



# Behavioral Neurology & Neuropsychiatry Program Accreditation Application Appendices A-G Template

*Last Revised: 12/31/06*

## **Appendix A: Participating Institution Letter**

The Participating Institution Letter referenced in the Program Information Form (PIF) Appendix A is a confirming letter from the department chair of the participating institution (not the full affiliation agreement; not Letter of Agreement).

The following is a template for the letter:

Date

Mary Post, CAE, Executive Director  
United Council for Neurologic Subspecialties (UCNS)  
1080 Montreal Ave  
St. Paul, MN 55116

Dear Ms. Post,

This letter serves as the Participating Institution Letter that accompanies the accreditation application for the *(name program)*.

The *(Participating Institution)* is committed to the training and committed to providing the appropriate education. *(List specific educational activities that will be undertaken, supported, and supervised at the Participating Institution)*.

Sincerely,

*(name)*  
Department Chair  
*(Participating Institution)*

**Appendix B: Curriculum Vitae (CV)**

Use the CV template that follows for the entire program faculty. This must include the Program Director and faculty members who have major teaching responsibilities in the training program or who serve as division or departmental heads. CVs using the NIH Biographical Sketch format will be accepted.

CURRICULUM VITAE

Name:		
Degree(s):		Year of Birth:
Medical School:		Date of Graduation:
Certification(s):		
ABPN-Psychiatry	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
ABPNNeurology	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
ABPNChild Neurology	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
ABPNOther (specify)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Other Board	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
Other (name below)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Date:
List any equivalent training here:	Date:	
Active State Licensure(s):	Date(s):	
Current Academic Positions:	Date Assumed this Position:	
Current Hospital Appointments:	Date of Appointments:	
Fellowship/post-graduate training (type & location):	Date of Completion:	

List the most recent publications in journals (maximum 10 articles). Do not include presentations, abstracts, and those 'in preparation' or 'submitted.'

**Appendix C: Goals and Objectives**

Written goals and objectives by year and rotation.

<b>YEAR 1</b>	
<b>Rotation</b>	<b>Goals and Objectives</b>

<b>YEAR 2 (if applicable)</b>	
<b>Rotation</b>	<b>Goals and Objectives</b>

**Appendix D: Instruction and Lectures**

<b>Clinical Conferences</b>	<b>Inst 1</b>	<b>Inst 2</b>	<b>Inst 3</b>	<b>Inst 4</b>	<b>Faculty Member</b>	<b>Mandatory Y/N</b>
<b>Clinical Courses, Conferences, and/or Lectures Given In Other Areas</b>	<b>Inst 1</b>	<b>Inst 2</b>	<b>Inst 3</b>	<b>Inst 4</b>	<b>Faculty Member</b>	<b>Mandatory Y/N</b>
<b>Lectures Not Already Provided</b>	<b>Inst 1</b>	<b>Inst 2</b>	<b>Inst 3</b>	<b>Inst 4</b>	<b>Faculty Member</b>	<b>Mandatory Y/N</b>

**Appendix E: List of Behavioral Neurology & Neuropsychiatry Meetings Attended by Fellows**

Comment on how many and how often fellows attend local, regional, and national Behavioral Neurology & Neuropsychiatry meetings. You should provide a list of meetings that fellows have attended over the past three years, showing the fellows by name.

How many local, regional, and national Behavioral Neurology & Neuropsychiatry meetings are attended by fellows?

How often do fellows attend local, regional, and national Behavioral Neurology & Neuropsychiatry meetings?

Fellow	Meeting	Time Period (Over Last 3 Years)

**Appendix F: List of Research Projects by Fellows**

List the research projects by fellows from the section/division during the past 3 years.

Fellow	Research Project	Time Period (Over Last 3 Years)

**Appendix G: List of Publications by Fellows**

List the publications by fellows from the section/division during the past 3 years.

Fellow	Publication	Time Period (Over Last 3 Years)