

Application for Diplomate in School-Neuropsychology



Application Checklist:

- \$250 Application Fee.
- Copy of your School Psychology State Certification/Licensure or a copy of the NCSP, a copy of your American Board of Professional Psychology Diplomate in School Psychology.
- Two letters of endorsement or recommendation by your peers or supervisors who can attest to your school-neuropsychological skills.
- Submit an official transcript showing your highest earned degree to the ABSNP Board office.
- Submit a copy of your resume/vita and sign this application.

Please Type or Print This Application:

I hereby make application to the American Board of School Neuropsychology for the issuance of a diplomate and submit the following information in support of my candidacy (you may attach additional pages as needed at any point in this application):

Name: _____

Addresses: (Please place a check mark next to your preferred mailing address)

Home: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Business: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Email: _____

Sex: Male Female (Circle One)

Professional Status

Please note that applicants must hold a state credential (State Board of Education certificate or Licensing Board license) as a school psychologist or be a Nationally Certified School Psychologist (NCSP) or hold a Diplomate in School Psychology from the American Board of Professional Psychology before applying for the Diplomate in School Neuropsychology.

Current certificates and/or licenses:

(Please enclose a copy of your credentials with your application).

School Psychology Certificate or license: Name: _____
 Number: _____ Date Issued: _____ State: _____

Do you hold the NCSP? ____ Yes, ____ No

If yes, please enter the following:

NCSP Number: _____ Expiration Date: _____

Do you hold the Diplomate in School Psychology from the American Board of Professional Psychology? ____ Yes, ____ No

Do you hold other licenses to practice?

If yes, please enter the following:

License Name: _____ Number: _____

Date Issued: _____ State: _____

License Name: _____ Number: _____

Date Issued: _____ State: _____

Educational Background (List all Universities/Colleges-highest degree first):

University/College	Degree	Date	Major

Relevant Academic Training:

(Please have an official transcript showing your highest degree mailed directly to the ABSNP Board Office).

Relevant Work Experience

Describe those periods of professional experience that involved the use of neuropsychological practices and/or techniques relevant to the practice of school psychology. Include all internship and field experiences.

Internship and/or Field Experiences

Institution: _____

Inclusion Date (MM/YY to MM/YY): _____

Address: _____

Position or Title: _____

Briefly describe duties:

Professional Experiences (Begin with the most recent experiences)

Position: _____

Dates (MM/YY to MM/YY): _____

Institution: _____

Address: _____

Duties: _____

Client Population: _____

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Position: _____

Dates (MM/YY to MM/YY): _____

Institution: _____

Address: _____

Duties: _____

Client Population: _____

Position: _____

Dates (MM/YY to MM/YY): _____

Institution: _____

Address: _____

Duties: _____

Client Population: _____

Position: _____

Dates (MM/YY to MM/YY): _____

Institution: _____

Address: _____

Duties: _____

Client Population: _____

Specific Neuropsychological Experiences

During the past year what is the approximate number of examinations that were primarily neuropsychological in nature that you have performed/supervised? _____

During the past five years? _____

Disorder	Setting (e.g. school, hospital)	# of Years	Est. # of Clients
Traumatic Brain Injury			
Learning Disabilities			
Mental Retardation			
Downs Syndrome			
Cerebral Palsy			
Aphasia			
Autism			
ADD/ADHD			
Genetic Dysfunction			
Drug/Alcohol Abuse			
Epilepsy			
Multiple Sclerosis			
Toxic Exposure			
Anoxia			
Electrical Shock			
Hearing/Vision			
Organic Psychosis			
Brain Tumor			
CVA			
Other Disorders			
Motor Dysfunctions			
Hydrocephalus			
Prematurity			
AIDS			
Tourettes Syndrome			
Other Neurological			

List the tests, batteries, or assessment procedures you most commonly use and their relative frequency of use in neuropsychological examinations? (e.g, WJIII-COG – 20%, NEPSY – 25%, D-KEFS – 25%, etc.):

Test or Battery of Tests	% of Cases

On the back of this sheet, list major publications and special research projects and other major professional activities (e.g., offices and positions held in local, state, regional, or national organizations) not listed elsewhere in this application. (If all of this information is listed in your curriculum vitae, attach a copy and do not repeat the listing here.)

Letters of Recommendation (to be submitted to the Board)

List the names and addresses of TWO supervisors or school psychology colleagues who can verify the extent and nature of your work with the above groups listed. If any of your work with these client populations has consisted largely of independent practice, please also furnish the names of psychologists or other professionals who will be able to comment on your abilities. ***Please arrange with these individuals to forward letters of recommendation to the ABSNP Central Office.***

#1	#2
Name and Title	Name and Title
Institution	Institution
Address	Address

Please answer the following questions:

Have you ever been convicted of or charged with a crime (felony) in any state?

Yes No

Has any licensing board or professional ethics body ever required you to surrender your license or certificate or found you guilty of any ethic code violation?

Yes No

Are there any complaints or charges pending against you by any licensing board or professional ethics body for violation of any ethics code?

Yes No

Have you previously submitted an application to ABSNP?

Yes No

Please read the following statements and sign this application:

I hereby make voluntary application to the American Board of School Neuropsychology, Inc. for the issuance of a diploma in the specialty of School Neuropsychology and for examination relative thereto, all subject to and in accordance with the rules and regulations of the Board.

Upon issuance of the diploma, I agree to become bound by the ethics of professional psychology, not only as currently endorsed by the profession, but also by the standards of practice which shall be adopted from time to time by the American Psychological Association and the National Association of School Psychologists.

I agree to be bound by the Bylaws of the Board insofar as they are applicable to me either as a candidate for the diploma or as a Diplomate of this Board.

I agree to disqualification from examination or from the issuance of a diploma and upon demand of the Board to forfeiture and redelivery of such diploma in the event that any of the rules governing examination and issuance are violated by me or for any of the causes set forth in the Bylaws of the Board.

I understand that the program of the Board is entirely voluntary, and I agree to make no claim against the Board, its owners, its members, or its agents, for failure to issue me its diploma, or for any action taken in connection with this application.

I authorize, whenever it may be deemed appropriate by the Board, the exchange of information concerning my candidacy (before or at any time after action is taken on my application) with the American Psychological Association, with the National Association of School Psychologists, with the state psychological association, with the state school psychological

association, and with state licensing or certifying authorities. I authorize the Board, its owners, its members, or its agents to make, in my behalf, investigation as to my character and as to my professional standing as a representative of school psychology in the community, and I authorize and invite anyone inquired of for this purpose to respond freely and to report fully and frankly to the Board of any matter (without responsibility for the truth thereof) which may seem to them relevant.

I waive any claim to examine such data or other information related to the examination process.

Printed name: _____

Signature: _____

Date of Application: _____

Mail application and non-refundable \$250 application fee to:

American Board of School Neuropsychology
2436 S. I-35E, Suite 376-114
Denton, Texas 76205
(940) 497-2276 - phone
(940) 497-2127 - fax