

Academy of Neurologic Communication Disorders and Sciences

PO Box 26532
Minneapolis, MN 55426

BOARD CERTIFICATION CANDIDATE APPLICATION

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

Type of Current ANCDS Membership ___Full Member ___Associate 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%)

[Continued on Back]

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

Letters from the following three health care providers with first-hand knowledge of my 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. _____

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). Note the \$35 *membership application fee* is waived for Board Certification applicants. The Application for Membership requires payment of the current year's annual membership dues (\$35 for Associate Members, \$70 for full members).

IV. Applicant's

Signature _____ Date _____

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

VI. Knowledge and Competency Verifications

Upon receipt of a letter from the ANCDs Certification Board, confirming approval to proceed with the Board Certification Candidate Application, you will have up to one (1) year to complete the following additional requirements (see enclosures for a detailed description):

Step 1. Board Certification Examination

The examination is offered in two versions, one for those seeking certification for adult patients and one for those seeking certification for pediatric patients. Candidates for certification in both areas must take both versions. The examination will address the candidate's knowledge across aspects of clinical practice in the area(s) in which he or she is seeking Board certification. Please see enclosures for additional information regarding the Board Certification Examination. Candidates achieving at least the minimal passing score on the Board Certification Examination are eligible for Step 2.

Step 2. Clinical Case Report, Presentation, and Discussion

Following satisfactory presentation of a clinical case report to an examining committee, the candidate's application materials will be reviewed by two members of the Certification Board and upon satisfactory review the Candidate will be awarded a certificate attesting to Board Certification in Neurologic Communication Disorders.

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 _____



Certification Candidate Application Checklist

Return all application materials to:

ANCDS
PO Box 26532
Minneapolis, MN 55426

<ul style="list-style-type: none">• Board Certification Application Materials <i>Please submit 1 original and 1 copy of the complete application materials.</i> ___ Candidate Application Form is completed and signed ___ Statement of Understanding is signed and attached ___ Three (3) letters of recommendation are attached from health care providers (including at least one Speech-Language Pathologist) qualified to attest to your competence in clinical management with neurologic communication disorders in (circle) adults / children / both . ___ Board Certification Candidate Application fee is enclosed ___ \$125 (ACNDS Member); ___ \$210 (nonmember)• Membership Application, optional: ___ Membership Application Form is enclosed (if applying for ANCDS membership along with Board Certification Candidacy, the \$35 application fee is waived.) ___ Current Year Membership Dues are enclosed (if applying for ANCDS membership payment of current year membership dues is required) ___ Full member \$70; ___ Associate Member \$35
<ul style="list-style-type: none">• Total Fees <p>Total for all fees enclosed (payable to "ANCDS"): US \$ _____</p>

[Please keep a copy of all materials submitted for your records]