|  |  |
| --- | --- |
| Certification Board Use Only | 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 (ANCDS-BC) | Current ANCDS Membership |
| Select from options:Certification Areas | Select from options: Membership Type |

## Applicant Information

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | | | |  | | Date: |  | |
|  | Last | First | | | | MS/MA/PhD/Other | |  |  | |
| Address: |  | | | | | | | | |  |
| For Directory | Street Address | | | | | | | | | Apartment/Unit # |
|  |  | | | | | |  | | |  |
|  | City | | State/Province | | | | Postal Code | | | Country |
| Home Phone: |  | | | Email: |  | | | | | |
| Office Phone: |  | | | Fax: |  | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Currently hold state/national certification/registration/licensure to practice speech-language pathology/therapy? | YES | NO | Certification/registration/license # |  |
|  |  |  | State/Nation |  |
|  |  |  | Date Issued |  |
| Currently hold a valid Certificate of Clinical Competence (CCC) in Speech-Language Pathology from the American Speech-Language-Hearing Association? | YES | NO | Account # |  |
| Date Issued |  |

|  |  |  |
| --- | --- | --- |
| Has your certification/registration/licensure to practice speech-language pathology/therapy ever been suspended or revoked? | YES | NO |
| Have you ever been convicted of an offense involving abuse or fraud? | YES | NO |
| Have you ever been sued for malpractice involving a client? | YES | NO |
| ***If you answered “yes’ to any of the three questions above, please provide explanatory information on a separate sheet of paper and attach*** |  |  |

## Education

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | University | **Major** | Degree | Year Completed |
| Undergraduate |  |  |  |  |
| Graduate |  |  |  |  |
| Post-Graduate or Doctoral |  |  |  |  |

## Professional employment in the past 5 years

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | Employer | **Location** | Dates (from/to) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Identify the approximate percentage distributions of the following conditions in your caseloads during the past five (5) years | | | | | | | | | | |
| Aphasia | Dementia | Other Cognitive Communicative Disorders | | Motor Speech Disorders | | Voice | | Dysphagia | | Other |
| % | % | % | | % | | % | | % | | % |
| **What is the percentage distribution of your caseload over the most recent five (5) years?** | | | | | | | | | | |
| Adults (18 & older) | | | % | | Children (under 18) | | | | % |  |
| For each disorder listed below, identify the most frequent etiologies of the cases you have treated | | | | | | | | | | |
| Aphasia |  | | | | | | | | | |
| Dementia |  | | | | | | | | | |
| Other Cognitive Communicative Disorders |  | | | | | | | | | |
| Motor Speech Disorders |  | | | | | | | | | |
| Voice |  | | | | | | | | | |
| Dysphagia |  | | | | | | | | | |
| How would you best characterize your professional practice? | | | | | | | Primarily Diagnostic | Primarily Intervention | | Both Diagnostic and Intervention |
|  |  | |  |

## Letters of Recommendation

Letters from the following three healthcare providers with firsthand knowledge of the applicant’s clinical competence and skills are attached to the application (includes at least one speech-language pathologist/therapist qualified to attest to the applicant’s competence in clinical management of neurologic communication disorders).

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | | |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | | |

## Documentation of CECs

|  |
| --- |
| The ANCDS CEC Documentation Form must be completed to verify continuing education completed during the past three years. |

## Payments of Fees

|  |  |  |  |
| --- | --- | --- | --- |
| **Certification Application Fee Enclosed. You may pay by credit card or check (make checks payable to “ANCDS”). See the following page for fees.**Credit card information: Credit card type (e.g. Visa, Discover) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name as it appears on your card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Credit card number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security code: \_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Billing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |
|  |  | ANCDS member | US $125 |
|  |  | ANCDS non-member | US $210 |
| Note: Applicants for Board Certification who also wish to apply for membership in ANCDS must complete and attach the Application for Membership form. The Application for Membership requires payment of the current year’s annual membership dues ($120 for full members). | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant’s Signature |  | Date |  |

|  |
| --- |
| Attach a signed “Statement of Understanding” to this form. See enclosed form. |
| **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 |

|  |  |  |
| --- | --- | --- |
| **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 |  |  |
| Type/Print Name |  | Date |