

UNITED COUNCIL
FOR
NEUROLOGIC
SUBSPECIALTIES



**Accreditation Application
Instructions**

Introduction

The Accreditation Interface is the online portal for training programs to submit accreditation applications, annual reports, and upload related documents. Information specific to accredited programs and non-accredited programs, as well as general information, is included and is identified throughout the document.

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Access and Login Instructions

Request for Accreditation Application Access

New Programs Only

It is recommended that new programs first review the resources available on the [UCNS website](#), such as the [FAQs](#), [Glossary](#), and the subspecialty-specific program requirements. Limited definitions are provided in the instructions below. **The request form must be completed in its entirety. There is no option to “save and continue.”**

1. Complete all fields in the [Accreditation Request Form](#).
 - a. Information required on the form includes:
 - i. Primary institution’s name and address and the department chair’s name
 1. *Primary institution* is the institution where the majority of the program’s instruction will occur
 - ii. Program Director’s name, address, email, and phone number
 - iii. Sponsoring institution’s name and address and the ACGME Designated Institution Official’s Name
 1. *Sponsoring institution* is the ACGME-accredited institution that has agreed to provide oversight to the program. This institution may or may not be the same as the primary institution.
 - iv. Subspecialty for which the program is seeking accreditation
 - v. Estimated date when the application will be submitted
2. Click “Request Accreditation” at the bottom of the page
3. Allow up to two business days for UCNS to process your request
4. Once staff has processed the request, an email will be sent to the email address provided for the program director. The email will contain the login information for the program to access the Accreditation Interface.
 - a. Access to the Accreditation Interface is granted to the program, not to an individual person
 - b. The login information will be the program’s program number and a system-generated password
 - i. The password may be changed, but the user name may not



Login and Passwords

Existing Programs Only

[Log in](#) to your program information with your program number and password.

REMINDERS:

1. Program numbers may not be changed
 - a. Your program is assigned a program number when requesting accreditation and this number will be used to log into the interface
2. Only one number is issued to each program
 - a. Program numbers are specific to a program, not to a person
3. If you have forgotten your password, or if you would like it changed, contact [UCNS staff](#)

Application Section-Specific Requirements

The following information is provided to assist programs preparing to complete an accreditation submission.

IMPORTANT TIPS WHEN USING THE ONLINE APPLICATION

SAVE YOUR WORK OFTEN

- **There are two save options: “Save” and “Save and Complete.”**
 - “Save” allows you to enter information and exit the system without completing a section.
 - “Save and Complete” should be used when a program has completed a section and is ready to proceed to another section.
- **There is no auto-save during the entry process.**
 - You **must** always save before logging out of the system.
 - If you are in the process of completing a long section and your internet connection is interrupted, you will lose your work if you have not saved it.

BE CONCISE

When responding to narrative questions, keep your answers short. Most fields are limited to 10,000 characters (including spaces). Some fields, such as the faculty roles, are limited to 25 characters.

- If you receive an error when trying to save a narrative response, you will need to shorten it.
 - If the error is “Unable to load page,” select the back button and reenter your shortened response.
 - If the error indicates that you have exceed the number of allowed characters, shorten your response and save again.

SECTION INFORMATION

Training program information is entered in topic-specific sections throughout the submission process. The section-specific information included on each page is formatted as shown here:

Section Name

(where the information was located in previous paper submissions, e.g., Program Information Form [PIF], Reaccreditation Information Form [RIF], etc.)

Title of the form you are completing

Information required for submission: e.g., a RIF, annual report, etc.

Program information needed to complete the section.

- 1.
- 2.



Continuing Application Introduction

(Located at beginning of RIF)

Continuing Application Introduction

Included submissions: RIF, progress report (if applicable)

Programs are asked to:

1. Provide a narrative statement outlining the following regarding your program:
 - Accomplishments
 - Challenges
 - Relevant Changes
2. Address any issues from your last accreditation notification letter

Institutional Affiliation

(Located in Section 2 of PIF/RIF)

Sponsoring Institution

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following institution information:

1. Name
2. Address
3. Type of Institution
4. Ownership type
5. If the institution:
 - a. Sponsors a core residency program
 - b. Is ACGME accredited
 - i. Duration of current ACGME accreditation and date of next review
 - c. If the sponsoring institution has an affiliation with a medical school(s)
 - i. If yes, name of the medical school(s)
6. Name and credentials of the ACGME Designated Institution Official

Primary Institution

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following institution information:

1. Whether the primary institution is the same as the sponsoring institution
2. Name
3. Address
4. Name and credentials of the person responsible for oversight of training at the institution



Participating Institution

Included submissions: PIF, RIF, annual report, progress report (if applicable)

If a program **does not utilize a participating institution for training**, no institution should be added and the program should click “Complete Participating Institution.”

If a program has **one or more participating institutions**, they must select “Add Institution” for a new participating institution or “Edit Institution” to review/edit an existing institution. Programs may also delete an institution that is no longer being used by selecting “Remove Institution.”

Provide the following for participating institutions:

1. Name
2. Address
3. Name and credentials of the person responsible of oversight of training at the institution
4. Distance from the primary institution (in miles)
5. Travel time from the primary institution (in minutes)
6. The type of rotation (elective, required, or both)
7. Year one/two fellow rotation duration
8. Brief educational rationale for the use of this institution

NOTE: Information requested numbers 4-8 do not carryover from previous submissions, you will need to edit each participating institution with each document submission to enter the requested information.

Overseeing Department – Leave this section blank

Included submissions: None

UCNS is phasing out the collection of this information.

Fellow Information

(Located in Section 3 of PIF/RIF)

Fellow Enrollment

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following:

The Fellow Enrollment section contains two parts:

1. A fellow enrollment table with the number of fellows requested and enrolled (numbers 1 and 2 below)
2. Specific fellow information each fellow listed as enrolled in the program (number 4 below)

The “Years” corresponds with the portion of the training that the fellow is currently completing, e.g., if a fellow is completing the first 12 months of the program, he or she is enrolled in Year 1. The table

includes spots for Years 1, 2, and 3. Information should be entered only for applicable years, e.g., if the program is only a one-year program, Years 2 and 3 should remain “0.”

The Fellow Enrollment table includes two rows – “Requested” and “Currently Enrolled”:

1. “Requested” - The number of fellows the program wishes to enroll in the program.
 - a. A number must be entered in the row and must equal the total number of fellows who may be enrolled in the fellowship at any given time.
2. “Currently Enrolled” - The number of fellows who are actually currently enrolled in the program.
 - a. Enter a number in this row only if fellows are currently enrolled in the program at the time of submission. This number must agree with the fellow information details provided in the next area of the screen, e.g., if one fellow is enrolled in Year 1, the fellow information for one fellow must be entered into Year 1.
 - b. If there are currently no fellows enrolled, this number should remain “0”
3. Whether the program plans to train non-ACGME or non-RCSPC trained fellows
 - a. If yes, the program must describe what effect enrollment of non-UCNS certifiable physicians will have on faculty resources
4. Fellow information for any fellow currently enrolled in the program, including:
 - b. Fellow name
 - c. Credentials
 - d. Email address
 - e. ABMS/RCSPC certification, e.g., ABPN, ABIM, ABEM, etc.
 - f. Medical school
 - g. Prior GME training – this should indicate the fellow’s prior specialty training to determine whether the fellow is eligible to be enrolled in an accredited fellowship, e.g., neurology, psychiatry, internal medicine, as appropriate for the subspecialty
5. If no fellows are enrolled, no information should be entered.

NOTE: The Fellow Information does not carry over from previous submissions. You must complete this section with every program submission.

Fellow Completion Information

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following:

1. Aggregate data of fellows completing/not completing the program and the reason, over the past five years, including:
 - a. Number of graduates (fellows completing the program)
 - b. Number of withdrawals (fellows who withdrew from the program)
 - c. Number of transfers out of the program (fellows who left the program for another program)
 - d. Number of leaves of absence (fellows taking an extended leave from the program)
 - e. Number dismissed (fellows who will not complete the program because they were dismissed from the program)

2. Fellow information for all fellows who completed the program, including:
 - a. Name
 - b. Credentials
 - c. Email address
 - d. Start date
 - e. Actual date of completion
 - f. Practice Position
 - g. ABMS/RCPSC certification, e.g., ABPN, ABIM, ABEM, etc.
 - h. UCNS certification
3. If no fellows have completed the program in the past five years, no information should be entered

Faculty and Personnel

(Located in Sections 1 and 4 of PIF/RIF)

Program Director Information

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following information about the program director:

1. Name
2. Credentials
3. Address
4. Telephone number
5. Fax number
6. Email address
7. Date first appointed
8. Primary specialty board certification and most recent certification/recertification date
9. Secondary specialty board certification and most recent certification/recertification date
10. UCNS certification
11. Years/months teaching GME in the subspecialty
12. Is a full-time staff member of the sponsoring or primary institution
13. Has a current license to practice medicine in the state of the sponsoring or primary institution
14. Is based at the primary teaching institution
15. Number of hours per week (**in percentages**) spent in clinical (patient care), administration (administrative duties), research, and education (instructing fellows and preparing instructional materials) activities
16. Is also the department chair
 - a. If not, the program is asked to provide the name, credentials, and email for the department chair

Program Director Experience and Qualifications

Included submissions: PIF, RIF, annual report, progress report (if applicable)

Provide the following narrative information about the program director:

1. Description of the program director's qualifications in the subspecialty, including her or his appropriate qualifications in clinical, educational, and administrative abilities as well as experience in the field
2. Listing of the program director's educational experience and abilities
 - a. Examples should demonstrate the program director's prior and ongoing experience in teaching, lecturing, or writing on topics related to the subspecialty as well as experience in administration of programs
3. Listing of the program director's CME activities related to the subspecialty
4. Description of the program director's overall responsibilities and activities ensuring that all responsibilities listed in the program requirements are addressed

Faculty Information

Included submissions: PIF, RIF, annual report, progress report (if applicable), program change request (if applicable)

Provide the following information for all faculty members.

1. Name
2. Credentials
3. Role in the curriculum
4. UCNS certification status (certified, eligible, or none)
5. Faculty type (Core or Other)

NOTE: The program director information is auto-populated from the information submitted in the previous section and may not be edited.

Facilities and Resources

(Located in Section 5 of PIF/RIF)

Facilities and Resources

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following information about its facilities and resources:

1. If there is administrative support for the fellowship and program director and fellows
2. If the fellows have space to complete administrative responsibilities
3. If fellows have access to office equipment such as copiers and projectors
4. If the fellows and faculty have access to reference materials such as textbooks, journals, and online databases
5. Description of the facilities used for conferences



Educational Program

(Each section below indicates where information can be found in previous PIF/RIF submissions)

Program Construction and Flexible Fellowships – New

Included submissions: PIF, RIF, annual report, progress report (if applicable)

This section includes a description of all program options a program offers, including if fellows have the option to participate in one- or two-year program tracks.

Provide the following information about the program:

1. The program's duration (in months), including all options from which fellows may choose
2. How many fellows may be enrolled in the fellowship at any given time
3. If all fellows are required to follow the same duration/format
4. If flexible fellowships are offered to fellows
5. If fellows are not required to follow the same format, describe how the program tracks fellow progression through the program

Curriculum – located in Section 6 of PIF/RIF

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following information about the program:

1. A brief narrative overview of the training program including a discussion of the program's strengths and challenges
2. Whether the program's goals and objectives have been/will be provided to fellows

Journal Club – located in Section 6 of PIF/RIF

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following information about the program:

1. If there is, or will be, a fellowship-specific journal club
 - a. If there is no journal club, describe what substitutes for it
2. Journal club attendance requirements for fellow(s) and faculty, including a description of the frequency of meetings and the organization of the journal club

Program Policies – located in Section 6 of PIF/RIF

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following descriptions:

1. The program director's supervision of fellows in each clinical setting
2. How compliance with ACGME duty hours is maintained
3. What policies are in place for responding to impaired fellows
4. How the program monitors fellow stress and provides counseling or support services to fellows

Educational Program – located in Section 6 of PIF/RIF

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following descriptions:

1. What teaching responsibilities fellows have
2. What performance criteria/milestones the program uses to determine how fellows are provided with progressive patient-care responsibility
3. Who is involved in the progressive patient-care responsibility decision making (e.g., program director, core faculty, or committee)

Evaluation

(Located in Section 8 of PIF/RIF)

Fellow Evaluation

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following descriptions:

1. The methods and frequency of fellow evaluation
2. How and by whom feedback to fellows is provided and what remedial actions are taken in cases of deficiency, including the fellow evaluation records kept by the program

Faculty Evaluation

Included submissions: PIF, RIF, progress report (if applicable)

Describe how the program director evaluates faculty, including how often the evaluation occurs and whether written evaluations by fellows are incorporated into the process

Program Evaluation

Included submissions: PIF, RIF, progress report (if applicable)

Describe the system by which the program is evaluated and whether written evaluations by fellows are used

Curriculum Development

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following descriptions:

1. How written evaluations by fellows are used in the curriculum development process
2. The participation by fellows in the curriculum development and evaluation process
3. The process by which the training program goals and objectives are developed, who participates, and how often they are revised



Curriculum and Goals and Objectives Evaluation

Included submissions: PIF, RIF, progress report (if applicable)

Provide the following descriptions:

1. The criteria used in assessing the extent to which goals and objectives are met
2. How often the goals and objectives are reviewed and how they are evaluated
3. How the performance by graduates on certifying examinations is used to evaluate the effectiveness of the program and to modify the goals and objectives

Appendix A

(Located in Appendix A of PIF/RIF)

Included submissions: PIF, RIF, annual report (if applicable), progress report (if applicable), program change request (if applicable)

Download the template provided for Appendix A and upload a completed and signed letter for each of the sponsoring, primary, and participating institutions identified in the “Institutional Affiliation” section.

- The sponsoring institution letter must be signed by the sponsoring institution’s ACGME designated institution official
- If the sponsoring and primary institutions are the same institution, only one letter needs to be submitted, but it still must be signed by the ACGME designated institution official

Appendix B

(Located in Appendix B of PIF/RIF)

Included submissions: PIF, RIF, annual report (if applicable), progress report (if applicable)

PIFs and RIFs: Download the template provided in the Accreditation Interface for Appendix B and upload the completed documents for all faculty members listed in the “Faculty Information” section, beginning with the program director.

Annual Report: Appendix B CVs for only the new faculty or for a newly requested program director must be submitted.

For submitted Appendix B CVs:

- The provided template must be used
 - NIH biosketches, complete CVs, or references such as, “See CV,” are not accepted
- All requested information must be provided
 - If something is not applicable, indicate “NA” in the appropriate field
- List non-ABPN certifications, including their dates, under “Other”



Appendix C

(Located in Section 6 of PIF/RIF)

Included submissions: PIF, RIF, annual report (if applicable), progress report (if applicable)

Download the template provided for Appendix C and upload the completed Graphic Display of the Curriculum.

- If more than one curriculum option is offered to fellows, e.g., NCC one-year tracks, a clearly labeled graphic display **must be submitted for all program options**

Appendix D

(Located in Section 6 of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable)

Download the template provided for Appendix D and upload the completed program Goals and Objectives.

Appendix E

(Located in Appendix C of PIF/RIF)

Included submissions: PIF, RIF, annual report (if applicable), progress report (if applicable)

Download the template provided for Appendix E and upload the listing of Formal Didactics.

- Sufficient detail (course titles) should be provided to determine that all required didactic content areas are addressed in the program

Appendix F

(Located in Section 6 of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable)

Download the template provided for Appendix F and upload the Clinical Components table.

Appendix G

(Located in Section 6 of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable)

Submit the institution's policy on duty hours and a copy of the program's call schedule.



- If there is no call schedule because fellows do not take call during the fellowship, a schedule need not be submitted. In place of the call schedule, programs must upload a document stating that there is no call
- The institution's ACGME-compliant duty hour policy **must** still be submitted

Appendix H

(Located in Appendices, D, E, F, and Section 7 of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable)

Download the template provided for Appendix H and upload the Fellow Meeting Attendance, Research Projects, Publications, and Scholarly Activity table.

Appendix I

(Located in Appendix G of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable), program change request (if applicable)

Upload a sample of the program's final fellow evaluation, which is used to evaluate fellows completing the program.

- The evaluation must include a statement regarding the fellow's competency to practice as an independent practitioner in the subspecialty

Appendix J

(Located in predominantly in Section 6 of PIF/RIF)

Included submissions: PIF, RIF, progress report (if applicable)

Autonomic Disorders, Clinical Neuromuscular Pathology, Headache Medicine, Neurocritical Care, Neuroimaging, and Neuro-oncology programs must download the template provided for Appendix J and upload the completed subspecialty-specific information requested in the appendix.

Behavioral Neurology & Neuropsychiatry, Geriatric Neurology, and Neural Repair and Rehabilitation programs will not be prompted to upload this appendix

The information requested in Appendix J varies by subspecialty and may include attestation of required curricular content, the number of specific procedures completed by fellows, and fellow licensure.



Signatures

Program Director Signature

Included submissions: PIF, RIF, annual report, progress report

Provide:

1. Program director's name and signature
 - a. The signature must be preceded and succeeded by forward slash marks, /Jane Doe/
2. Program coordinator information, if applicable
 - a. Name, phone number, and email address

Upload Signature

Included submissions: PIF, RIF, annual report, progress report

Download the signature form and have it signed by the department chair and the sponsoring institution's designated institution official. The signed form must then be scanned and uploaded into the Signature section.

Troubleshooting

1. If a narrative response is entered and programs receive an “Unable to load page” error, select “back” and shorten the responses provided in the tab until you are able to save your work.
2. Exact dates, where requested, must be entered in the MM/DD/YY format. Dates entered in other formats will result in a default to the current year.
 - a. If the field is requesting a future date, but you only have a past date to enter, you will receive an error. Please contact [UCNS staff](#) if this is an issue.

Frequently Asked Questions (FAQ)

Q: Why can't my program have multiple usernames and passwords?

A: Access to the Accreditation Interface is given to the program, not to individual users. The program number and password will be provided to the program director. The program director may share the login information with whomever he or she wishes.

Q: How do I reset my password?

A: Passwords are reset by UCNS staff. Contact a [staff member](#) to reset your password.

Q: What information is carried over from previous submissions?

A: Most information submitted in a previous submission will carry into the next submission. The primary exceptions to this include: fellow information (because it changes annually) and some institutional and personnel information.

Q: Why can't I submit a program change request?

A: If you have any other submission under review, you will be unable to submit a separate program change request. Contact [UCNS staff](#) to discuss the best way to proceed with your program change request.

Q: When can I start my program's RIF?

A: Programs will be notified approximately four months prior to the due date that the RIF is available.

Q: I've completed my submission – now what?

A: Similar to the previous process, program submissions will first be reviewed by UCNS staff for completeness. If information is missing, the program will be contacted and asked to edit its submission through the interface. Once the submission is completed, it will be locked and sent to the Accreditation Council for review.

Q: Is a paper application still available?

A: No. All submissions must be submitted using the Accreditation Interface.

Q: Who should I contact at the UCNS if I have additional questions?

A: Contact Amanda Carpenter, Senior Manager, Accreditation at (612) 928-6065 or acarpenter@ucns.org

Q: Is there an FAQ list regarding general accreditation questions?

A: Answers to [accreditation FAQ](#) is available on the UCNS website.