



**BEHAVIORAL NEUROLOGY & NEUROPSYCHIATRY
CERTIFICATION APPLICATION APPENDIX**
Sample Form Letters

Last Revised: 01/18/08

Attachment B – Verification by the Appropriate Fellowship Program Director
Sample Letter

Date

Certification Dept.
UCNS
1080 Montreal Ave.
St. Paul, MN 55116
Applications@ucns.org

RE: <Name of Applicant>

Certification Dept:

This letter serves as documentation that <Name of Applicant> has satisfactorily completed 12 months of UCNS-accredited fellowship training in Behavioral Neurology & Neuropsychiatry at <Name of UCNS-Accredited Program/Institution>. The training occurred from <MM/DD/YY to MM/DD/YY>.

Sincerely,

<may include electronic signature or electronic equivalent (e.g., /John Doe/>

<Name of Fellowship Program Director>
Fellowship Program Director
<Name of Institution>
Address
Phone
E-mail

Sample Attachment C – Documentation From Fellowship Program Directors
Sample Letter

Date

Certification Dept.
UCNS
1080 Montreal Ave.
St. Paul, MN 55116
Applications@ucns.org

RE: <Name of Applicant>

Certification Dept:

This letter serves as documentation that <Name of Applicant> has satisfactorily completed 12 months of fellowship training (non-accredited) in Behavioral Neurology & Neuropsychiatry at <Name of Program/Institution>. The training occurred from <MM/DD/YY to MM/DD/YY>.

Sincerely,

<may include electronic signature or electronic equivalent (e.g., /John Doe/>

<Name of Fellowship Program Director>
Fellowship Program Director
<Name of Institution>
Address
Phone
E-mail

Sample Attachment D – Letter From Department Chair
Sample Letter

Date

Certification Dept.
UCNS
1080 Montreal Ave.
St. Paul, MN 55116
Applications@ucns.org

RE: <Name of Applicant>

Certification Dept:

This letter serves as documentation that <Name of Applicant> has had an active, full-time academic appointment at <Name of Program/Institution> since <Appointment Date>. Teaching responsibilities include instructing <medical students, residents, and/or fellows> in Behavioral Neurology & Neuropsychiatry.

Sincerely,

<may include electronic signature or electronic equivalent (e.g., /John Doe/>

<Name of Department Chair>
Department Chair
<Name of Institution>
Address
Phone
E-mail

Sample Attachment E – Letters From Two Physicians
Sample Letter

(The two letters must together address the entire 36-month period of time.)

Date

Certification Dept.
UCNS
1080 Montreal Ave.
St. Paul, MN 55116
Applications@ucns.org

RE: <Name of Applicant>

Certification Dept:

This letter serves as documentation that I am familiar with <Name of Applicant>'s practice pattern over the last <number > years. I can attest that at least 25% of <Name of Applicant>'s practice during the last 36 months has included direct diagnosis and management of neurobehavioral and neuropsychiatric conditions.

Sincerely,

<may include electronic signature or electronic equivalent (e.g., /John Doe/>

<Name >
<Name of Institution or Practice>
Address
Phone
E-mail