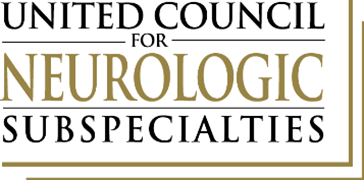
Updated February 2023



Application for Neurologic Subspecialty Recognition

**Application for**

**Neurologic Subspecialty Recognition**

#### Overview

The trend of subspecialization in the field of neurology started evolving in the late 1990s. Since that time, numerous neurologic subspecialties have emerged and are now viable training and career choices for physicians.

Neurologic subspecialties that have developed to the point that they can demonstrate they are discrete practice areas with a unique body of knowledge may apply for recognition through the United Council for Neurologic Subspecialties (UCNS). Through the UCNS recognition application process, small neurologic subspecialties begin the first steps of strategically developing and defining the standards of competence for physicians and the measures of excellence for training programs in the subspecialty field.

Applications are reviewed by the [UCNS Board of Directors](https://www.ucns.org/Online/About/Board/Online/About/Board.aspx?hkey=308dcc5d-b34c-4c20-8250-08b77c35accd) who are leaders in the field of neurology. Subspecialties approved for recognition are guided through the process of developing the examination that certifies the knowledge and skills of physicians and the accreditation criteria that recognize excellence in fellowship training programs.

Subspecialties may apply for UCNS recognition in one of two categories, either as a Neurological Subspecialty Area or an Independent Board.

1. **Instructions**

All subspecialties must complete the entire application for recognition. Many items require a composed response to a specific question. Please respond briefly and concisely. The following application includes instructions, definitions, and required forms and templates that must be included with the application. The application for recognition and appendix templates must be downloaded and completed offline.

The subspecialty is responsible for the content of the completed form, and the information will not be considered complete without all required signatures and the appropriate payment. Incomplete applications, or applications submitted without payment, will not be reviewed.

Completed applications must include:

1. Completed Sections 1-6
2. [Appendix A: Sponsoring Organization Agreement Letter(s)](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20A-Sponsoring%20Org%20Agreement.docx)
3. [Appendix B: Sponsoring Organization(s) Bylaws](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20B-Sponsoring%20Org%20Bylaws.docx)
4. [Appendix C: Training Program Requirements](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20C-Common%20Program%20Requirements.docx)
5. [Appendix D: Certification Content Outline](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20D-Certification%20Content%20Outline.docx)
6. [Appendix E: Certification Eligibility Requirements (only required if applying for certification)](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20E-Certification%20Eligibility%20Requirements.docx)
7. Sponsoring organization(s) signature(s)
8. Payment of application and annual fee

Questions related to the application may be directed to Brenda Riggott, Executive Director, at (612) 928-6106 or [briggott@ucns.org](mailto:briggott@ucns.org).

1. **Application Submission and Fees**

Email the completed application and appendices to [applications@ucns.org](mailto:applications@ucns.org). The application fee must be submitted by check or money order in U.S. funds and may be mailed to UCNS, 201 Chicago Avenue, Minneapolis, MN 55415.

Once a subspecialty is recognized, the sponsoring organizations are responsible for payment of the annual administrative fee. Annual fees cover the calendar year January 1 through December 31. Sponsoring Organizations are invoiced for this fee each January. If a subspecialty has more than one Sponsoring Organization, the fee is shared between each organization. Fees are subject to change.

**Subspecialty Fee Schedule**

Neurological Subspecialty Area: $1,000 application fee (nonrefundable)

$1,000 annual fee (refundable if application not approved)

**$2,000 due at time of application**

Independent Board: $500 application fee (nonrefundable)

$500 annual fee (refundable if application not approved)

**$1,000 due at time of application**

**D. UCNS Staff Contacts**

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| --- | --- |
| Brenda Riggott  Executive Director  (612) 928-6106  [briggott@ucns.org](mailto:briggott@ucns.org) | Amanda Carpenter  Senior Manager, Accreditation  (612) 928-6065  [acarpenter@ucns.org](mailto:acarpenter@ucns.org) |
| Todd Bulson  Senior Manager, Certification  (612) 928-6067  [tbulson@ucns.org](mailto:tbulson@ucns.org) | Bryan Hagerla  Continuous Certification Manager  (612) 928-6326  [bhagerla@ucns.org](mailto:bhagerla@ucns.org) |
| Becky Swanson  Operations and Executive Office Manager  (612) 928-6050  [bswanson@ucns.org](mailto:bswanson@ucns.org) |  |

**APPLICATION**

1. **RECOGNITION CATEGORY**

Instructions: Indicate the category (either Neurological Subspecialty Area or Independent Board) for which the subspecialty is applying.

**Neurological Subspecialty Area** – qualifying neurological subspecialty areas include medical associations or societies, subspecialty “sections,” or special interest groups of a primary neurological association or society.

***Neurological Subspecialty Recognition 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 can develop and sustain the accreditation and certification of fellows trained in the subspecialty. The elements to be considered include, but are not limited to:
5. One 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 UCNS.
6. Recognition of the subspecialty by a national medical organization.
7. One or more national peer-reviewed medical journals that regularly publish the basic or clinical research being conducted by the members of the subspecialty.
8. 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.
9. Demonstration that there exists a comprehensive set of training requirements to support the approval of accredited training programs approved by the UCNS Board or, alternatively, to demonstrate the capacity to produce requirements acceptable to the UCNS Board within two years and prior to the initiation of the certification process.
10. Demonstration that there currently exists at least five training programs in the subspecialty.

**Independent Board** – certifying boards that provide subspecialty accreditation or certification.

***Independent Board Recognition 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. Demonstration that there exists a comprehensive set of training requirements to support the approval of accredited training programs.
4. Agreement on the training requirements and certification process by the major organizations in the specialty and subspecialties.
5. Demonstration that there is an organizational structure in the subspecialty that can develop and sustain the accreditation and certification of fellows trained in the subspecialty. The elements to be considered include but are not limited to:
   1. One 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 UCNS.
   2. Recognition of the subspecialty by a national medical organization.
   3. One or more national peer-reviewed medical journals that regularly publish the basic or clinical research being conducted by the members of the subspecialty.
6. Agreement to accept for certification only candidates from training programs accredited by UCNS, ACGME, or the RCPSC. Exceptions must be specifically outlined in the UCNS application.
7. Agreement to develop and administer examinations in accordance with UCNS standards (see examination criteria).
8. Demonstration that there currently exists at least five training programs in the subspecialty.
9. Agreement to pay an affiliation fee as defined by the UCNS Board.
10. Agreement to pay a certificate fee for all initial certificates issued by the Independent Board and for all certificates reissued by the Independent Board.
11. Agreement to place on all certificates and information issued by the Independent Board a statement that the Board is affiliated with UCNS.
12. **APPLICATION TYPE**

Accreditation and Certification

Accreditation only

1. **SUBSPECIALTY SPONSORING ORGANIZATION(S)**

*UCNS subspecialty recognition begins with an application process that is initiated by one or more subspecialty sponsoring organizations. Subspecialty sponsoring organizations have an ongoing active role in developing, maintaining, and updating the standards for their respective subspecialty. Subspecialties with more than one sponsoring organization work together for united representation on behalf of the subspecialty. Additional information is available in the* [*Subspecialty Sponsoring Organization Handbook*](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Sponsoring%20Organization%20Handbook%202021.pdf)*.*

*Please provide the following information for a minimum of one national organizational sponsor of the Independent Board or Neurological Subspecialty Area. If the subspecialty has more than one sponsoring organization, please copy the table and provide information for all additional sponsoring organizations.*

* + 1. Subspecialty Sponsoring Organization Information

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Organization: | | | | | | | |
| Address: |  | | | | | | |
| City: |  | | | State: |  | Zip: |  |
| Website: |  | | | | | | |
| Officers: |  | | | | | | |
| Staff Contact/Title: | | | | | | Staff Email: | |
| Number of Full Time Staff: | |  | Number of Part Time Staff: | | |  | |
| Number of Active U.S. and Canada Physician Members: | |  | Year Organization Established: | | |  | |
| Annual Meeting: | | Yes  or  No | Average U.S. and Canada physician meeting attendance (if applicable): | | |  | |
| Describe the organization’s principal activities: | | | | | | | |

* + 1. Are there other organizations with the same interest in this subspecialty that are not included as sponsoring organizations of the subspecialty? If yes, please list and indicate if they were contacted about being (or declined to being) a co-sponsoring organization for this subspecialty application.

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**Required appendices:**

**Appendix A:** [Sponsoring Organization Agreement Letter(s)](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20A-Sponsoring%20Org%20Agreement.docx)

* Submit letters on sponsoring organization letterhead using the Sponsoring Organization Agreement Letter template language for each sponsoring organization identified in Section 2.

**Appendix B:** [Sponsoring Organization Bylaws](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20B-Sponsoring%20Org%20Bylaws.docx)

* Attach the organizational bylaws for all sponsoring organizations listed in Section 3.

1. **NEUROLOGIC SUBSPECIALTY INFORMATION**

*Neurologic subspecialties may apply for subspecialty recognition by: demonstrating they are a discrete practice area with a unique body of knowledge and that there is a sustainable base of current and future training programs and physicians with potential interest in accreditation and certification.*

1. Provide the definition of the neurologic subspecialty.

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1. Outline evidence that the subspecialty represents a unique body of knowledge within neurology. Special attention should be given to potential areas of overlapping training and practice with other neurology subspecialties.

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1. Which primary specialties are practiced in the subspecialty and should be included in the eligibility requirements for fellows enrolling in an accredited program or applying for a certification examination?

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1. Describe the subspecialty’s history of growth and potential for future growth.

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1. Describe the subspecialty’s history of barriers or potential future barriers for growth.

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1. Provide evidence that patient care will be improved through accreditation of training programs and/or certification of physicians in the subspecialty.

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1. Provide proof of active and ongoing research in the subspecialty field by completing the following information for at least one national peer-reviewed journal that regularly publishes the basic or clinical research being conducted by the members of the subspecialty. If there is more than one journal, copy the table and provide the information for each journal.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Journal: | |  | | | | |
| Website: |  | | | Email Address: |  | |
| Date Established: | |  | Frequency of Publication: | | |  |
| Editor: | | | Journal Owner or Sponsor: | | | |

1. **ACCREDITATION**

*Provide information regarding the current and potential growth of fellowship training programs for the subspecialty along with information demonstrating a collaborative process in the development of the proposed training program requirements.*

1. Demonstrate the status of current subspecialty fellowship training program development by completing the following information for each known existing training program. If there is more than one program, copy the table and provide the information for each program. (Letters of support from existing programs for development of core curriculum and UCNS accreditation are encouraged.)

|  |  |
| --- | --- |
| Institution Name: | |
| City: | State: |
| Is the institution accredited by ACGME or CanERA? | |
| Date Program Established: | Program Duration: |
| Fellow Enrollment: | Total Program Graduates: |
| Program Director: | |
| Email Address: | |

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

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1. Does another accrediting body not listed as a sponsoring organization in Section 3 accredit training programs in this subspecialty? If yes, include the name and contact information for the organization(s).

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1. Provide: 1) Description of the process used to develop the proposed program requirements ([Appendix C](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20C-Common%20Program%20Requirements.docx)) and, 2) names of the individuals involved in the development process.

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**Required Appendix:**

**Appendix C:**  [Training Program Requirements](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20C-Common%20Program%20Requirements.docx)

* Use the UCNS Common Program Requirements template to develop and include the proposed subspecialty-specific fellowship training program requirements.
  + **Bolded** items in the template are required of all subspecialties and may not be edited.
  + Subspecialty-specific requirements may be defined and inserted in the bracketed regular typeface areas of the template.
  + Examples of other [subspecialty program requirements](https://www.ucns.org/Online/Accreditation/Program_Requirements.aspx) are available on the UCNS website.

1. **CERTIFICATION**

*The certification examination content outline ensures that the certification examination represents the scope of knowledge and proper weighting of content areas based on importance and relevance of the subspecialty practice areas. The certification examination content outline is a blueprint for the examination committee to write the certification examination and serves as a reference for training programs. Development of a certification exam content outline is required even if the application is for accreditation-only to ensure there is alignment between expertise training content and expertise measures for certification.*

1. Provide: 1) Description of the process used to develop the subspecialty’s proposed certification examination content outline and, 2) names of the individuals involved in the development process.

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1. Document/describe any specific areas of the subspecialty’s content outline ([Appendix D](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20D-Certification%20Content%20Outline.docx)) that may have potential overlap with other current or potential neurologic subspecialties.

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1. Provide: 1) Describe the process used to develop the subspecialty’s proposed certification examination eligibility requirements ([Appendix E](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20E-Certification%20Eligibility%20Requirements.docx)) and, 2) names of the individuals involved in the development process.

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1. Is there currently another certification body or medical society that certifies physicians or has a certificate program for this subspecialty? If yes, include the name of the organization and describe the certification/certificate program offered.

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**Required Appendices:**

**Appendix D:** [Certification Examination Content Outline](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20D-Certification%20Content%20Outline.docx)

* Use the format shown in each of the subspecialty [certification examination content outlines](https://www.ucns.org/Online/Online/Certification_Home.aspx?hkey=c7f37845-c035-4186-bd99-9eff677d6c90)  to develop the subspecialty’s certification examination content outline. Certification examinations have 200 multiple-choice questions.
  + - Define primary content areas
    - Define weighting/percentages of each primary content area (total = 100%)
    - Define subtopics for each primary content area

**Appendix E:** [Certification Eligibility Requirements (only required if applying for certification)](https://www.ucns.org/common/Uploaded%20files/Subspecialty%20Recognition/Appendix%20E-Certification%20Eligibility%20Requirements.docx)

* Use the Certification General Eligibility Requirements template to define the subspecialty’s certification eligibility requirements.
  + Bolded items are required of all subspecialties as defined in the [Certification General Eligibility Requirements](https://www.ucns.org/common/Uploaded%20files/Certification/Certification%20General%20Eligibility%20Requirements.pdf) and may not be edited.
  + Requirements in bracketed regular typeface are to be completed and defined by each subspecialty within the template format.
  + Examples of [other subspecialty eligibility requirements](https://www.ucns.org/Online/Online/Certification_Home.aspx?hkey=c7f37845-c035-4186-bd99-9eff677d6c90) can be found on the UCNS website.

1. **SUBSPECIALTY SPONSORING ORGANIZATION SIGNATURES**

Please provide a signature for each organization listed in Section 2. If more than one organization is listed, please copy, paste, and complete the table below for each organization.

**Subspecialty Sponsoring Organization(s) Application Signature(s)**

The signature(s) below attest to the completeness and accuracy of the information provided.

|  |  |
| --- | --- |
| Sponsoring Organization: |  |
| Representative Name: |  |
| Title: |  |
| Signature\*: |  |
| Email address: |  |
| Telephone: |  |
| Date: |  |

\*Insertion of an electronic signature: By typing your name in the signature space provided above, you are submitting the electronic equivalent of a legal signature. You are also asserting that you completed the application. To verify the contents of the application, the signatory must enter his/her name in the space provided. Acceptable “signatures” should be preceded and followed by the forward slash (/) symbol. **Acceptable “signature” must be as follows: /John Doe/.**