



# Application for Membership Neurological Subspecialty Area

## A. About the UCNS

The United Council for Neurologic Subspecialties (UCNS) was incorporated in March 2003 as a non-profit professional medical organization sponsored by five parent organizations: American Academy of Neurology, American Neurological Association, Association of University Professors of Neurology, Child Neurology Society, and Professors of Child Neurology. Its primary mission is to provide for accreditation and certification with the goal of enhancing the quality of training for physicians in neurological subspecialties and the quality of patient care.

## B. Instructions

Please complete and mail or submit electronically via the UCNS web site at [www.ucns.org](http://www.ucns.org). Respond to all sections of the application. Submit the following information:

- Completed Application
- Appendix A: Definition of subspecialty including core competencies and core curriculum
- Appendix B: Subspecialty training requirements (or narrative description of resources)
- Membership Application Fee

Submit to:

### Print

UCNS Executive Office  
1080 Montreal Ave.  
St. Paul, MN 55116

### E-mail

or

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

## C. Primary Application Information

Please fill out the primary application information listed in the following Questions 1-9:

1. **Organizational Sponsor.** Provide the following information for a minimum of one national organizational sponsor of the Neurological Subspecialty Area (NSA):

- Name of Organization
- Principal Address
- E-mail Address
- Officers
- Principal Organizational Activities
- Numbers of Active Members
- Next Annual Meeting Site and Dates
- Date Established
- Copy of Organization's Bylaws
- Letter Agreeing to be a Sponsor of NSA

2. **Recognition of the NSA.** For each national organization that recognizes the NSA, provide the following information:

- Letter Documenting the Recognition of NSA

3. **Journal.** For each national peer-reviewed journal that regularly publishes the basic or clinical research being conducted by the members of the subspecialty, provide the following information:

- Name of Journal
- Editor
- Journal address
- Date Established
- Publication Frequency
- Owner or Sponsor

4. **Definition of Subspecialty.** Attach as Appendix A, a copy of the definition of the subspecialty that would support the development of examination specifications and competencies. This would normally include a set of core competencies and a core curriculum. (*At a minimum, the core curriculum should include the core content or knowledge base.*) Document that the Core Curriculum has been widely distributed for comment to fellowship directors and other interested organizations.

5. **Unique Body of Knowledge.** Provide a narrative outlining the evidence that the NSA represents a unique body of knowledge in Neurology. Special attention should be given to potential areas of overlapping training and practice with other existing Neurological subspecialties. In addition, provide a complete list of contact information for other NSAs and other organizations known to you with similar interests.

6. **Training Requirements.** Attach as Appendix B, a copy of the subspecialty training requirements that could lead to UCNS accreditation of training programs. Document that the Training Requirements have been widely distributed for comment to fellowship directors and other interested organizations. If such training requirements are not in place, provide a narrative description of the resources available in the subspecialty which would support the development of such training requirements within twenty-four (24) months from the date of approval.

7. **Letter of Endorsement.** If training requirements are included in the application, attach a letter of endorsement for such requirements from each of the national organizations listed in Question 2.

8. **Training Programs.** For each existing training program in the subspecialty, list the following information:

- Name of Program
- Sponsoring Institution
- Date Established
- Length of Program in months
- Number of Residents/Year
- Total Number of Graduates
- Program Director
- Program Address
- Program E-mail Address

9. **Concurrent Training.** Does any portion of the subspecialty training take place during the period required for any other specialty or subspecialty? If yes, please provide a narrative description of the circumstances.

10. **Practice Track.** UCNS defines the practice track as a process that allows physicians who initiated the subspecialty prior to the availability of accredited training programs to qualify for the examination by meeting a defined series of criteria. Please provide the practice track criteria. To assist you, the Practice



**E. Payment**

The UCNS only accepts checks or money orders at this time. Please enclose payment in US funds (payable to United Council for Neurologic Subspecialties) with the application.

- Check  
 Money Order

**F. Applicant Information**

Name of NSA					
Primary Contact Name					
Address					
City		State		ZIP	
Tel		Fax		E-mail	

*Please include the requested materials and payment.*

*Your application will not be processed until payment is received.*

*Thank you for your interest in the UCNS.*