

## **ANCDS Board Certification Information for Applicants: Requirements and Process**

### **Eligibility**

To be eligible for Board Certification by ANCDS, applicants must:

- Hold a current Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP) from the American Speech-Language-Hearing Association, or current state licensure in Speech-Language Pathology;
- Have a minimum of five (5) years of full-time equivalent clinical experience with neurologic communication disorders;
- Submit three (3) letters of recommendation from health care providers with first-hand knowledge of the applicant's competence and skills (at least one of whom will be a speech-language pathologist, qualified to attest to the applicant's competence in the clinical management of neurologic communication disorders); and
- Submit the Board Certification Candidate Application material and the applicable fees.

Upon receipt of the Board Certification Candidacy Application, the Certification Board may request additional information. Upon approval of the application by the Certification Board, the applicant will be designated a Certification Candidate and so notified by letter or email.

Upon notification of designation of candidacy, the applicant is required to complete the Board Certification process within a two (2) year period of time.

### **Certification Process**

The certification process then involves the following two steps:

- **Step 1** *Certification Examination* (see below for details). Results of the examination will be reported directly to the Candidate and the Certification Board. Upon passing the examination, the Candidate is eligible to pursue Step 2.
- **Step 2** *Written Case Summary & Oral Presentation/Discussion* (see below for details). Upon passing this step, the Candidate's application materials will be reviewed by two (2) members of the Certification Board for completeness. Upon satisfactory review, the Candidate will be informed by letter that he or she has attained Board Certification.

Upon achieving Certification, the individual will receive a Certificate attesting to the attainment of Board Certification and will be listed in the official ANCDS Directory as Board Certified. Upon request, a press release about the individual's Board Certification can be prepared for distribution to press outlets designated by the individual. These may include in-house publications, state association newsletters, as well as papers for general circulation. In addition, upon request, an individualized letter can be sent to employers,

colleagues, and referral sources identified by the holder of Board Certification describing the individual's accomplishment.

### **Step 1 – Certification Examination**

The eighty (80) question multiple-choice Certification Examination will be offered in two (2) versions, one for candidates seeking certification for adults and one for candidates seeking certification for children. Candidates for certification in both areas must take each examination. Both versions of the examination will address the candidate's knowledge and aspects of clinical practice in the area in which they are seeking Board Certification. The examination will assess the candidate's ability to integrate knowledge in content areas and the specific aspects of clinical practice as follows:

- Content Areas
  - Normal speech, language, and cognitive performance as a function of age
  - Neurolinguistics
  - Neuroanatomy
  - Neurophysiology
  - Sensory physiology
  - Speech motor control
  - Cognition
  - Neuropathology
  - Neurologic disease
  - Neurodiagnostic methods
  
- Aspects of Clinical Practice
  - Etiology
  - Assessment
  - Differential diagnosis
  - Prognosis
  - Intervention
  - Interdisciplinary issues (e.g., medical, pharmacological, psychological)

The examination must be proctored by an ANCDS Board Certified member. The Candidate, in consultation with the Certification Board Chair, will identify an individual in the Candidate's geographical area to serve as a proctor for the examination. The Candidate and the proctor mutually agree upon a time for the taking of the examination. The Chair then communicates with the proctor to review the examination procedures and the proprietary nature of the examination content. The ANCDS office sends the examination to the proctor. The Candidate is given 2.5 hours in which to take the examination. Upon completion of the examination, the proctor returns the exam and response sheet promptly to the ANCDS office for scoring. The Candidate is informed of the results within approximately two weeks.

Candidates failing the examination on the first occasion may retake the exam within one (1) year. Failure to retake the examination within one year will result in forfeiture of the initial application. The Candidate status would be rescinded and the individual would

need to reapply for Board Certification Candidacy, including payment of all applicable fees at the time of reapplication.

Candidates failing the examination for a second time must acquire an additional three (3) years of full-time equivalent experience in the clinical management of neurologic communication disorders prior to reapplying for Board Certification Candidacy.

Candidates passing the examination advance to Step 2 of the Board Certification process.

## **Step 2 – Written Case Summary & Oral Presentation/Discussion**

This step has 2 parts: a) Submission of a comprehensive Written Case Summary, with a Quality Assessment Statement (see explanation below), and b) An Oral Presentation and Discussion of the Written Case Summary with members of the ANCDs Review Team.

### **Part 1 – Written Case Summary**

The intent of the Written Case Summary is to demonstrate, as well as can be done in writing, advanced clinical competency in neurologic communication disorders. The candidate will prepare a Written Case Summary that will include a diagnostic report, a treatment plan, results of its implementation, and analysis of the intervention in relation to the current literature for a patient with a neurologic communication disorder that the candidate has treated or is currently treating.

#### **A. Selecting a Patient for the Written case Summary**

The selection of a routine, typical or classic case is perfectly acceptable for the written case summary, as is selection of a treatment that is considered standard. It is not essential that the Candidate demonstrate that s/he see unusual or atypical patients, or that s/he have developed a new or unique treatment for a common or an unusual problem. This would not preclude selection of an unusual case or a unique treatment.

#### **B. Content Areas**

The Written Case Summary should address the following content areas using the headings underlined:

1) Relevant History

This section includes comprehensive demographic information (age, gender, education, occupation, etc.), relevant medical history, current clinical neurologic findings and premorbid communication status. The case summary must not contain the patient's name or other personal identifying information.

2) Assessment Methods/Tests & Results

This section includes specific standardized and non-standardized assessment procedures chosen, with rationale for their use. Results should be summarized in a way that is succinct and easy to examine, such as in tables or figures. Include test scores and interpretation when possible.

- 3) Diagnostic and Prognostic Conclusions  
This section includes information regarding differential diagnosis, as well as severity and prognosis and supporting rationale. The Candidate should also specify how the differential diagnosis of the communication disorder is consistent with or not compatible with the neurologic findings (e.g., clinical exam, neuroradiologic results).
- 4) Management Recommendations and Procedures  
This section includes information regarding the management approach chosen as well as the therapy goals and procedures that were implemented. Indicate how your treatment approach meets standards of evidence-based practice. The description of clinical decisions regarding frequency of sessions, stimuli content, how practice was organized within the session, etc. should be made clear and include rationale. If a treatment approach is unique (not described in the literature), it must be defined explicitly. If the treatment represents an application of something well described in the literature, a reference to the literature will suffice, with appropriate modifications for the given patient. In either case it is essential to include rationale for the decisions about treatment.
- 5) Data Documenting Outcome of Treatment  
This section includes a brief description of the outcome measures chosen with rationale specifically stated. If methods and procedures other than standardized instruments were utilized during the speech-language evaluation, a thorough description of these, plus analysis of these data, must be included.
- 6) Rationale for Termination of Treatment and Follow-up Recommendations  
This section includes a rationale for any changes in treatment as well as rationale for concluding treatment. If the patient is still participating in speech-language intervention, the Candidate should state the criteria for termination of treatment. A statement of recommendations for any follow up (home programs, scheduled re-evaluations, etc.) should be included.
- 7) Integration of Content with Literature and Evidence Based Practice Guidelines  
This section discusses the literature associated with relevant aspects of the case study including diagnosis, assessment and treatment. It includes the extent to which clinical decisions are consistent with available evidence-based practice guidelines.
- 8) A Brief Self-Critique  
The Candidate should provide a discussion regarding why the treatment was or was not successful, as well as why and how he/she would do things differently. A brief statement of how this case was typical or atypical (diagnostically and in management) should be included.

### **C. Final Checklist for Submitting the Written Case Summary**

1. A case summary that does not address any one of the preceding 7 content areas or

fails to delete patient identifying information will be returned for appropriate revisions before the Written Case Summary is sent to the examining team for review.

2. The Written Case Summary, including all tables and figures should be 10 to 20 double-spaced pages.
3. The quality of the writing is important and should meet publication standards. The Candidate should be concise, yet specific. Careful attention should be paid to organization, transitions, and referents. The gold standard would be publication quality minus requirements for experimental rigor.
4. The reviewers will be guided by the following questions. It would be in the best interest of the Candidate to keep these questions in mind as they prepare the written report.
  - Have the eight content areas been adequately addressed, and have the headings been used in the document?
  - Has all patient identifiable information been deleted?
  - Does the quality of writing meet publication standards? Is the report clear and succinct? Does it enhance the readers ability to understand the material?
  - Is the Written Case Summary limited to 10-20 double-spaced pages?
  - Did the Candidate specifically cite the differential diagnosis including the relative contribution of cognitive, linguistic and motor deficits? Were the nature of the patient's problem and the severity of the deficit clearly conveyed?
  - Are both standardized and non-standardized test results and interpretations consistent with the patient's speech-language pathology diagnosis? If not, are incongruities sufficiently explained?
  - Do the recommendations for management make sense given the patient's history, the neurologic diagnosis, and the communication disorder diagnosis? Does the author provide sufficient rationale for decisions about intervention?
  - Are the goals and procedures of treatment explained either explicitly within the case summary or by references to literature that explicitly explain them?
  - Does the treatment data included in the case summary adequately document the outcome of the treatment? Is the interpretation of the outcome consistent with the data?
  - Do follow-up recommendations follow logically from the outcome of treatment and the patient's status at the end of treatment?
  - Is the literature cited accurate and current?

- Does the overall content and form of the case summary convey an impression that the writer has advanced knowledge in neurologic communication disorders and that the candidate has advanced clinical competency in differential diagnosis and treatment for neurologic communication disorders.

#### **D. Review Process**

A three-member team, designated as the Review Team, will read the Written Case Summary. The reviewers will have no knowledge of the candidate's name or other identifying information. The candidate, author of the case summary, will also have no knowledge of the identity of the reviewers.

The Review Team will evaluate the case summary and determine either:

- *Pass* – Go on to oral presentation and discussion of the case
- *Rewrite* – Either the content or quality of writing was insufficient to determine evidence of advanced clinical competency. The Written Case Summary must be rewritten and reviewed again by the same committee.
- *Fail*

A Written Case Summary that is evaluated as a “fail”, may not be resubmitted. However, the Candidate may submit a new Case Study, if the two-year time period since admission to Candidacy has not been exceeded.

#### **Part II – Oral Presentation & Discussion**

The Candidate will provide an Oral Presentation of their Written Case Summary followed by a Discussion of the Case. This will take place with the members of their Review Team. The Oral Presentation should be arranged to take place in conjunction with an ANCDs meeting or related professional event. The Candidate is responsible for his/her own expenses incurred for them to attend the Oral Presentation & Discussion. Face-to-face interactions are intended to be the major mechanism for Step 2, although in some rare instances a conference call may be substituted.

**Oral Presentation:** The form of the Oral Presentation will resemble a “grand rounds “. It should focus primarily on the diagnosis, the rationale for the diagnosis, detailed specification of the treatment, and the rationale for selecting the treatment approach. Other aspects of the case might be presented as well, such as problems that were not the focus of the intervention and why they were not, reasons for discharge, changes that occurred in the course of treatment, effectiveness of the treatment and so forth.

This formal presentation of the case should take no longer than twenty (20) to thirty (30) minutes. The case presentation can, but need not, include videotapes or audiotapes, prepared at the expense of the Candidate. Statements of informed consent must be submitted for any videotape materials that are to be used or the Candidate will not be allowed to show the videotape. Patient's name or other identifying information must be deleted from any written, videotaped, or audio taped materials that are submitted or presented.

**Discussion:** The formal oral presentation will be followed by an interactive question-and-answer and discussion period between the Candidate and the examining team. The intent of this is to provide the Candidate with an opportunity to demonstrate clinical competence within a discussion setting. It is hoped that this experience represents an interactive learning opportunity that permits the Candidate to focus and demonstrate his or her clinical strengths and achievements. The interactive discussion session should be no longer than forty-five (45) minutes.

**Evaluation:** The Written Case Summary and the Oral Presentation & Discussion are judged as a whole, and will be evaluated as “Pass” or “Fail” immediately following the Oral Presentation & Discussion.

### **Certification Appeal Process**

Wherever a decision has been reached whereby an individual is no longer a Candidate for Board Certification, the applicant has sixty (60) days from the date of such notice being mailed to seek reconsideration. Requests for reconsideration shall be made to the Chair of the Certification Board. The applicant can submit additional information to the Chair at that time. Within thirty (30) days, the chair shall make a determination regarding the Candidate’s application. No hearing is required but the Chair may decide to hold a hearing in his, her, or their sole discretion.

If the applicant receives a determination upon reconsideration that he or she is no longer a Candidate for Board Certification, appeal may be made to the President of ANCDs. Appeals to the President of ANCDs may be made only on the basis that the Certification Board failed to follow the procedures of ANCDs properly or that the decision was based on bias or prejudice. The President must reject any appeal which challenges the interpretation of the Board of Certification requirements by the Certification Board. If the President decides to hear the appeal, the appellant and the President will agree to a panel of three (3) holders of the Board Certification who shall hear the appeal and render an opinion which shall be binding on both parties. The appellant shall be responsible for the costs incurred in the appeal process.

### **Certification Board Authority**

Authorization and use of the marks “Board Certification in Neurologic Communication Disorders in Adults” or “Board Certification in Neurologic Communication Disorders in Children” or “Board Certification in Neurologic Communication Disorders in Adults and Children” and “BC-NCD” shall commence upon successful completion of all requirements for Board Certification. Use of these terms prior to such successful completion is strictly prohibited and may subject the Certification Candidate to termination of his or her candidacy.

The Academy of Neurologic Communication Disorders and Sciences (ANCDs) Certification Board’s authority and obligation to grant, deny and revoke the right to use the marks and promulgate standards of practice stems from its ownership of the above marks. By promulgating ongoing professional standards for the holders of the marks now and in the future, the ANCDs helps to assure the public the persons using these marks in

the course of their business or occupation have not only met stringent certification requirements but have also continued to maintain appropriate standards of conduct and practice that distinguish them from others who would represent themselves as specialists in neurologic communication disorders.

The marks indicated above are owned by the Academy of Neurologic Communication Disorders and Sciences. The Certification Board grants to qualified Speech-Language Pathologists the right to use the marks in the course of their business or occupation. The Certification Board protects the marks and restricts their use to those who maintain current status with the Certification Board.