



## Certification Application Submission Checklist

This checklist has been designed to facilitate applying for certification. Before beginning the online application, review and prepare the information and/or attachments that will be required for your application pathway during the online application process. Complete eligibility criteria information is available on each subspecialty certification web page.

### GENERAL ELIGIBILITY INFORMATION

#### Candidate Information

- First, middle, and last name
- Credential(s)
- Birth date
- Home address and phone number
- Work address and phone number

#### Medical School Information

- Medical school name and location
  - Faculty diplomate applicants must have medical diploma from an institution registered in the [World Directory of Medical Schools](#))
- Start and end dates
- Degree received
- Date degree was received

#### Residency Training Information

- Institution name and location
- Specialty
- Training start and end dates
- Number of months of training
- Full/Part time

## Board Certification Information

- Type of certification (primary/subspecialty)
- Name of certifying board(s)
  - Faculty diplomate applicants may include: 1) an ABMS member board or the RCPSC, 2) a specialty certification board of the American Osteopathic Association, 3) an appropriate board of the European Union of Medical Specialists (EUMS), or 4) the medical board of the applicant's country of origin, such board to be approved by the Certification Council supporting that you are in good standing of your primary ABMS Board as defined in the eligibility criteria.
- Certification number(s)
- Issue and expiration dates

## Medical Licensure Information

- State/Province of licensure
- License number
- Expiration date
- Licensure restrictions
  - If license is restricted, must upload explanation of restriction
  - If license is pending, must upload explanation for pending status
- Upload copy of current license (with expiration date showing)

## APPLICATION PATHWAYS

### UCNS Accredited Fellowship

- Name of UCNS-accredited training program
- Start and end dates of fellowship
- Number of months of training
- Full time/part time
- Upload Fellowship Training Verification Letter OR a copy of fellowship completion certificate
  - Use letter template text provided on UCNS subspecialty certification web page
  - Template text must be on institution letterhead
  - Letter must be signed by program director

### Practice Track

The practice track option is closed for some subspecialties. Check the eligibility criteria on the subspecialty certification web page to find out if this option is available.

Must provide required information for **one of three** practice track pathways:

1. Non-accredited Subspecialty Fellowship: Successful completion of non-accredited fellowship program that was 12 months or more in length.
  - Name of training program
  - Start and end dates of fellowship
  - Number of months of training

- Full time/part time
  - Upload Fellowship Training Verification Letter OR a copy of fellowship completion certificate
    - Use letter template text provided on UCNS subspecialty certification web page
    - Template text must be on institution letterhead
    - Letter signed by program director
2. Continuing Medical Education (CME): Completion of required *AMA PRA Category 1 Credits™* specifically related to subspecialty over the 60 months prior to application (Number of credits required varies by subspecialty).
- Title of each CME program/activity
  - CME sponsoring organization
  - Start and end dates of each program/activity
  - # of CME credits per activity
3. Academic Appointment: Applicant holds an active, full-time academic appointment teaching medical students, residents, and/or fellows in the subspecialty
- Upload Academic Appointment Verification Letter
    - Use letter template text provided on UCNS subspecialty certification web page
    - Template text must be on institution letterhead
    - Name of program/institution
    - Full-time/part time active appointment
    - Appointment start date
    - Signature of department chair

*In addition to one of the three practice track pathways, the following additional information is needed:*

#### **Practice Time Verification**

- Description of practice experience
- Location of experience: City and State/Province
- Start and End Dates
- Upload Practice Verification Letters (from two physicians familiar with the applicant's practice)
  - Use letter template text provided on UCNS subspecialty certification web page
  - Template text must be on verifying physician's practice letterhead
  - Confirmation of practice time dedicated to the subspecialty

#### **Practical Expertise Verification (Neuroimaging and Clinical Neuromuscular Pathology only)**

##### Neuroimaging

- Upload a copy of a valid certificate in MRI/CT from the American Society of Neuroimaging
- OR
- Upload Practical Expertise Letter confirming supervised or independent written interpretation of 650 neuroimaging cases, at least 500 of which must be in MRI of the brain or spine.
    - Use letter template text provided on UCNS subspecialty certification web page
    - Template text must be on institution letterhead
    - Letter must be signed by appropriate CME programs, mentors, medical directors, or program directors.

## Clinical Neuromuscular Pathology

- Upload Practical Expertise Letter from the applicant certifying that he/she has provided written interpretations of at least 100 nerve or muscle biopsies (with a minimum of 30 of either) during the 60 months preceding the application deadline.
  - Use letter template text provided on UCNS subspecialty certification web page
  - Template text must be on institution letterhead

## **Faculty Diplomate Pathway**

- Upload Academic Appointment Confirmation Letter
  - Use letter template text provided on UCNS subspecialty certification web page
  - Template text must be on institutional letterhead
  - Name of program/institution
  - Date appointment began or will begin
  - Signature of department chair or other authorizing leadership

## **OTHER INFORMATION**

- Special Testing Accommodations (if needed)
  - Complete Special Testing Accommodations Form
  - Submit required supporting documentation of disability and previous testing accommodations
- Electronic Signature
  - Type name preceded and followed by a forward slash (Example: /Jane Doe/)
- Payment Options
  - Credit card (Visa, Mastercard, or American Express)
  - Check (Personal, cashier's, or money order)

## **CONTACT INFORMATION**

### **Application Process**

Becky Swanson, Executive Assistant

[bswanson@ucns.org](mailto:bswanson@ucns.org)

(612) 928-6050

### **Certification Eligibility Requirements**

Todd Bulson, Senior Manager Certification

[tbulson@ucns.org](mailto:tbulson@ucns.org)

(612) 928-6067