

# 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

or

### E-mail

[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 Track Issue Paper defines the concept of the practice track and provides items for applicants to consider

when submitting practice track criteria. The issue paper can be found on the UCNS Website at [www.ucns.org](http://www.ucns.org), Subspecialty Membership.



## NSA Membership Criteria

### *General Membership Criteria*

1. Accredited training programs, from which candidates are accepted for certification, must be a minimum of six (6) months of clearly identifiable training<sup>(1)</sup>.
2. Training accepted for certification shall not overlap with training for a core specialty. Concurrent training is training that satisfies the requirements for more than one accredited program. Such training would be prohibited except in circumstances where subspecialty training is either accredited by the UCNS or the Accreditation Council for Graduate Medical Education (ACGME), the subspecialties agree to share training, and the time allotted to each subspecialty is clearly defined. The training must be reviewed and pre-approved by each subspecialty and by the UCNS.
3. If a practice track <sup>(2)</sup> is offered, this practice track shall terminate not more than five (5) years from the date of initial certification.
4. Candidates for UCNS subspecialty certification must hold a full, unrestricted license to practice medicine in the United States, its territories and possessions, or Canada.
5. Candidates for UCNS subspecialty certification must be certified by the American Board of Psychiatry and Neurology (ABPN), another appropriate American Board of Medical Specialties member board or the Royal College of Physicians and Surgeons of Canada. Candidates who have qualified for examination by these organizations but have not been certified, may sit for a subspecialty certification examination approved by the UCNS but may not receive notice of the results of that examination until the above criterion has been satisfied.
6. Certificates may not be issued for terms exceeding ten (10) years.
  - (1) Consideration will be given to program requirements submitted by a UCNS accredited training program that utilize alternative educational methods or non-traditional training pattern to achieve required knowledge, skills and competencies.
  - (2) A practice track is 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.

### *NSA Membership Criteria*

1. Agreement to abide by the accreditation and certification standards adopted by the UCNS Board.
2. Demonstration that the subspecialty represents a unique body of scientific knowledge in neurology.
3. Agreement on the training requirements and certification process by the major organizations in the specialty and subspecialties.
4. Demonstration that there is an organizational structure in the subspecialty that is able to develop and sustain the accreditation and certification of residents (fellows) trained in the subspecialty. The elements to be considered include but are not limited to:
  - One (1) or more national organizational sponsors that broadly represent the interests of the subspecialty and are capable of providing the experts, necessary to support the required accreditation and certification activities through the UCNS or the accreditation activities of the Accreditation Council for Graduate Medical Education (ACGME).
  - Recognition of the subspecialty by a national medical organization.
  - One (1) or more national peer-reviewed medical journals that regularly publish the basic or clinical research being conducted by the members of the subspecialty.
5. Demonstration that there exists a comprehensive definition of the subspecialty (core curriculum) in a form that would support the development of examination specifications and competencies.
6. Demonstration that there exists a comprehensive set of training requirements to support the approval of accredited training programs approved by the UCNS Board or in the alternative to demonstrate the capacity to produce requirements acceptable to the UCNS Board within two (2) years and prior to the initiation of the certification process.
7. Demonstration that there currently exists at least five (5) training programs in the subspecialty.

## **D. Membership Categories and Application Fees**

*The UCNS has two membership categories: Independent Board and NSA. You are applying for membership as an NSA.*

NSA	\$2,000 Fee (\$1,000 first-year membership fee + \$1,000 non-refundable application fee)
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*The membership year is from January 1 through December 31.  
An annual renewal fee will be assessed at \$1000. Fees are subject to change.*

**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	

**G. Signature.** The signature below attests to the fact the Neurological Subspecialty Area agrees to abide by the Neurological Subspecialty Area membership criteria in the future development of the accreditation and certification programs through the UCNS.

Name of Authorized Individual \_\_\_\_\_

Signature of Authorized Individual \_\_\_\_\_

*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.*