ANCDS Board Certification
Information for Applicants: Requirements and Process
(Approved and accepted by the ANCDS Executive Board March 24, 2015)

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 a CV or resume;
- Complete the ANCDS CEC form included with the application;
- 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 must 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 Candidacy Application materials 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.

Certification Process

The applicant must complete the Board Certification process within two-years from the approval his or her application. The certification process involves the following steps (see below for specific details):

- **Step 1:** *Submission and review of the first Case Study* (see below for details) The first case study must be submitted for review within three months of the applicant's notification of approval of Candidacy. The written Case Study will be reviewed and deemed "Pass," "Revise," or "Does not meet standards."
- **Step 2:** *Submission and review of the second Case Study* (see below for details) The second Case Study cannot be submitted until the first Case Study has been deemed a "Pass" and must be submitted within three months of the notification that the Candidate has passed the first case study.
- **Step 3:** *Oral Presentation and Discussion* (see below for details) The Candidate will not be approved to move to this step until both Case Studies have been successfully completed. The oral presentation must be arranged within one month of the notification that the Candidate has passed both case studies.
- **Final Evaluation:** The Written Case Studies and the Oral Presentation & Discussion will be judged as a whole and will be evaluated as "Pass" or "Does not meet standards" immediately following the Oral Presentation & Discussion.

The evaluation result will be conveyed to the Candidate at that time and written verification of the result will be sent to the Candidate.

The Certification process is confidential throughout. Only the Chair of the Certification Committee knows the Candidate's identity until the final step of the process, the presentation step. Additionally, the Candidate does not know the identity of the reviewers until the presentation step. The identity of a Candidate who does not meet the standards at any stage of the process will remain confidential.

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 or state association newsletters, as well as papers for general circulation. In addition, upon request, an individualized letter will be sent to employers, colleagues, and referral sources identified by the holder of Board Certification describing the individual's accomplishment.

Written Case Studies

The intent of the Written Case Studies is to demonstrate, as well as can be done in writing, advanced clinical competency in neurologic communication disorders. The Candidate will prepare two distinct Written Case Studies that will include a diagnostic report, a treatment plan, results of its implementation, and analysis of the intervention for a patient with a neurologic communication disorder that the Candidate has treated or is currently treating. The Case Studies will be submitted successively. In other words, the second Case Study cannot be submitted until the first Case Study is deemed a "pass."

A. Selecting Patients for the Written Case Studies

The selection of routine, typical or classic cases is perfectly acceptable for the Written Case Studies, as is selection of a treatment that is considered standard. It is not essential that the Candidate demonstrate that he or she sees unusual or atypical patients, or that he or she has developed a new or unique treatment for a common or an unusual problem. This would not, however, preclude selection of an unusual case or a unique treatment. In order to maintain compliance with HIPAA, the Case Study must not contain the patient's name or other personal identifying information.

The two Case Studies submitted must be distinct in etiology, diagnosis, treatment approach, and neurologic considerations as is possible given the Candidate's caseload. The Case Studies should be chosen such that together they demonstrate depth and breadth of knowledge in the assessment and treatment of neurologic communication disorders. Additionally, critical thinking and judgment should be evident at multiple points throughout assessment and treatment.

B. Content Areas

Both Written Case Studies should address the following content areas using the headings underlined below. Content areas may be arranged in any order that the Candidate determines appropriate; however, all content areas must be addressed.

Relevant History

This section includes comprehensive demographic information (age, gender, education, occupation, etc.), relevant medical history, current clinical neurologic findings and premorbid communication status presented in a HIPAA compliant manner.

Neurologic Considerations

This section includes a discussion regarding the neurologic diagnosis and presumed underlying anatomical and physiological substrates, along with a commentary on the relationships between these substrates and the clinical signs presented by the patient. A brief discussion of the results of any neuro-imaging studies (e.g., MRI, CAT) conducted with regard to the speech-language diagnosis should be included here if neuro-imaging data are available. In addition the influence of the neurologic diagnosis and other relevant factors on diagnosis, prognosis, and treatment of the communication disorder should be discussed.

Assessment Methods/Tests & Results

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

Diagnostic and Prognostic Conclusions

This section includes information regarding differential diagnosis, as well as severity and prognosis with supporting rationale. The Candidate should 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).

Management Recommendations and Procedures

This section includes information regarding the management approach chosen as well as the therapy goals and procedures that were implemented. The Candidate should indicate how the 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, how pre-/-co-existing conditions were accommodated, 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.

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 outcome, a thorough description and analysis of them must be included. To the extent possible the Candidate should address the efficiency, effectiveness, and efficacy of the procedures used by citing appropriate empirical evidence or provide explanation of lack thereof. Sample data from treatment tasks should be included to support outcomes.

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 that will be used for termination of treatment. A statement of recommendations for any follow up (home programs, scheduled re-evaluations, etc.) should be included.

Quality Assessment Statement

The Candidate should discuss why the treatment was or was not successful, as well as why and how he or she might have done 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 Study

1. A Case Study that does not address all of the preceding eight content areas or fails to delete patient identifying information will be returned for appropriate revisions before the Written Case Study is sent to the examining team for review.
2. The Written Case Study, including all tables, figures, and references should be no more than 25 double-spaced pages.
3. The quality of the writing is important and should meet publication standards. The case study 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 reader's ability to understand the material?
    - Is the Written Case Study limited to 25 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 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, cognitive and physical status, 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 Study or by references to literature that explicitly explains them?
- Does the treatment data included in the Case Study 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?
- Does the overall content and form of the Case Study convey an impression that the Candidate has advanced knowledge of neurologic communication disorders and advanced clinical competency in differential diagnosis and treatment of neurologic communication disorders.

D. Review Process

A three-member team, designated as the Review Team, will read the Written Case Studies. The reviewers will have no knowledge of the Candidate's name or other identifying information. The Candidate, author of the Case Study, will also have no knowledge of the identity of the reviewers. The Review Team will remain the same for both Case Studies and the Oral Presentation and Discussion.

The Review Team will evaluate each Case Study and determine either:

- *Pass* – Move to the next step (Oral Presentation and Discussion).
- *Revise* – Either the content or quality of writing is insufficient to determine evidence of advanced clinical competency. The Written Case Study must be revised based on the reviewer's comments and reviewed again by the same Review Team.
- *Does not meet standards* – The Candidate cannot continue the process.

A Written Case Study that is evaluated as a "Does not meet standards" may not be resubmitted. However, at the discretion of the Review Team, the Candidate may submit a new Case Study if the two-year time period has not been exceeded.

Oral Presentation & Discussion

The Candidate will provide an Oral Presentation of one or both of his/her Written Case Studies followed by a Discussion of the Case(s). This will take place with the members of the Review Team and, when possible, the Certification Board Chair. When possible, the Oral Presentation should take place in conjunction with an ANCDS meeting or related professional event. The Candidate is responsible for his/her own expenses incurred to attend the Oral Presentation and Discussion. Face-to-face interactions are

intended to be the major mechanism for this process; however, online video conferencing may also be used. The Board Certification Chairperson will assist the Candidate in making online video conferencing arrangements.

Oral Presentation: The form of the Oral Presentation will resemble a "grand rounds." It should focus primarily on the speech-language diagnosis, the rationale for the diagnosis, co-existing conditions that may impact evaluation and treatment, detailed specification of the treatment, and the rationale for selecting the treatment approach and the outcome of the treatment. 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, and so forth.

The 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. The 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 Review 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 on and demonstrate his or her clinical strengths and achievements. The interactive discussion session should be no longer than forty-five (45) minutes.

The Candidate should be aware that the content of discussion could potentially relate to any area of the fundamentals of neuroanatomy, neurophysiology, and the neuropathologies that underlie neurologic communication disorders as well as issues surrounding evidence based clinical practice. The following areas of discussion should be considered:

- ***Neuropathological 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 Evidence Based Clinical Practice***
  Etiology
  Assessment
  Differential diagnosis
  Prognosis
  Intervention
  Interdisciplinary issues (e.g., medical, pharmacological, psychological)

Final Evaluation: The Written Case Studies and the Oral Presentation & Discussion are judged as a whole, and will be evaluated as "Pass" or "Does not meet standards" immediately following the Oral Presentation & Discussion.

Certification Appeal Process

Whenever 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 request. No hearing is required but the Chair may decide to hold a hearing at his or her sole discretion.

If the applicant receives a determination 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 that 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 that 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 ANCDS 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.