category 4 - Completing Post-Masters Courses for Credit

Documentation: Academic transcript or signed verification from course instructor
Note: course must be passed

CEC Credits: **1 course (regardless of number of credits) = 2 CECs**
Note: only 1.5 CECs outside the area of neurologic communication disorders can be credited toward recertification requirements

Category 5 - Presentations

Examples: Refereed papers, poster sessions and presentations at national, state or regional professional meetings
Invited workshops, seminars, presentations, teleconferences and videoconferences, Graduate level courses taught for credit (1 course = 1 presentation)

Documentation: Anything that documents authorship, title of presentation, location and date, such as programs, brochures, letters of acceptance, course outlines, course catalogues, published abstracts, etc.

CEC Credits: **1 presentation = 1 CEC** (regardless of duration of presentation)
Note: a specific presentation given multiple times can only be credited once in the three year recertification per year

Category 6 - Publications

Examples: Refereed journal articles
Invited articles in refereed journals
Refereed or invited book chapters
Books
Standardized published tests
Note: published abstracts and letters to the editor cannot be credited as publications, but published abstracts can be used to document a presentation

Documentation: Any of the following: reprint, first page of the publication with complete reference information, letter of acceptance

CEC Credits: **1 publication = 2 CECs**
Note: only 1.5 CECs outside the area of neurologic communication disorders can be credited toward recertification requirements

**ANCDS CEC DOCUMENTATION
SUMMARY SHEET**
ANCDS Office – 2345 Rice Street, Suite 220 – Saint Paul, Minnesota 55113
Please complete legibly

NAME: _____ DATE: _____

AREA: Adult/Child -circle one or both

E-MAIL ADDRESS _____

DAYTIME PHONE _____

Please complete this form and attach appropriate documentation.

A. Please briefly identify each activity and numbers of hours for each below:

Category 1 - Professional Meetings

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 1 CEC Total: _____

Category 2 - Workshops

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 2 CEC Total: _____

Category 3 - Auditing Post-Masters Courses and Self-Study

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 3 CEC Total: _____

Category 4 - Completing, for Credit, Post-Masters Level Courses

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 4 CEC Total: _____

Category 5 - Presentations

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 5 CEC Total: _____

Category 6 - Publications

Activity	Neuro hours	Related area hours
1.		
2.		
3.		
4.		
5.		
Totals		

Category 6 CEC Total: _____

B. Please summarize the number of CECs by category and indicate whether hours earned were in the area of neurologic communication disorders or in a related area:

	Neuro	Related Area
Category 1		
Category 2		
Category 3		
Category 4		
Category 5		
Category 6		
Total		

Total CECs for neuro _____

Total CECs for related areas: _____

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2015 APPLICATION FOR MEMBERSHIP

Type of Membership.....☐ Regular ☐ Student
Current ANCDS Board Certification Status.... ☐ Adult ☐ Child ☐ Dual ☐ None

Please Print or Type

Full Name _____ MS/MA/PhD/other _____
(Last) (First) (Middle) (circle)

Preferred Address _____ Home Phone _____
(For Membership Directory)

_____ Office Phone _____

_____ Fax _____

_____ Email _____

If accepted for membership in ANCDS, it is the responsibility of the applicant to maintain current contact information with the ANCDS national office. Unless informed otherwise, ANCDS will assume the information provided on the application is current and accurate. Any lapses in notification of dues or membership activities that are due to address change are not the responsibility of ANCDS.

Required Annual Membership Dues

☐ \$85 Regular

☐ \$50 Student

Total fees enclosed: US \$ _____ (make checks payable to "ANCDS")

I certify that I am eligible for membership in the Academy of Neurologic Communication Disorders and Sciences at the level for which I am applying. If accepted for membership in the Academy, I agree to abide by the Code of Ethics of the Academy of Neurologic Communication Disorders and Sciences. The Code of Ethics can be viewed online at www.ancds.org or mailed upon request.

Applicant's Signature _____ Date _____

Application for Regular Membership

Regular members have voting privileges in the Academy and the ability to hold office.

*To be eligible for regular membership you must hold a Master's degree or doctoral degree in communication disorders and sciences or a field related to neurologic communication disorders from a properly accredited academic institution. Board Certification is not required for membership in the Academy.

Application for Student Membership

Student members do not have voting privileges in the Academy and are not able to hold office.

Students may serve on selected, but not all, committees.

*To be eligible for student membership, you must be enrolled in a full time academic program and demonstrate an interest in neurologic communication disorders. Eligibility for student membership ends upon completion of the academic degree.

Please provide the following *required* information

Education	University	Major	Degree	Year Completed
Doctorate	_____	_____	_____	_____
Master's	_____	_____	_____	_____
Undergraduate	_____	_____	_____	_____

Professional employment in neurologic communication disorders in the past 5 years

Position	Employer/Location	Dates (from/to)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By virtue of submitting an application for membership in ANCDS, the applicant gives authorization to ANCDS to seek verification of information provided by the applicant for the purpose of membership in ANCDS.

*Optional information to be used for demographic purposes only,
Not required for membership.*

Current license to practice speech-language pathology

☐ Yes State(s) _____ License number _____

☐ No

Current Certificate of Clinical Competence (CCC) in speech-language pathology from the
American Speech-Language-Hearing Association

☐ Yes Account number _____

☐ No