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2024-2025 Accreditation Annual Report

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United Council for Neurologic Subspecialties

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INTRODUCTION

Every fall, data gathered from training program annual reports, accreditation applications, annual fellowship surveys, and program director surveys (as they occur) are provided to the Accreditation Council, program directors, and Board of Directors. These tools are used by UCNS to continuously evaluate the state of its recognized subspecialties, accredited programs, and specifically by the Accreditation Council to set and evaluate accreditation outcomes. During the review, the Accreditation Council assesses its current processes to determine whether adjustments are necessary to improve programs' accreditation experiences.

UCNS first began reporting this data for the 2017-2018 academic year following implementation of annual report submission from programs in 2016. The report presented from 2017 through 2023 contained data from programs currently accredited at the time of writing the report. Therefore, programs lost to attrition were not accounted for in the fellow counts. In addition, fellow information, such as primary board certification and subspecialty certification was updated each year, even if the fellows became certified outside of the four-year certification pathway window for graduates of accredited programs.

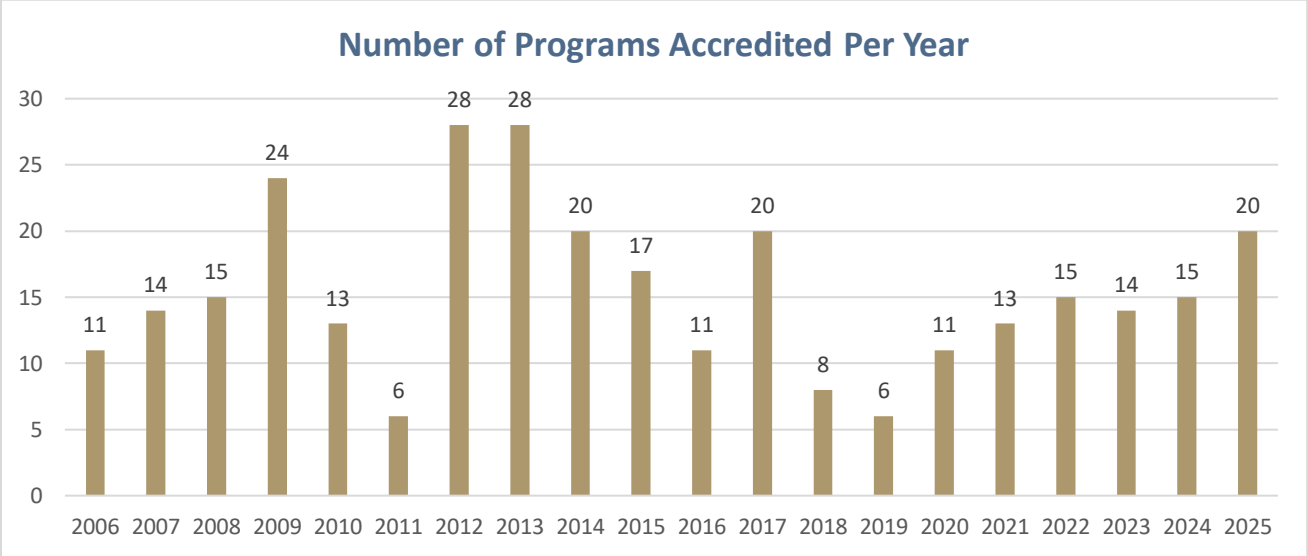
Moving forward, the report format is updated so that all data is presented on a continual basis including fellow data for programs lost to attrition. In addition, fellow primary and subspecialty certification statuses will be updated for five years only. After five years, fellow certification, if achieved, will not be updated as the fellow was not able to achieve certification as a graduate of an accredited program. Certification statuses and fellow enrollment information based on program-reported data are updated in this report for academic years 2020-2021 through 2024-2025.

The data presented in this report is through the spring accreditation cycle, June 1, 2025, unless otherwise noted, for the subspecialties of Autonomic Disorders (AD), Behavioral Neurology & Neuropsychiatry (BNNP), Clinical Neuromuscular Pathology (CNMP), Geriatric Neurology (GN), Headache Medicine (HM), Interventional Neurology (IN), Neurocritical Care (NCC), Neonatal Neurocritical Care (NNCC), Neuroimaging (NI), Neuro-oncology (NO), and Neural Repair and Rehabilitation (NRR). It is noted that NRR sunset as a subspecialty in 2019, so data from the subspecialty is limited.

TOTAL PROGRAM GROWTH AND ATTRITION

Accredited Program Growth

Between 2006 and 2025, UCNS has awarded 309 provisional accreditations to 303 programs in eleven neurologic subspecialties. Six programs have achieved provisional accreditation twice as a result of withdrawing accreditation and resubmitting an application at a later date. As of December 1, 2025, 259 programs are accredited in ten subspecialties representing 38 states, the District of Columbia, and three Canadian provinces. UCNS-accredited programs are present at a majority of medical institutions with Accreditation Council for Graduate Medical Education (ACGME)-accredited neurology residencies, and 207 of the 248 programs are located within neurology departments. Program leadership (program directors and department chairs) are predominantly neurology based (91% and 81% respectively), with a specific breakdown included in the subspecialty-specific section later in this report. The growth in the number of accredited programs in all currently recognized subspecialties per year is shown in the chart below. The chart does not include program attrition.



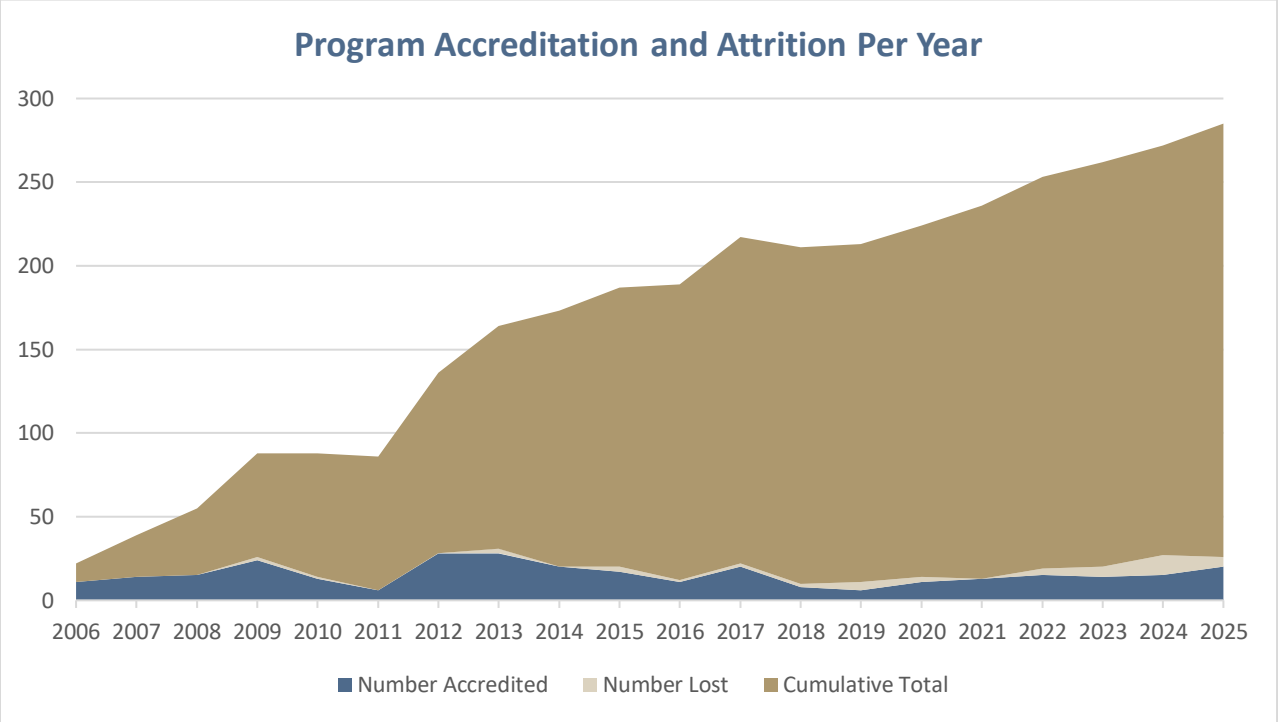
Accredited Program Attrition

Despite continued growth, accreditation attrition has occurred for a variety of reasons. Most often program attrition is due to loss of key leadership or the inability to secure or maintain institutional support or funding. For NCC specifically, the subspecialty with the most attrition for a single subspecialty, withdrawal of accreditation is associated with the competing ACGME accreditation; however, some programs that previously withdrew have begun to apply for UCNS accreditation in the subspecialty again. Two programs have been lost due to the sunsetting of the NRR subspecialty.

UCNS lost its first programs to attrition in 2009. Since then, UCNS has lost 50 programs, with an 84% overall retention rate. The retention rate continues to decrease annually (91% 2020-2021 and 90% 2021-2022, 88% 2022-2023, 85% in 2023-2024), largely due to an increase in the number of withdrawing NCC programs. Seventeen NCC programs have withdrawn accreditation since 2023, citing the competing NCC accreditation through ACGME; however, two previously withdrawn programs have begun applications seeking UCNS accreditation again. Additional analysis and a specific breakdown by year of loss and subspecialty is shown on the following pages.

Program Accreditation and Attrition by Year

Year	Programs Accredited Each Year	Program Attrition Each Year	Cumulative Total Programs
2006	11	0	**11**
2007	14	0	**25**
2008	15	0	**40**
2009	24	2 (1 HM, 1 BNNP)	**62**
2010	13	1 (1 BNNP)	**74**
2011	6	0	**80**
2012	28	0	**108**
2013	28	3 (1 AD, 1 HM, 1 NI)	**133**
2014	20	0	**153**
2015	17	3 (1 NO, 2 GN)	**167**
2016	11	1 (1 BNNP)	**177**
2017	20	2 (2 HM)	**195**
2018	8	2 (2 NRR)	**201**
2019	6	5 (1 AD, 1, GN, 1 HM, 1 NCC, 1 NI)	**202**
2020	11	3 (2 BNNP, 1 HM)	**210**
2021	13	0	**223**
2022	15	4 (1 HM, 1 NCC, 2 NO)	**234**
2023	14	6 (1AD, 5 NCC)	**242**
2024	15	12 (1 AD, 3 BNNP, 7 NCC, 1 NI)	**245**
2025	20	6 (1 HM, 5 NCC)	**259**
Total	**309**	**50**	**259**



UCNS continues to show positive annual growth despite the increase in attrition, largely due to increased application activity in the new NNCC subspecialty and increased interest in IN, HM, and BNNP.

UCNS averages a growth of approximately 15 programs per year with an average of 2.5 programs lost to attrition. The first program withdrew accreditation in 2009. Until 2019, the most programs lost in a given year was three, with several years recording zero losses. Beginning in 2019, UCNS began to see an increase in the number of programs seeking to withdraw accreditation, peaking in 2024 with 12. The reasons cited for attrition in non-NCC programs include loss of program leadership and/or funding. As previously stated, NCC attrition is due to the competing NCC accreditation. Program directors have indicated that GME offices are hesitant to expend the resources necessary to sponsor a single program with two accreditations or that institutional policies prohibit non-ACGME accreditation when an ACGME option is available.

Applications for Initial/Provisional Accreditation

Not all programs that apply for accreditation are successful in achieving accreditation after first review or at all. Because of this, application numbers are not the same as the number of programs accredited during each cycle. Since applications first opened in 2005, UCNS has received 319 applications for provisional accreditation. The highest number of applications received in a single cycle for review was during the spring 2008 cycle when 18 applications were received, 11 of which were for NCC. For the purposes of illustrating the number of applications in a given year, the chart on the next page has been simplified showing the number of applications received per calendar year, not broken out by review cycle.

Initial Accreditation Applications Received by Year

	AD	BNNP	CNMP	GN	HM	IN	NCC	NI	NNCC	NO	NRR	**Total**
2005		10										**10**
2006		6			8							**14**
2007		3			2							**5**
2008		0			2		15	3		6		**26**
2009		2			1		17	1		1		**22**
2010	0	0		1	0		3	0		2		**6**
2011	0	0		0	7		6	1		2		**16**
2012	2	4	0	2	5		6	0		3	0	**22**
2013	2	5	6	0	4		5	0		6	1	**29**
2014	1	4	0	2	2		2	0		7	0	**18**
2015	0	3	0	0	5		5	1		1	1	**16**
2016	1	2	0	0	1		6	1		1	0	**12**
2017	0	0	0	2	7		6	0		4	0	**19**
2018	0	1	0	0	3		2	0		3	0	**9**
2019	0	2	0	0	2		1	0		1	0	**6**
2020	1	3	0	0	3		3	0		1		**11**
2021	0	6	0	0	2		3	0		1		**12**
2022	1	2	0	0	5	6	0	0		1		**15**
2023	1	1	0	0	3	2	1	0	6	1		**15**
2024	1	2	0	0	4	2	2	0	2	2		**15**
2025	0	5	1	0	4	2	2	0	5	2		**21**
Total	**10**	**61**	**7**	**7**	**70**	**12**	**85**	**7**	**13**	**45**	**2**	**319**

As shown, new program application submissions dipped in 2018 and 2019 before rebounding in 2020 and 2021. Applications received per year have been steady at 15 per year for 2022, 2023, and 2024 before jumping in 2025 with an increased interest in BNNP, HM, and NNCC. In addition, NCC continues to add new programs, despite the competing ACGME accreditation in the subspecialty beginning in 2022, adding five new programs since 2023. There is still a net loss in the subspecialty, but new programs do continue to show interest.

ACCREDITED PROGRAM GROWTH BY YEAR PER SUBSPECIALTY

It has been long expected that the growth of programs in existing subspecialties would "plateau," but when the plateau will occur remains unknown. Three of UCNS' longest standing subspecialties, BNNP, HM, and NO continue to see program growth outpacing attrition. In particular, HM has shown consistent growth with at least one newly accredited program per year except for 2010. The newest subspecialties, IN and NNCC, have shown initial strength in their first review cycles. Conversely, several subspecialties CNMP, NI, and GN, have not seen any program growth since 2013, 2016, and 2017 respectively.

Staff and the Accreditation Council will continue to monitor trends in both program growth and attrition. The table below shows program accreditation growth per year per subspecialty without attrition.

Accredited Program Growth by Year Per Subspecialty

(Does not include attrition)

Year	AD	BNNP	CNMP	GN	HM	IN	NCC	NNCC	NRR^	NI	NO	Total
2006		11			0							**11**
2007		5			9							**14**
2008		1			2		9			0	3	**15**
2009		1		0	1		16		0	2	4	**24**
2010	0	1		1	0		8		0	1	2	**13**
2011	0	0		0	3		2		0	1	0	**6**
2012	1	4	0	1	8		10		0	0	4	**28**
2013	2	4	6	1	4		4		1	0	6	**28**
2014	2	5	0	2	3		3		0	0	5	**20**
2015	0	3	0	0	5		4		1	1	3	**17**
2016	1	2	0	0	1		5		0	1	1	**11**
2017	0	0	0	2	7		7		0	0	4	**20**
2018	0	1	0	0	3		1		0	0	3	**8**
2019	0	2	0	0	2		1			0	1	**6**
2020	1	2	0	0	3		4			0	1	**11**
2021	0	7	0	0	2		3			0	1	**13**
2022	1	2	0	0	5	6	0			0	1	**15**
2023	1	1	0	0	3	2	1	6		0	0	**14**
2024	1	2	0	0	4	2	2	2		0	2	**15**
2025	0	5	1	0	4	1	2	5		0	2	**20**
Total	**10**	**59**	**7**	**7**	**69**	**11**	**82**	**13**	**2**	**6**	**43**	**309**

^NRR subspecialty sunset in 2019

The table on the next page illustrates the trend in program growth among subspecialties from 2019 through 2024. Seven of the subspecialties saw an overall growth in the number of programs in five years. No subspecialty saw an overall loss and three subspecialties remained stagnant.

Five-Year Accreditation Growth Trend for Accredited Programs

(Total programs by subspecialty by year including attrition)

						Five-Year Change
Subspecialty	**2020**	**2021**	**2022**	**2023**	**2024**	**#**
AD	5	5	5	6	6	1
BNNP	37	44	46	46	46	9
CNMP	6	6	6	6	6	0
GN	4	4	4	4	4	0
HM	45	47	51	54	57	12
IN	NA	NA	6	8	10	10
NCC	73	76	76	71	61	-8
NNCC	NA	NA	NA	6	8	8
NI	4	4	4	4	3	-1
NO	36	37	36	36	38	2

Neurocritical Care

Historically, NCC has been the subspecialty with the most growth (82 program applications) and only two programs lost through 2022. The approval of ACGME accreditation for NCC in 2022 has resulted in more attrition of UCNS-accredited programs with more programs citing the ACGME accreditation as the reason for the discontinuation of their UCNS accreditation. Since 2022, 17 additional NCC programs have withdrawn accreditation and UCNS received only five new program applications for accreditation. It is anticipated that UCNS will continue to experience an increase in the number of NCC programs lost to attrition and a continued decrease in the number of NCC program applications received. As mentioned above, several previously accredited NCC programs that withdrew accreditation have reached out to UCNS to re-establish their UCNS accreditation; however, those applications have not yet been received.

Neuroimaging

Neuroimaging is a subspecialty that has struggled to achieve momentum to grow. A new program has not been accredited in the subspecialty since 2016. In fall 2025, the American Society of Neuroimaging (ASN) notified UCNS of the decision for ASN to discontinue its sponsorship of UCNS accreditation and certification. ASN indicated that it would begin serving as the accrediting and certifying body for neuroimaging physicians and programs. UCNS accreditation will sunset for the subspecialty by June 30, 2027. Currently accredited programs were notified how to maintain their accreditations until that time. Certification will sunset in 2027. Additional information can be found in the FAQs.

INACTIVE STATUS

Programs may voluntarily choose *Inactive Status* at any time for a period of not more than two years, renewable once. The most common reason for programs to request inactive status is due to loss of program leadership. Programs must still submit their annual fees, but do not need to submit an annual report or reaccreditation application while inactive. Programs also may not enroll a fellow while inactive. To "reactivate," a program must submit a reaccreditation application.

Currently, nine programs are in an inactive status as shown in the table below.

Subspecialty	Number of Inactive Programs
AD	0
BNNP	0
CNMP	0
GN	0
HM	3
IN	0
NCC	1
NNCC	0
NI	1
NO	3
NRR	NA
Total	**8**

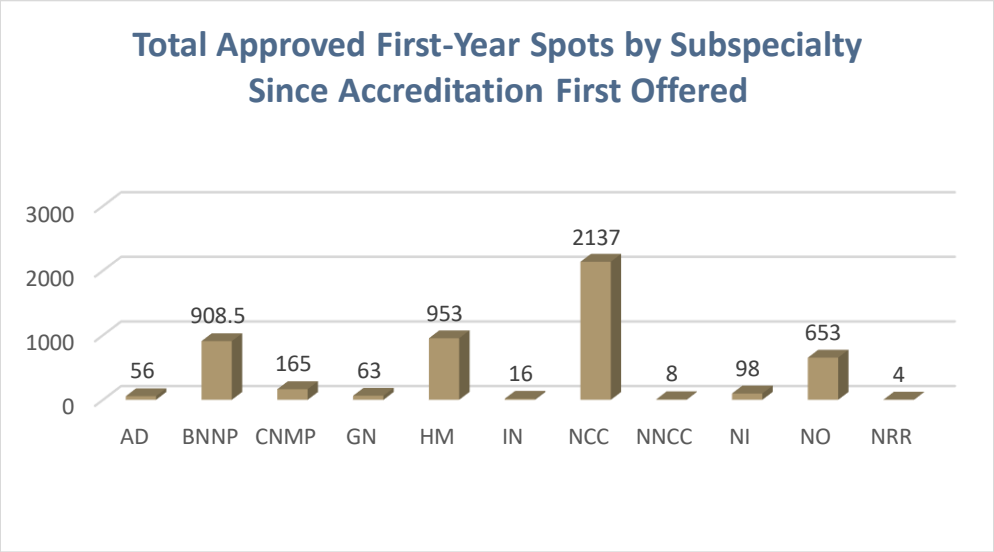
The current policy for inactive status states, which was reaffirmed by the Council during its fall 2024 meeting:

Inactive Status (2.14.I)

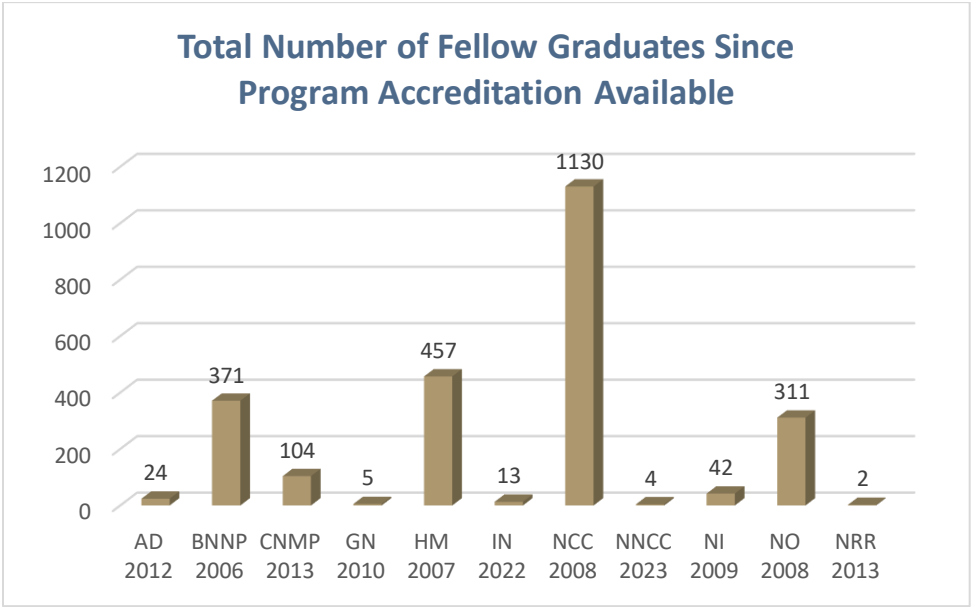
A program otherwise in good standing may request "inactive status" in lieu of withdrawal of accreditation if it contemplates reactivating the program within the next two years. The Accreditation Council may stipulate what assurances must be provided for reactivation to assure that the program continues in substantial compliance. Programs with fellows may not elect to become inactive until all fellows have left the program. Programs with "inactive status" are responsible for paying all accreditation fees, including annual fees. A program may not retain inactive status for more than four consecutive years without fellows, even with "inactive status."

FELLOWS

Since 2006, a total of 2,463 physicians have filled and graduated from 5,529.5 approved first-year fellowship spots through 2024. This number represents the pipeline for fellowship graduates to seek certification, which is a key measure for subspecialty sustainability. The breakdown of approved first-year fellowship spots by subspecialty is shown in the chart below. A breakdown of the spots by year by subspecialty is included in the subspecialty-specific portion of this report.



The total number of graduates since UCNS-accreditation was implemented through 2024 for each subspecialty is included in the table below. It is important to note that IN accredited its first programs in 2022 and NNCC in 2023. A table illustrating the program graduates by subspecialty by year is included later in the report, with more specific information given in the subspecialty-specific portion of the report.



A breakdown of the primary specialties and board certifications for the 2,463 graduates as reported by programs is illustrated in the following table. A more specific breakdown per subspecialty follows in the subspecialty-specific portion of the report.

Primary Specialty of Fellowship Graduates

Primary Specialty	# Grads	Primary Specialty	# Grads	Primary Specialty	# Grads
Neurology	1949	Internal Medicine/Medical Oncology	6	Anesthesiology/Internal Medicine	1
Internal Medicine	156	Physical Medicine & Rehabilitation	5	Cardiology	1
Psychiatry	122	Child Neurology Neurology/Pediatrics	4	Dentistry	1
Emergency Medicine	43	Hematology Oncology	4	Internal Medicine/Emergency Medicine	1
Neurosurgery	38	Neurology/Psychiatry	4	Internal Medicine/Hematology Oncology	1
Child Neurology	36	Internal Medicine/Geriatric Medicine	3	Internal Medicine/Psychiatry	1
Anesthesiology	25	Medical Oncology	3	Ophthalmology	1
Family Medicine	18	Neurology/Vascular Neurology	3	Preventive Medicine	1
Neurology/Internal Medicine	13	Internal Medicine/Critical Care Medicine	2	Pulmonology	1
Pediatrics	7	Neurology/Pediatrics	2	Radiology	1
Pediatrics/Pediatrics Hematology Oncology	7	Surgery	2	Vascular Surgery	1

Primary Board Certification of Fellowship Graduates

Primary Certification	# Grads	Primary Certification	# Grads
ABMS	2,294	AOA	12
None	106	Other	1
RCPSC	49	Unknown	1

FELLOW ENROLLMENT, COMPLETION, AND UCNS CERTIFICATION

Fellow Enrollment

The information provided for fellow enrollment is limited to first-year enrollment as not all programs offer a second- or third-year option. Currently, 104 programs offer one-year programs while 100 offer one- or two-year options. The remaining program options include two years (38) and a handful of programs offering up to three years (6).

Most of the currently accredited programs (n=114) enroll only one fellow; however, the number of requested fellows per year varies from .5 fellows to six fellows per year. The following table illustrates the number of fellowship spots approved for the 248 programs accredited as of October 20, 2025, including inactive programs. Approved fellowship spots that include a .5 are noted as such because the program has requested a different number of fellows each year (e.g., 1 in odd years and 2 in even years) or because a fellow must complete an entire multiple-year program before the program will enroll another fellow.

Current Breakdown of UCNS Programs/Fellowship Spots Approved*	
Approved Fellowship Spots	**Number of Programs**
0.5	2
1	114
1.5	4
2	84
2.5	3
3	27
3.5	0
4	7
4.5	2
5	3
6	2

*Includes programs accredited as of 10/20/2025

The historical number of first-year fellowship spots available per subspecialty per year, including programs lost to attrition and programs in an inactive status through 2024 are as follows:

Available Fellowship Spots by Year by Subspecialty

Year	AD	BNNP	CNMP	GN	HM	IN	NCC	NNCC	NI	NO	NRR^	TOTAL
2006		23										**23**
2007		30			21							**51**
2008		31			25		30			11		**97**
2009		31			26		73		3	16.5		**149.5**
2010		34		1	24		91		5	21.5		**176.5**
2011		33		1	30		95		6	21.5		**186.5**
2012	1	36		2	41		118.5		6	27.5		**232**
2013	2	43	15	5	49		128		6	34.5	0	**282.5**
2014	4	49	15	8	53		132		5	40.5	0	**306.5**
2015	4	55	15	8	62		139.5		7	45	2	**337.5**
2016	5	59	15	4	65		148.5		8	46	2	**352.5**
2017	5	58	15	6	74		162		8	52	0	**380**
2018	5	61	15	6	75		164		8	55	0	**389**
2019	5	64	15	6	77		167		8	56		**398**
2020	6	67	15	6	80		172		7	57		**410**
2021	6	76	15	6	84		178		7	58		**430**
2022	8	79	15	6	89	7	176		7	59		**446**
2023	9	79.5	15	6	92	9	157.5	8	7	58.5		**441.5**
2025	8	81.5	15	6	96	11	148.5	10	3	61.5		**440.5**
TOTAL	**68**	**990**	**180**	**77**	**1063**	**27**	**2280.5**	**18**	**101**	**721**	**4**	**5529.5**

^NRR sunset in 2019

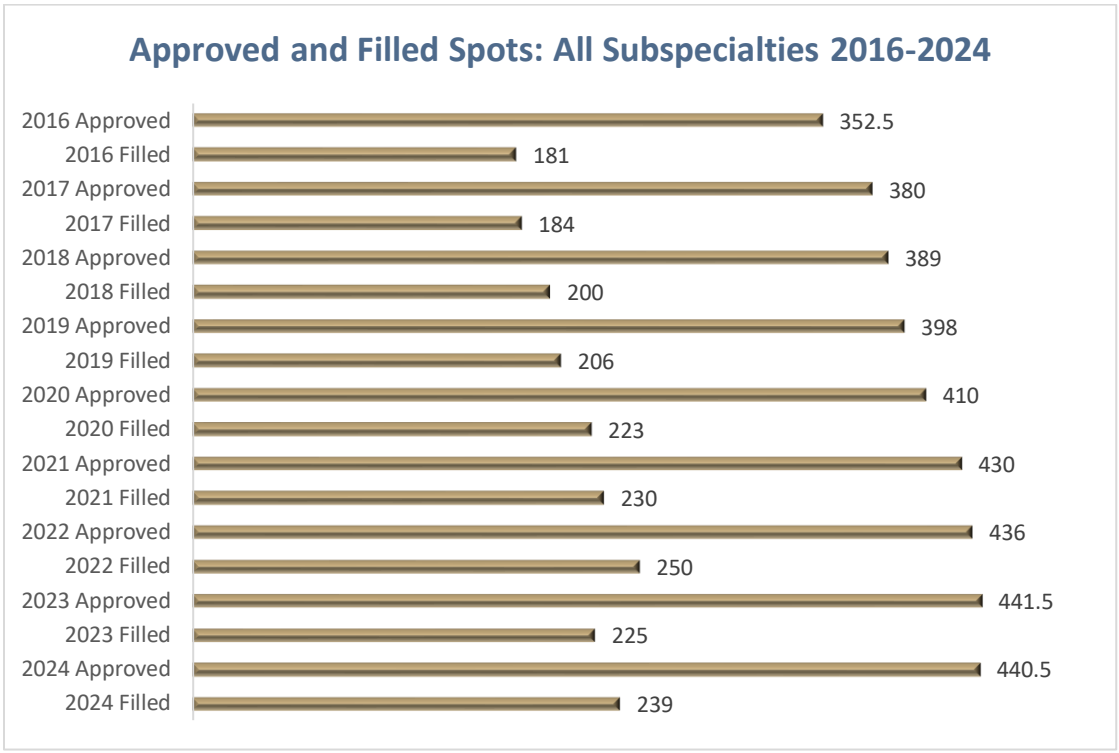
It should be noted that, as illustrated in the table above, UCNS saw its first decline in the number of approved fellowship spots from year to year between 2022 and 2023, likely due to increasing numbers of NCC program attrition. NCC programs, as shown in the subspecialty-specific portion of the report, tend to enroll higher numbers of fellows than other subspecialties; therefore, impacting the total number of approved spots even when accredited programs growth outpaces attrition.

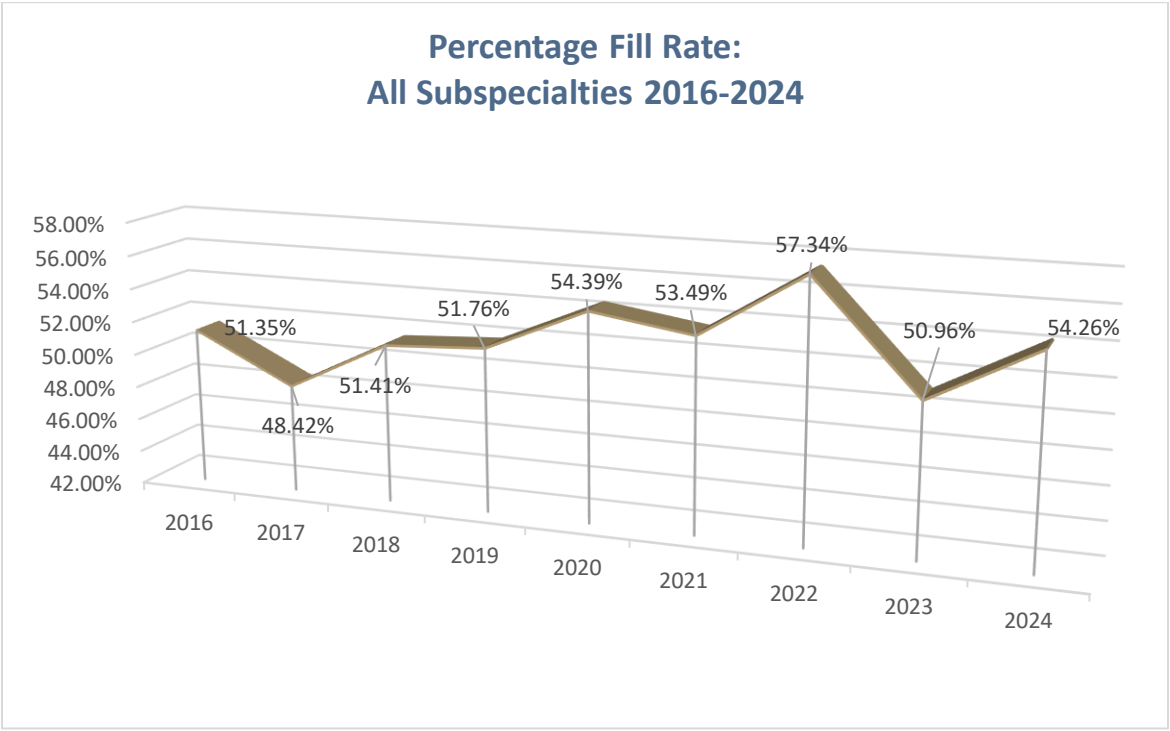
Enrollment Comparisons: 2016 through 2024

With the implementation of the annual reporting system in 2016, UCNS has a mechanism to compare program statistics on a year-to-year basis. Previously, program information was collected only when a program was due for an accreditation review, which occurs between one and five years. A comparison of the approved fellowship spots and first-year fellow enrollment between 2016 and 2024 follows.

It is important to once again note that these enrollment numbers account only for fellows enrolled in Year 1. Programs in an inactive status do not show as approved spots in the following tables as programs are not allowed to enroll fellows while inactive.

The overall fill rate for approved first year spots is 54.3% across all subspecialties for all programs accredited between 2016 and 2024. There is variability among fill rates per year and per subspecialty. Fill rates per subspecialty per year are illustrated in the subspecialty-specific portion of this report.


Approved and Filled Spots: All Subspecialties 2016-2024
2016 Approved
352.5
2016 Filled
181
2017 Approved
380
2017 Filled
184
2018 Approved
389
2018 Filled
200
2019 Approved
398
2019 Filled
206
2020 Approved
410
2020 Filled
223
2021 Approved
430
2021 Filled
230
2022 Approved
436
2022 Filled
250
2023 Approved
441.5
2023 Filled
225
2024 Approved
440.5
2024 Filled
239


Percentage Fill Rate:
All Subspecialties 2016-2024
58.00%
56.00%
54.00%
52.00%
50.00%
48.00%
46.00%
44.00%
42.00%
51.35%
48.42%
51.41%
51.76%
54.39%
53.49%
57.34%
50.96%
54.26%
2016
2017
2018
2019
2020
2021
2022
2023
2024

Fellow Completion and Certification

UCNS fellow completion and successful achievement on the UCNS certification examination in the graduate's subspecialty are both outcome measures. Certification is voluntary, but the Council still tracks the certification success rate for program trends. Of the 2,463 graduates, 63% (n=1,551) have gone on to pursue UCNS certification, which is up 3% from last year's report. A decrease in the percentage of certification in previous years is largely associated with the decrease in the number of NCC graduates seeking to certify in NCC by UCNS, which is described in greater detail below. Forty-five graduates have applied to take 2025 examinations in CNMP, NCC, and NO. One NI fellow applied to sit for the cancelled NI examination. If all candidates pass their respective certification examinations, the number of graduates who are certified will increase to 1,596 (65%). It is important to note that the graduates include fellows who are not certified through the American Board of Medical Specialty (ABMS), Royal College of Physicians and Surgeons of Canada (RCPSC), or American Osteopathic Association and are not eligible for a UCNS certification examination (108). Also included are those who have graduated from a subspecialty where certification is no longer offered (GN=3). Removing these graduates increases the percentage certified to 66% of graduates who have sought UCNS certification following completion of an accredited program.

A breakdown of the graduates per year per subspecialty, with certification rates, is as follows and includes data from 2022 and 2023 for comparison. As a reminder, examinations are offered every other year so percentages for each subspecialty may dip from year to year. It is interesting to note that, while not illustrated in the following table, the data shows there is a significant number of fellows who do not apply for the first available certification examination after their graduation. Staff also noted while completing the analysis of graduate certifications that three CNMP graduates have either applied for or successfully achieved AD certification instead of CNMP. These diplomates are not reflected in either percentage below.

Graduates Seeking Certification

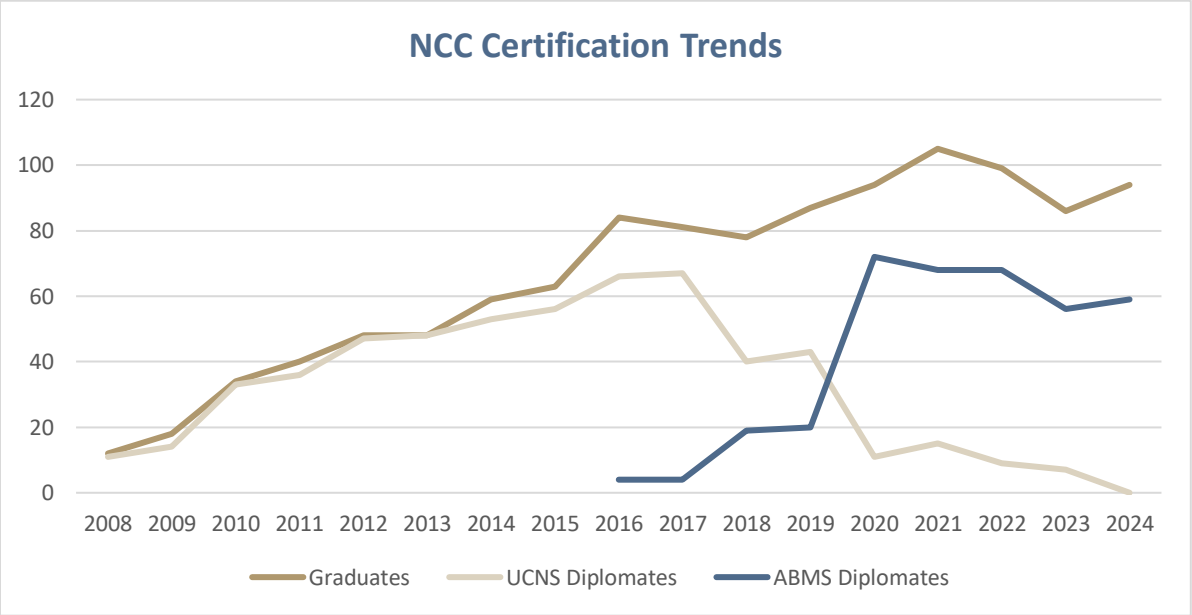
	AD	BNNP	CNMP	GN*	HM	IN	NCC	NI	NNCC	NO	NRR*
Total Graduates Through 2024	24	371	104	5	457	13	1130	42	4	311	2
Total Graduates Certified Through 2024	13	257	32	0	422	2	556	30	2	237	0
Certification Applications	NA	NA	4	NA	NA	0	22	1	NA	19	NA
Percent Certified (% if all applicants pass)	54%	69%	31% (35%)	0%	92%	15%	49% (51%)	71%	50%	76% (82%)	0%
Total Graduates Through 2023	18	341	91	4	403	8	1036	42	0	293	2
Total Graduates Certified Through 2023	10	242	32	0	368	1	556	30	NA	234	0
Total Percent Certified in 2023	55%	71%	35%	0%	91%	12%	54%	71%	NA	80%	0%
Total Graduates Through 2022	15	312	82	3	351	3	950	40	NA	269	2
Total Graduates Certified Through 2022	8	223	31	0	316	0	549	29	NA	221	0
Total Percent Certified in 2022	53%	71%	38%	0%	90%	0%	58%	73%	NA	82%	0%

*Certification examinations in these subspecialties no longer offered

Neurocritical Care

Historically, NCC was the subspecialty with the highest fellow certification rates. In the first published UCNS Annual Report in 2018, which included statistics through 2017, the NCC certification rate was 84%. With the development of the ABMS NCC certification examination, UCNS expected to see the certification rates for graduates of NCC programs begin to dip. This trend is becoming realized as evidenced in the annual reports published since the ABMS examination became available. It is also documented in comments received in the fellowship evaluation survey, which is included later in this report; however, those comments do not reflect the same steep decline illustrated as follows. This is likely attributable to confusion between the two examination options.

The following chart shows the decline in the number of NCC graduates seeking certification. Even accounting for a fellow's ability to sit for an examination up to four years after completing the program and examinations being offered on an every-other-year basis, the trend demonstrates that fewer NCC fellows are choosing to sit for the UCNS option.



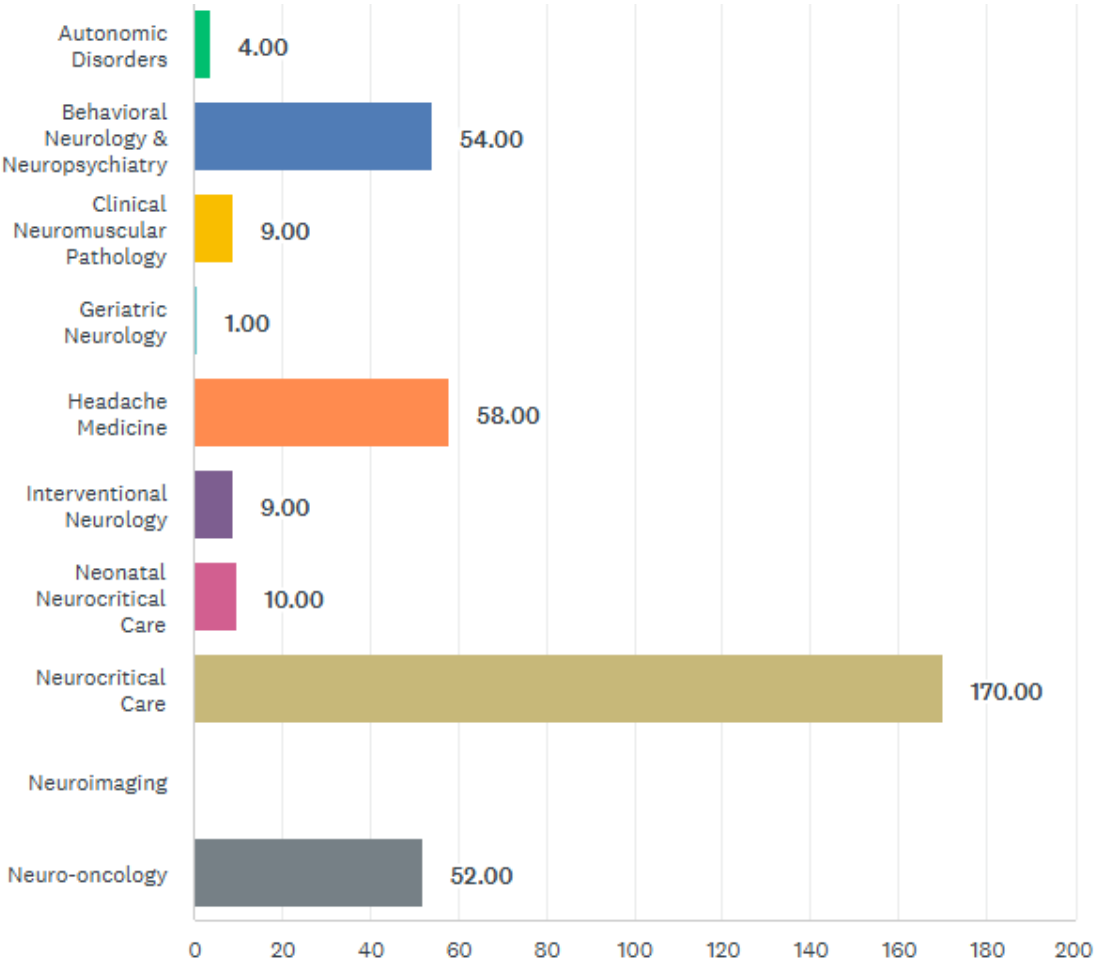
The table above also shows the number of UCNS NCC graduates who are sitting for other ABMS NCC examination options. Three hundred seventy UCNS program graduates have sat for ABMS NCC examinations instead of the UCNS certification examination. Were these fellows to have sat for UCNS' examination instead, the NCC certification rate would be 82%, which is closer to the percentage UCNS would have expected without the competing examination. The majority of NCC graduates sitting for the ABMS examination sit for the one offered through the ABPN (344), the next highest is through ABIM (9), ABEM (6), ABNS (6), and ABA (5).

FELLOWSHIP EVALUATION SURVEY

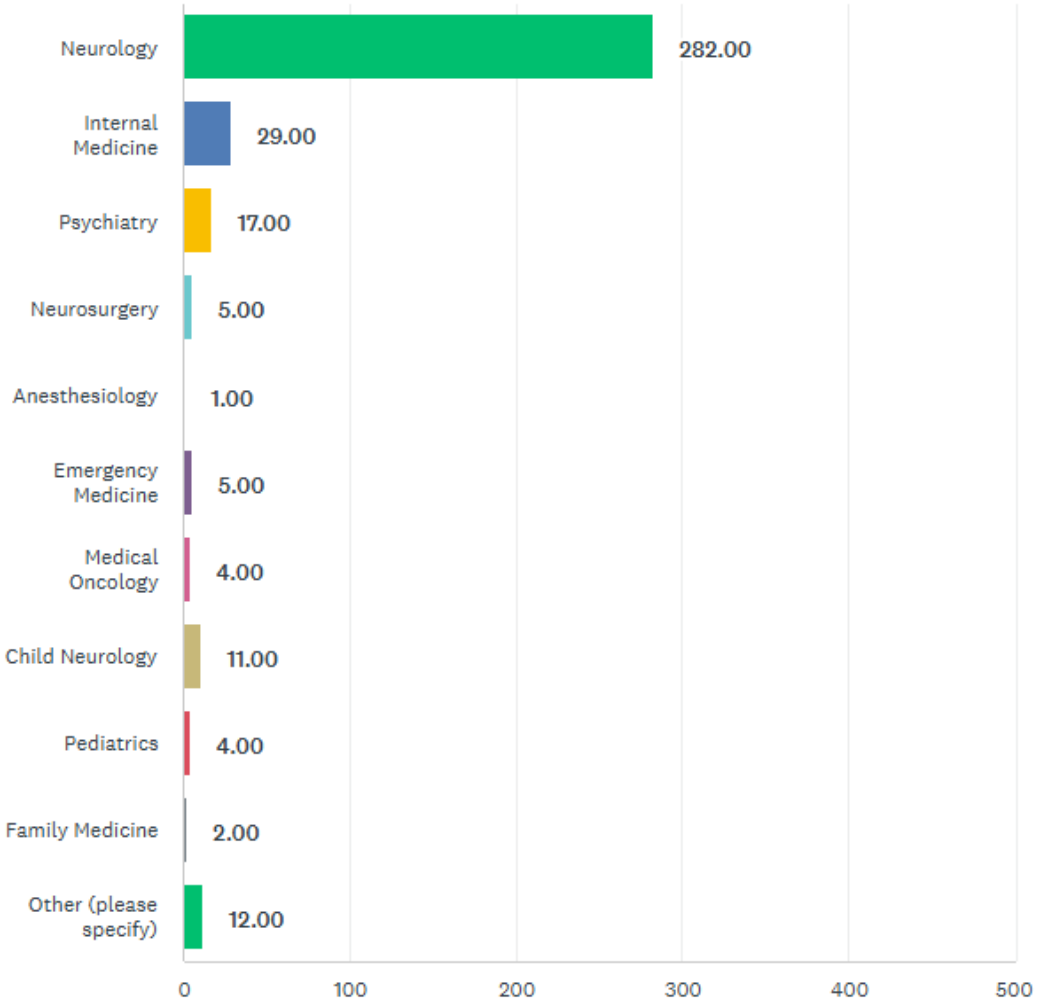
Introduction

From May 21 through July 7, 2025, UCNS surveyed 371 fellows enrolled in a UCNS-accredited fellowship. Reminder emails for those who did not complete the survey were sent periodically during the collection period. Emails were also sent to program directors and program coordinators asking them to encourage fellows and remind them to complete the survey. Responses from 367 fellows were collected (99% response rate). Fellows from 159 of the 160 programs with self-reported enrolled fellows responded.

The following illustrates the respondents by subspecialty:



Fellows were asked to identify their primary specialty. Most of the respondents reported being primarily certified in Neurology (282), followed by the specialties identified in the following chart.



“Other” is comprised of one each in hematology and medical oncology, family medicine, not disclosed, geriatrics and palliative medicine, neurosurgery, child neurology, pediatric critical care, and neonatology. Two respondents each noted physical medicine and rehabilitation and neuro-oncology.

A total of 229 fellows reported being enrolled in their first year, 127 in their second year, and 11 in the third year of their fellowship, with 231 intending to graduate in 2025.

Demographic Information

UCNS fellows were next asked a series of demographic information including age, gender, and ethnicity.

Your age

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
20-30	7.36%	27
31-40	83.65%	307
41-50	8.17%	30
51-60	0.00%	0
61+	0.00%	0
I prefer not to answer	0.82%	3
TOTAL		367

Your gender

Answered: 367 Skipped: 0

ANSWER CHOICES		RESPONSES	
Female		47.41%	174
Male		52.04%	191
Nonbinary		0.00%	0
Transgender		0.00%	0
I prefer not to answer		0.54%	2
Other (please specify)	Responses	0.00%	0
TOTAL			367

Your Race and Ethnicity

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
American Indian or Alaska Native	0.00%	0
Asian	33.79%	124
Black or African American	5.45%	20
Hispanic or Latino	10.63%	39
Native Hawaiian or Pacific Islander	0.00%	0
White	40.33%	148
I prefer not to answer	9.81%	36
TOTAL		367

Compliance with the Program Requirements

Fellows were asked a series of questions to confirm their program's compliance with specific program requirements. The questions with responses are included as follows. Narrative/open-ended responses are not included.

There is administrative support available to me.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	98.64%	362
No	1.36%	5
TOTAL		367

Faculty in my fellowship provide appropriate supervision for my clinical work (neither too little nor too much).

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	80.65%	296
Usually	18.80%	69
Rarely	0.54%	2
Never	0.00%	0
TOTAL		367

Faculty members are interested in my fellowship education.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	77.66%	285
Usually	20.71%	76
Rarely	1.36%	5
Never	0.27%	1
TOTAL		367

I am able to review all of my performance evaluations.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	86.92%	319
Usually	8.72%	32
Rarely	3.54%	13
Never	0.82%	3
TOTAL		367

I evaluate program faculty at least once per year.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	94.28%	346
No	5.72%	21
TOTAL		367

I evaluate the program at least once per year.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	98.09%	360
No	1.91%	7
TOTAL		367

The program director treats my evaluations of faculty and the program as confidentially as possible.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	91.83%	337
Usually	7.08%	26
Rarely	0.82%	3
Never	0.27%	1
TOTAL		367

Fellow feedback is and has been used to help improve the program.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	70.57%	259
Usually	22.89%	84
Rarely	2.18%	8
Never	0.27%	1
Unknown	4.09%	15
TOTAL		367

Feedback provided to me is timely.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	74.39%	273
Usually	22.07%	81
Rarely	3.27%	12
Never	0.27%	1
TOTAL		367

Feedback provided to me has helped direct my learning.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	73.84%	271
Usually	22.62%	83
Rarely	2.72%	10
Never	0.27%	1
I have not received feedback	0.54%	2
TOTAL		367

I have opportunities to participate in research and other scholarly activity.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	73.84%	271
Agree	21.80%	80
Neither agree nor disagree	3.00%	11
Disagree	0.82%	3
Strongly disagree	0.54%	2
TOTAL		367

My education has not been compromised by service requirements. Service is defined as activities that should be routinely performed by non-physicians, such as routine transportation of patients and routine phlebotomy. Taking care of patients and documentation are education and not service.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	76.02%	279
Agree	17.71%	65
Neither agree nor disagree	1.63%	6
Disagree	2.18%	8
Strongly disagree	2.45%	9
TOTAL		367

The variety of patients in my program is comprehensive for my fellowship field.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	77.66%	285
Agree	19.89%	73
Neither agree nor disagree	1.36%	5
Disagree	1.09%	4
Strongly disagree	0.00%	0
TOTAL		367

Patient handovers are very effective in my program.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	53.95%	198
Agree	31.61%	116
Neither agree nor disagree	4.36%	16
Disagree	1.09%	4
Strongly disagree	0.54%	2
Not applicable	8.45%	31
TOTAL		367

My education has not been compromised by too many other trainees (i.e., residents, medical students, allied health, etc.)

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	70.57%	259
Agree	19.62%	72
Neither agree nor disagree	4.36%	16
Disagree	2.45%	9
Strongly disagree	3.00%	11
TOTAL		367

I can raise concerns to my program director, department, or graduate medical education leadership without fear of reprisal.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	78.47%	288
Agree	16.89%	62
Neither agree nor disagree	3.27%	12
Disagree	0.54%	2
Strongly disagree	0.82%	3
TOTAL		367

I am provided with progressive responsibility for patient care in my fellowship program, and the criteria for reaching new levels of progressive responsibility have been made clear to me by the program.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	77.11%	283
Agree	17.98%	66
Neither agree nor disagree	3.81%	14
Disagree	1.09%	4
Strongly disagree	0.00%	0
TOTAL		367

In my program, I participate in interprofessional teams in patient management.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	85.56%	314
Agree	13.08%	48
Neither agree nor disagree	1.36%	5
Disagree	0.00%	0
Strongly disagree	0.00%	0
TOTAL		367

There are didactics specifically for the fellow(s) in my fellowship specialty in my program.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	74.11%	272
Agree	19.62%	72
Neither agree nor disagree	4.36%	16
Disagree	1.36%	5
Strongly disagree	0.54%	2
TOTAL		367

In my program, there are systems in place for me to transition care to another provider if I am too fatigued.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Strongly agree	64.58%	237
Agree	23.16%	85
Neither agree nor disagree	9.26%	34
Disagree	2.45%	9
Strongly disagree	0.54%	2
TOTAL		367

I work less than an average of 80 hours a week averaged over four weeks and have one day off in seven days averaged over four weeks.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	98.91%	363
No	1.09%	4
TOTAL		367

In-house overnight call is not more frequent than every third night averaged over four weeks and the duration of night float is not more than six nights in a row.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	50.68%	186
Usually	2.18%	8
Rarely	0.54%	2
Never	2.18%	8
Not applicable	44.41%	163
TOTAL		367

The maximum duration of a work shift is 24 hours plus an additional four hours for patient handovers and after a 24-hour shift I have at least 14 hours off.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	56.13%	206
Usually	2.18%	8
Rarely	0.00%	0
Never	1.63%	6
Not applicable	40.05%	147
TOTAL		367

I have at least eight hours off between work duty periods.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Always	95.37%	350
Usually	4.09%	15
Rarely	0.27%	1
Never	0.27%	1
TOTAL		367

At-home call includes telemedicine or remote monitoring.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	22.62%	83
No	17.17%	63
Not applicable	61.04%	224
Total Respondents: 367		

Comments (69)

I am included in the process of reviewing the goals and objectives of the fellowship.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	90.46%	332
No	9.54%	35
TOTAL		367

Fellow Concerns

Fellows were asked if they had any concerns about their program. Since 2020, UCNS has been evaluating the best way to address fellow concerns. The 2022 survey was adjusted to ask more specific questions. This appears to have resulted in less confusion by fellows when reporting concerns. The Accreditation Council also confirmed after several reviews of its process that comments are reviewed as received and serious concerns will be addressed; however, overall items are reviewed on a trend basis by program as delineated in the accreditation outcomes. The Accreditation Council will evaluate the comments identified by fellows as needing future action. In addition, fellows were asked if they wished to be contacted regarding their concerns, which will also be addressed by the Council.

Do you have any concerns about your program?

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	5.72%	21
No	94.28%	346
TOTAL		367

Comments (22)

If yes, please indicate the following regarding your concern(s) (select one):

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
My concerns are not serious, but I want UCNS to be aware of them	2.72%	10
My concerns are serious, but may be addressed by the program without the program receiving an adverse action, e.g., probation or withdrawal of accreditation	3.00%	11
My concerns are serious enough to warrant the program being placed on probation	0.54%	2
My concerns are egregious enough that the program's accreditation should be withdrawn	0.00%	0
I have no concerns about my program.	93.73%	344
TOTAL		367

Conclusion

The survey is concluded by asking fellows to rate their fellowships, as well as some additional general questions about the program and certification.

On a scale of one to five, with five being the best, how would you rate your fellowship experience?

Answered: 367 Skipped: 0

	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	0.27% 1	0.82% 3	5.45% 20	27.52% 101	65.94% 242	367	4.58

My program has prepared me for independent practice in my subspecialty.

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	75.48%	277
No	0.82%	3
I am not graduating this year	23.71%	87
TOTAL		367

If you are completing your program, do you have a position for employment in your subspecialty?

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	54.22%	199
No	9.54%	35
I am not graduating this year	36.24%	133
TOTAL		367

I plan to take the UCNS certification examination in my subspecialty (must be taken within four years of graduation).

Answered: 367 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	89.65%	329
No	10.35%	38
TOTAL		367

Comments (29)

Analysis

The 99% (n=367) response rate exceeded initial expectations, providing UCNS with a solid foundation of data to continue monitoring outcomes thresholds. A total of 160 programs were represented, with only one program that self-identified as having at least one enrolled fellow not participating. Most of the survey responses indicate fellow-perceived compliance with the program requirements regarding resource availability, curriculum, evaluation, and duty hours requirements. Two hundred seventy-seven fellows indicated that they felt their training program prepared them for independent practice in the subspecialty, with 87 indicating they would not be graduating this year. Only three fellows felt that their experience in the program did not prepare them for independent practice in the subspecialty. In addition, fellows rated their fellowship experience on a scale of one to five, with five being the best. The weighted average was 4.58, with 242 rating 5, 101 rating 4, 20 rating 3, 3 rating 2, and 1 rating 1.

When asked about taking the UCNS certification within four years of graduation, 199 respondents indicated they would be pursuing UCNS certification in the future, with 35 of 367 respondents indicating they would not be seeking UCNS certification. Most of the NCC respondents cited the competing ABMS NCC examination as the reason, while others indicated certification eligibility issues as the reason, and two citing cost/lack of value as the reason. The certification response supports the decreasing rate of graduates applying for the NCC examination presented earlier in this report.

The data received in the survey will be used as program outcomes and will be shared with programs annually, along with a summary of the data received in the annual report. Outcomes for the survey will include both the response rate of fellows completing the survey and the responses themselves. Programs showing a trend of negative responses or who do not meet other identified benchmarks may trigger a comprehensive review. Other outcomes that will be tracked by UCNS include fellow recruitment, fellow graduation and attrition, fellow performance on certification examinations, fellow scholarly activity, and milestone submission (once implemented).

PROGRAM DIRECTOR SURVEY

Introduction

From September 16 through October 2, 2025, 248 program directors of UCNS-accredited programs were surveyed. A total of 191 program directors participated. The table below shows the number of program directors in each subspecialty and the number of participants. As shown, all subspecialties were represented that currently have accredited programs. The response rate is down from 83% in 2024.

Program Director Survey Respondents by Subspecialty		
Subspecialty	Number Invited	Number Responded (%)
AD	6	6 (100%)
BNNP	47*	39 (95%)
CNMP	7	7 (100%)
GN	4*	3 (75%)
HM	58	41 (71%)
IN	10	8 (80%)
NCC	62	44 (71%)
NI	3	1 (33%)
NNCC	12	12 (100%)
NO	39	31 (79%)
Total	**248**	**192 (77%)**

* One program director is the director over a dually accredited BNNP and GN program so 191 surveys were responded to representing 192 programs.

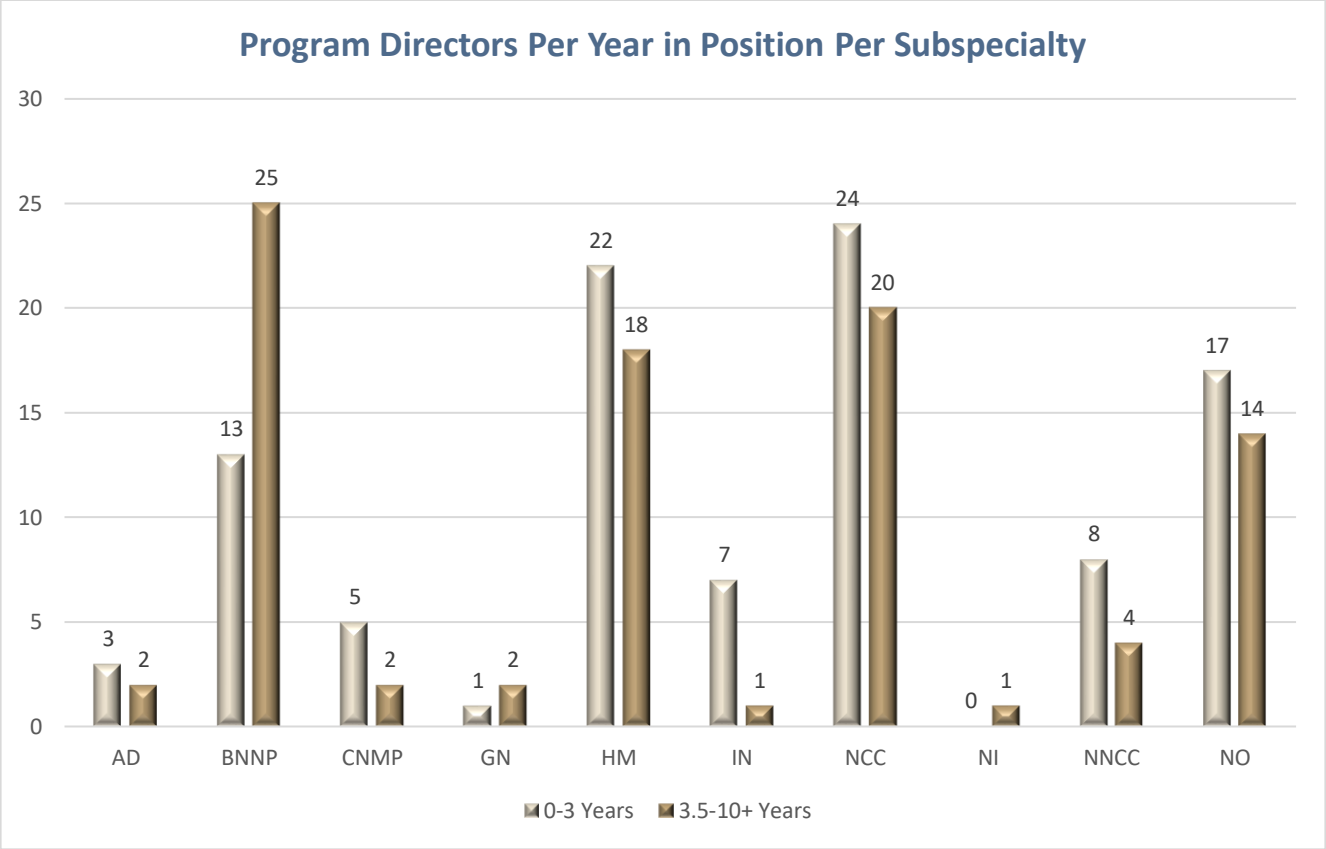
Program Director Information

After identifying their name and institution name, program directors were asked to identify how many years they have served as the program director for this UCNS-accredited fellowship. The response was an open-ended question and ranged from 0 to 19 years. The ranges of responses are included below:

Years of Service as Program Director of UCNS-Accredited Program							
# Years	**# PDs**	**# Years**	**# PDs**	**# Years**	**# PDs**	**# Years**	**# PDs**
Fewer than 1	11	2.5	4	5	10	9	2
1	33	3	22	6	15	10	6
1.5	4	3.5	1	7	9	More than 10	20
2	26	4	18	8	8	**Total**	**189***

* Two program directors did not provide a response

Approximately half of the program directors reported (n=100) having served as program directors for three years or less. A breakdown of the number of program directors per years in the position per subspecialty is as follows.

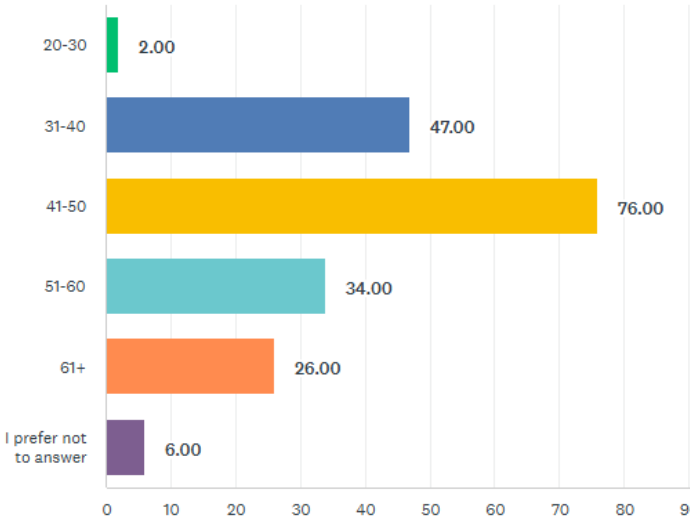


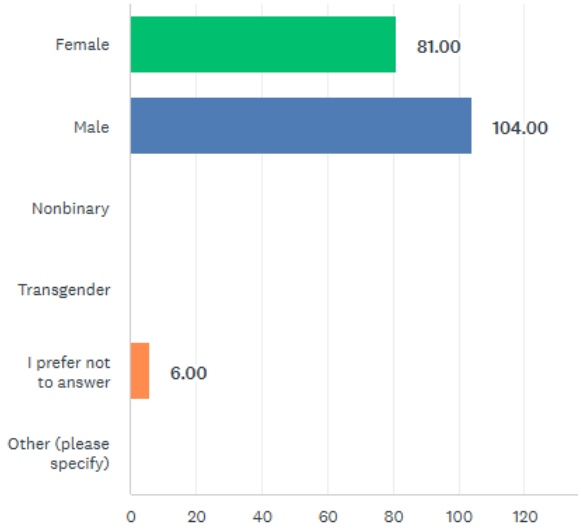
In 2023, 2024, and 2025, NCC program directors were also asked to identify their accreditation status in light of the competing accreditation offered through ACGME. NCC program directors were asked to "Please indicate the following with regard to ACGME Neurocritical Care accreditation."

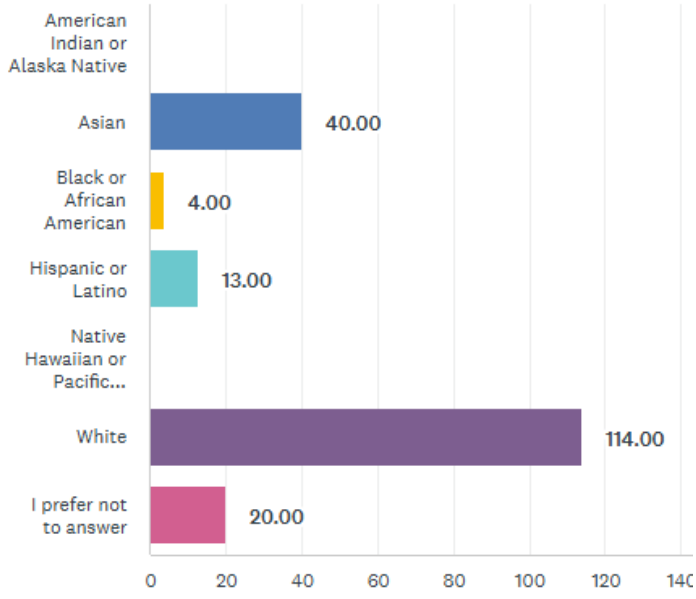
	2025 44 Programs	2024 56 Programs	2023 47 Programs
My program is also accredited by ACGME.	28 (63.64%)	36 (64.29%)	18 (38.30%)
I intend to seek ACGME accreditation for my program.	11 (25.00%)	18 (32.14%)	24 (51.06%)
I plan to maintain UCNS accreditation and ACGME accreditation.	32 (72.73%)	40 (71.42%)	26 (55.32%)
I do not plan to maintain UCNS accreditation.	0 (0.00%)	2 (3.57%)	2 (4.26%)
I do not plan to seek ACGME accreditation.	2 (4.5%)	1 (1.79%)	3 (6.38%)

Demographic Information

Demographic information was collected from respondents with regards to age, gender, and race and ethnicity.







Program Funding and Institutional Support

Program directors were next asked to identify how their programs are funded.

ANSWER CHOICES		RESPONSES	
Institutional/Department support		79.58%	152
Fellow service		15.18%	29
Research funding		5.24%	10
Outside grants		8.38%	16
Philanthropy/fundraising		28.80%	55
Other (please specify)	Responses	5.24%	10
Total Respondents: 191			

Program directors were asked to indicate their agreement with the following statement: My institution's GME office is involved in the administration of my program.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
(no label)	43.46% 83	40.84% 78	6.81% 13	3.66% 7	5.24% 10	191	4.14

Attaining and Maintain Accreditation

The reasons why programs seek and maintain accreditation were asked during this year's survey. Programs directors rated the importance of the following:

Reasons for program seeking accreditation.

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Fellow interest	81.58% 155	13.16% 25	0.53% 1	4.74% 9	190	2.72
Community need	51.60% 97	29.79% 56	13.30% 25	5.32% 10	188	2.28
Certification eligibility	77.49% 148	15.71% 30	2.62% 5	4.19% 8	191	2.66
Institutional interest	60.11% 113	30.85% 58	3.72% 7	5.32% 10	188	2.46

Comments (4)

Reasons for maintaining your program's accreditation.

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT IMPORTANT	NOT APPLICABLE	TOTAL	WEIGHTED AVERAGE
Fellow interest	88.42% 168	8.95% 17	1.58% 3	1.05% 2	190	2.85
Community need	56.15% 105	27.81% 52	13.90% 26	2.14% 4	187	2.38
Certification eligibility	79.06% 151	17.80% 34	2.62% 5	0.52% 1	191	2.75
Institutional interest	65.97% 126	25.65% 49	6.28% 12	2.09% 4	191	2.55

Comments (2)

Program Director Feedback

Programs were asked to indicate their agreement with seven statements regarding the value of accreditation and UCNS communications.

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE	TOTAL	WEIGHTED AVERAGE
There is value to my UCNS accreditation.	58.64% 112	32.46% 62	7.33% 14	1.05% 2	0.52% 1	191	4.48
UCNS accreditation assists me in recruitment of fellows.	52.38% 99	27.51% 52	15.34% 29	4.23% 8	0.53% 1	189	4.27
UCNS accreditation enables me to secure funding for my program.	25.13% 48	20.42% 39	32.98% 63	14.14% 27	7.33% 14	191	3.42
UCNS accreditation allows me to secure protected time for program administration.	22.11% 42	23.16% 44	23.16% 44	20.00% 38	11.58% 22	190	3.24
UCNS accreditation allows me to require administrative support.	23.04% 44	25.65% 49	21.99% 42	19.37% 37	9.95% 19	191	3.32
The UCNS accreditation process is user friendly.	31.94% 61	47.12% 90	15.18% 29	5.24% 10	0.52% 1	191	4.05
Communication is effective for receiving the accreditation information I need.	44.50% 85	48.17% 92	6.28% 12	1.05% 2	0.00% 0	191	4.36
I use the UCNS website routinely as a resource.	21.69% 41	32.80% 62	30.16% 57	11.11% 21	4.23% 8	189	3.57
I am aware that UCNS has launched a quarterly newsletter specific to program information.	23.16% 44	34.74% 66	21.05% 40	17.37% 33	3.68% 7	190	3.56

Conclusion

The final questions centered around certification information sharing with fellows, resources programs would like to see developed, and an open-ended opportunity to share additional feedback.

Do you share UCNS subspecialty certification information with your fellows?

Answered: 191 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	86.39%	165
No	2.09%	4
Not applicable - no fellows currently enrolled	11.52%	22
TOTAL		191

Are there any resources you would like UCNS to develop to facilitate the accreditation process?

Answered: 191 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	20.94%	40
No	79.06%	151
TOTAL		191

Comments (40)

Are there additional communication methods you wish were available to receive UCNS information?

Answered: 191 Skipped: 0

ANSWER CHOICES		RESPONSES	
Yes		0.52%	1
No		97.91%	187
If yes, please specify:	Responses	1.57%	3

Do you have any additional comments or suggestions you would like to share relating to UCNS accreditation?

Answered: 191 Skipped: 0

ANSWER CHOICES	RESPONSES	
Yes	15.18%	29
No	84.82%	162
TOTAL		191

Comments (29)

Analysis

Seventy-seven percent of invited program directors participated in the survey, representing all subspecialties with accredited programs. Seventy-two percent of the responding NCC programs plan to maintain their UCNS accreditation at this time. This is comparable to the responses received in 2024, which was a substantial increase from 2023 when only half of the NCC programs responding indicated they would maintain their UCNS accreditation. Likely this is due to the large number of NCC programs lost to attrition already.

Programs report funding from a myriad of sources, most commonly from institutional/department support, followed by philanthropic/fundraising endeavors. A majority (n=161) of responding program directors indicated agreement or strong agreement with the statement that their institution's GME office is involved in the administration of the program. Seventeen disagreed or strongly disagreed and 13 were neutral.

Programs identify a perceived value to UCNS accreditation, with a weighted average of 4.28 out of 5; a slight decrease from 2023's 4.31 weighted average. Ratings are lower when asked if that value benefits programs for securing funding, administrative support, and recruitment. The majority of programs find the process to be user friendly and communications effective.

The reasons for attaining and maintaining accreditation appear to be similar, with fellow interest weighted slightly higher than the other reasons. Programs continue to indicate that there is perceived value in UCNS accreditation and that UCNS accreditation assists in the recruitment of fellows.

Programs resources requested included additional tutorials to assist in the accreditation process as well as a more streamlined process. Additional feedback regarding certification and continuous certification was provided in the open-ended comments, which will be shared with the Certification Council. While some of the resources are either not within the purview of the Council or would not benefit the process, other suggestions will be considered by staff for future accreditation improvements.

The survey continues to yield feedback that warrants Council attention to determine process improvements and training to facilitate the accreditation process.

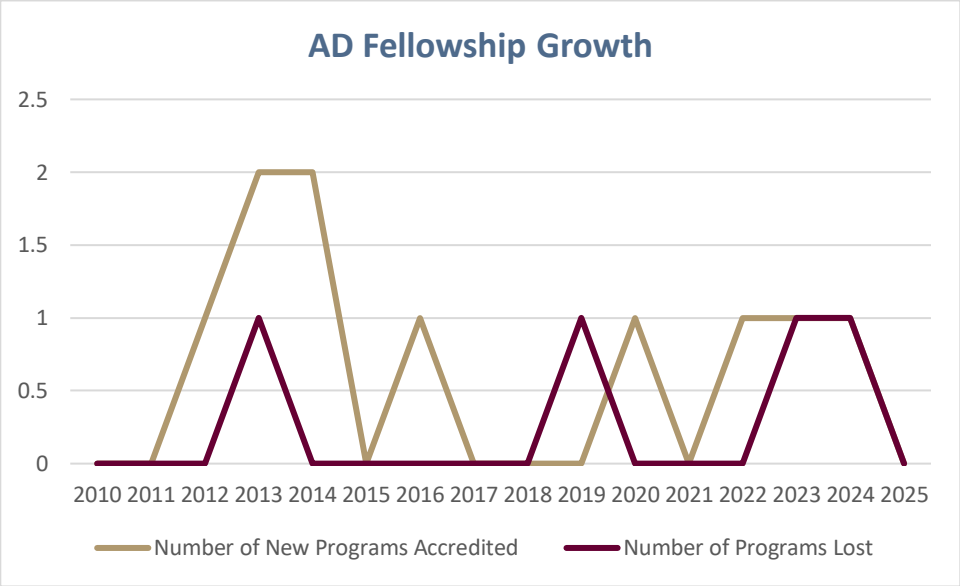
SUBSPECIALTY-SPECIFIC STATISTICS

For each subspecialty, the following information includes the year the programs were first accredited, the current number of accredited programs, and the number lost to attrition. In addition, program information through October 20, 2025, for the programs' duration, overseeing department, and program directors' specialties are included. For fellows, the number of graduates, number of graduates certified by UCNS, and the graduates' primary specialties and ABMS/RCPSC certifications are listed. Enrollment numbers of approved and filled spots for 2016, 2017, 2018, 2019, 2021, 2022, 2023, and 2024 are also provided.

Subspecialty: Autonomic Disorders

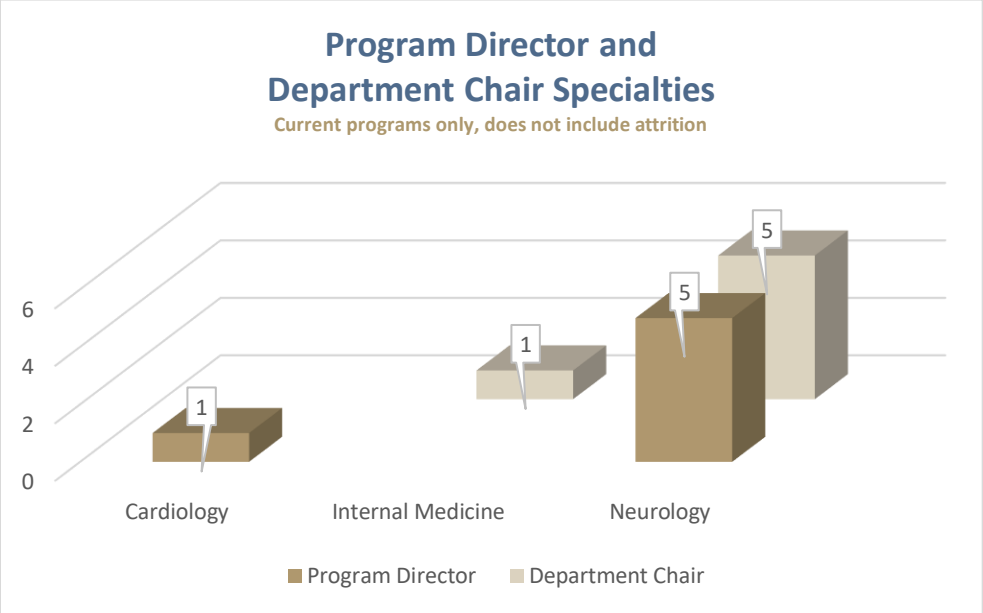
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2012	10	4	6	2013, 2019, 2023, 2024



Program Construction	Number of Programs*
1 year	5
1 or 2 years	1

*Programs accredited as of 10/2025 – does not include programs lost to attrition

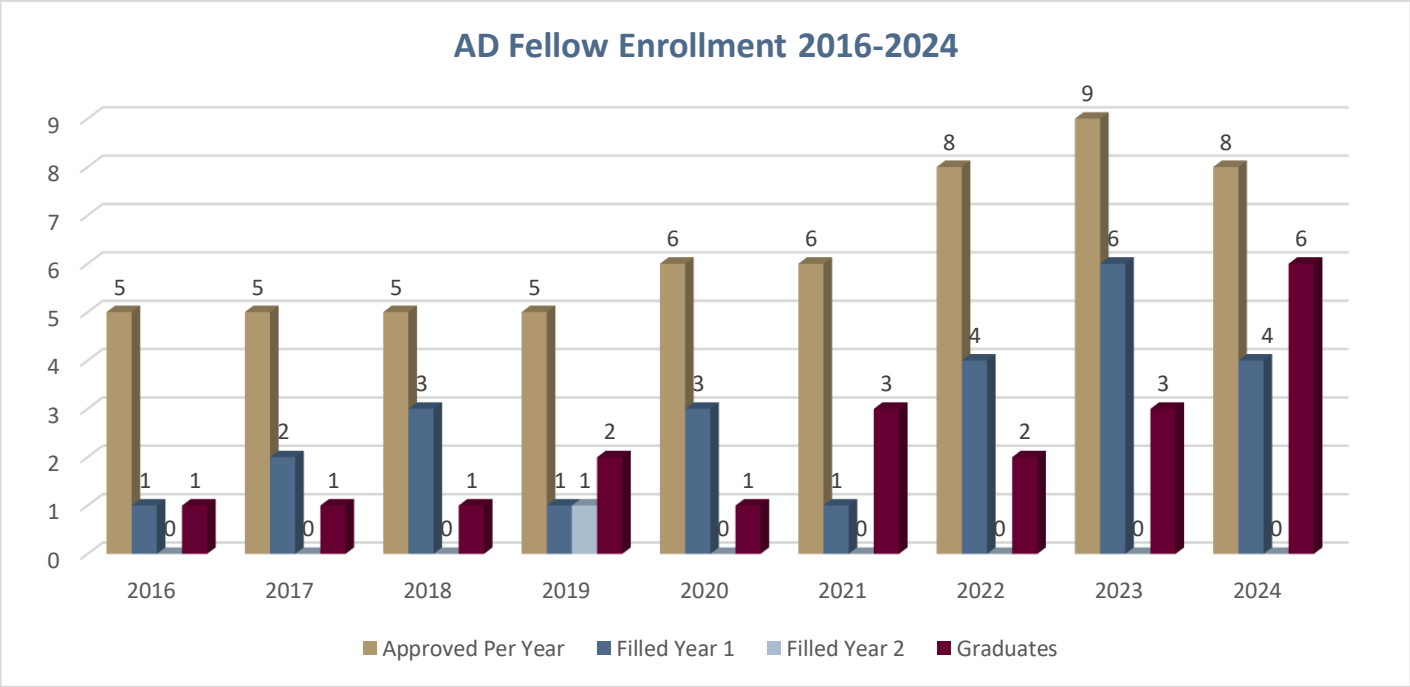

Program Director and
Department Chair Specialties
Current programs only, does not include attrition
6
4
2
0
1
1
5
5
Cardiology
Internal Medicine
Neurology
Program Director
Department Chair

Fellows

Graduates: 24 | UCNS Certified: 13

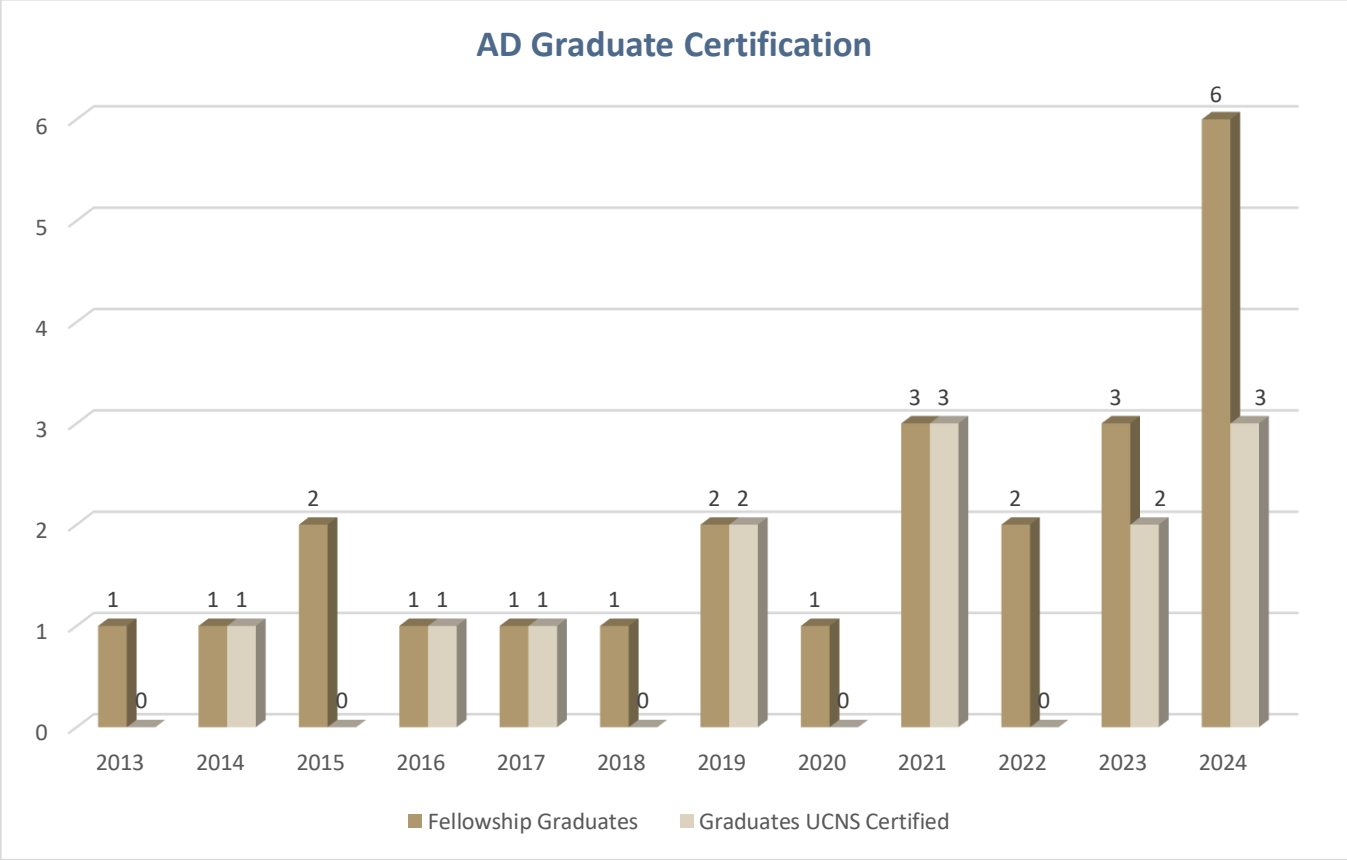
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Cardiology	1	ABMS	22
Family Medicine	1	Other	1
Internal Medicine	6	No	1
Neurology	16		



Certification Pass Rates (tracking began in 2014)

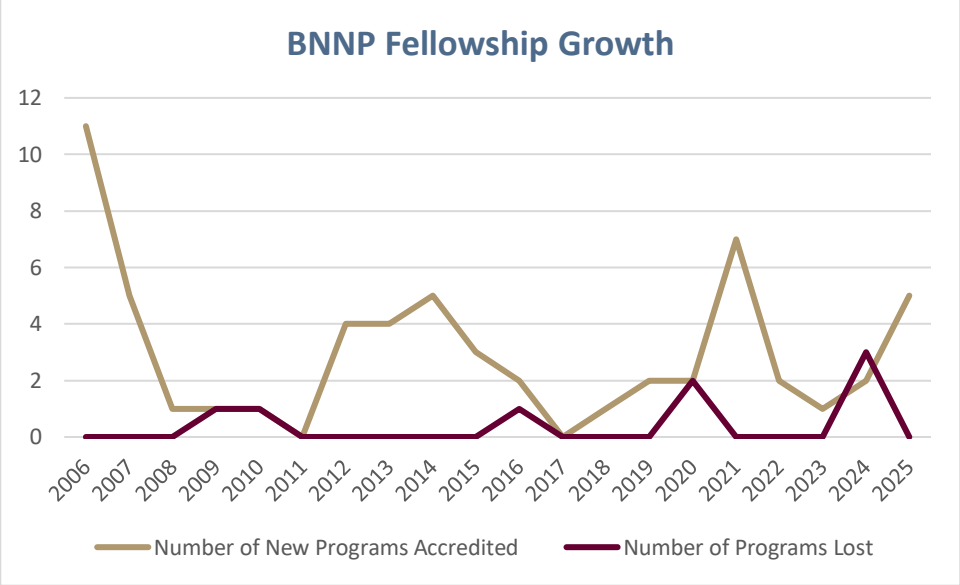
	Pass Rate	
Year	Fellow	Non-Fellow
2016	100%	90%
2018	100%	100%
2020	100%	83%
2022	100%	100%
2024	100%	100%


AD Graduate Certification
6
5
4
3
2
1
0
1 0
1 1
2 0
1 1
1 1
1 0
2 2
1 0
3 3
2 0
3 2
6 3
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Behavioral Neurology & Neuropsychiatry

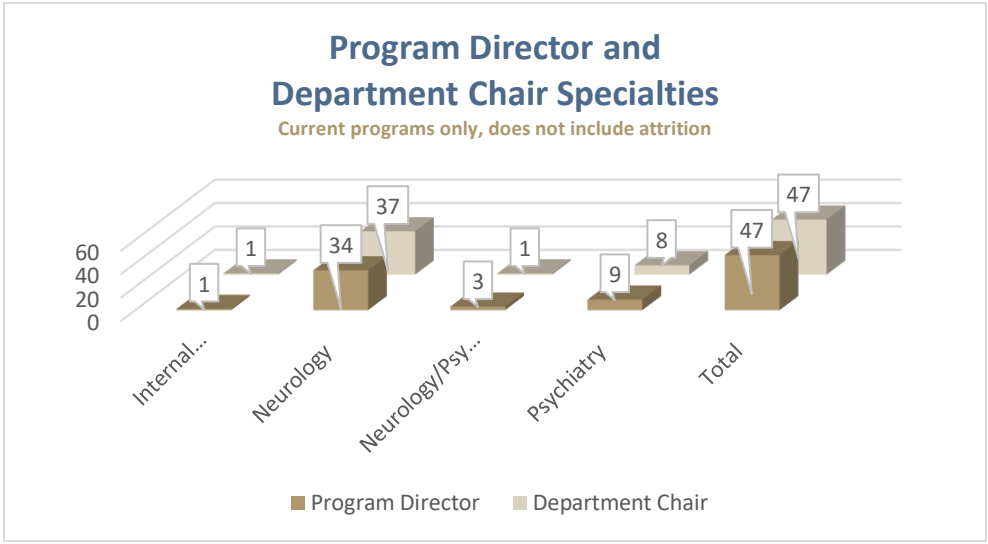
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2006	59	8	51	2009, 2010, 2016, 2020 x2, 2024 x3



Program Construction	Number of Programs*
1 year	19
2 years	4
1 or 2 years	22
1, 2, or 3 years	2

*Programs accredited as of 10/2025 – does not include programs lost to attrition

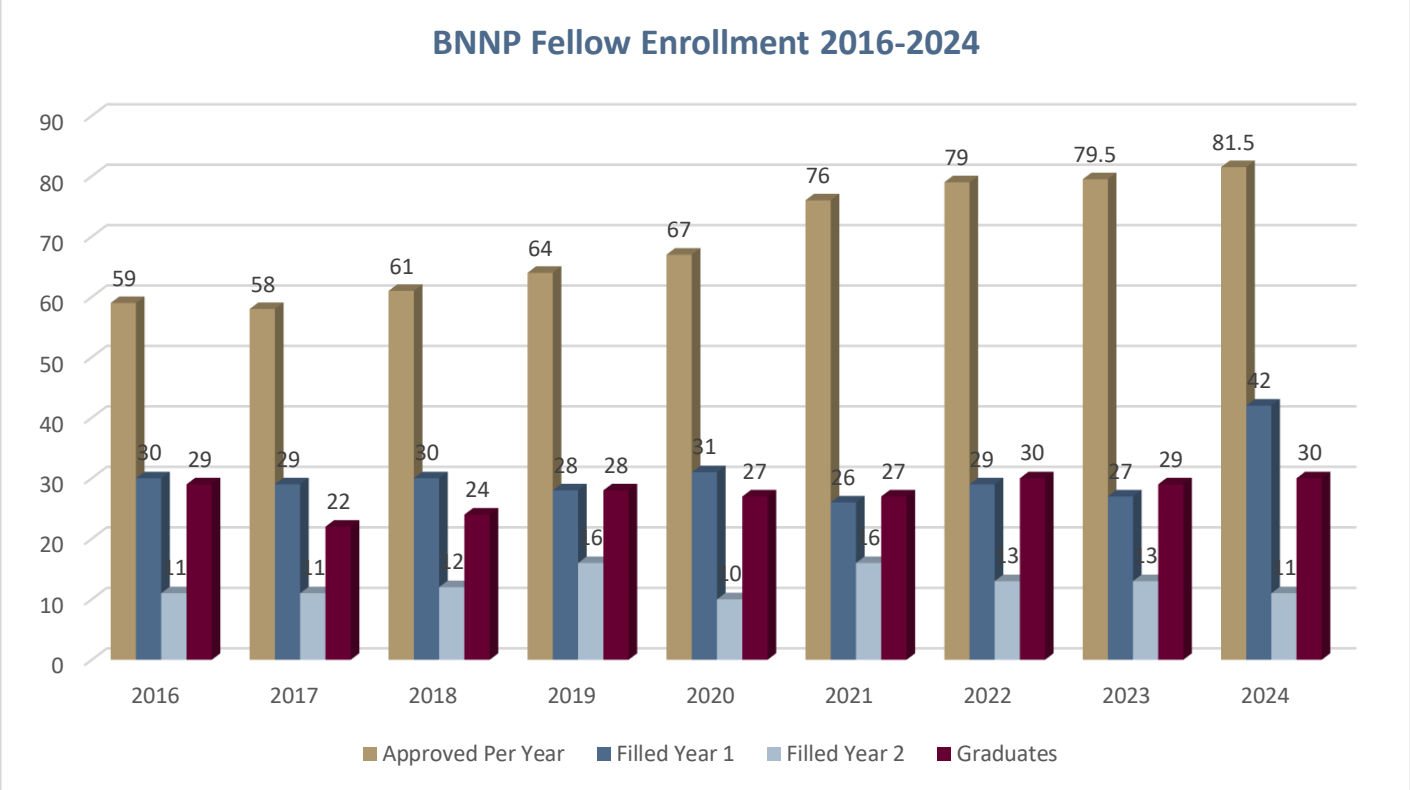


Fellows

Graduates: 371 | UCNS Certified: 257

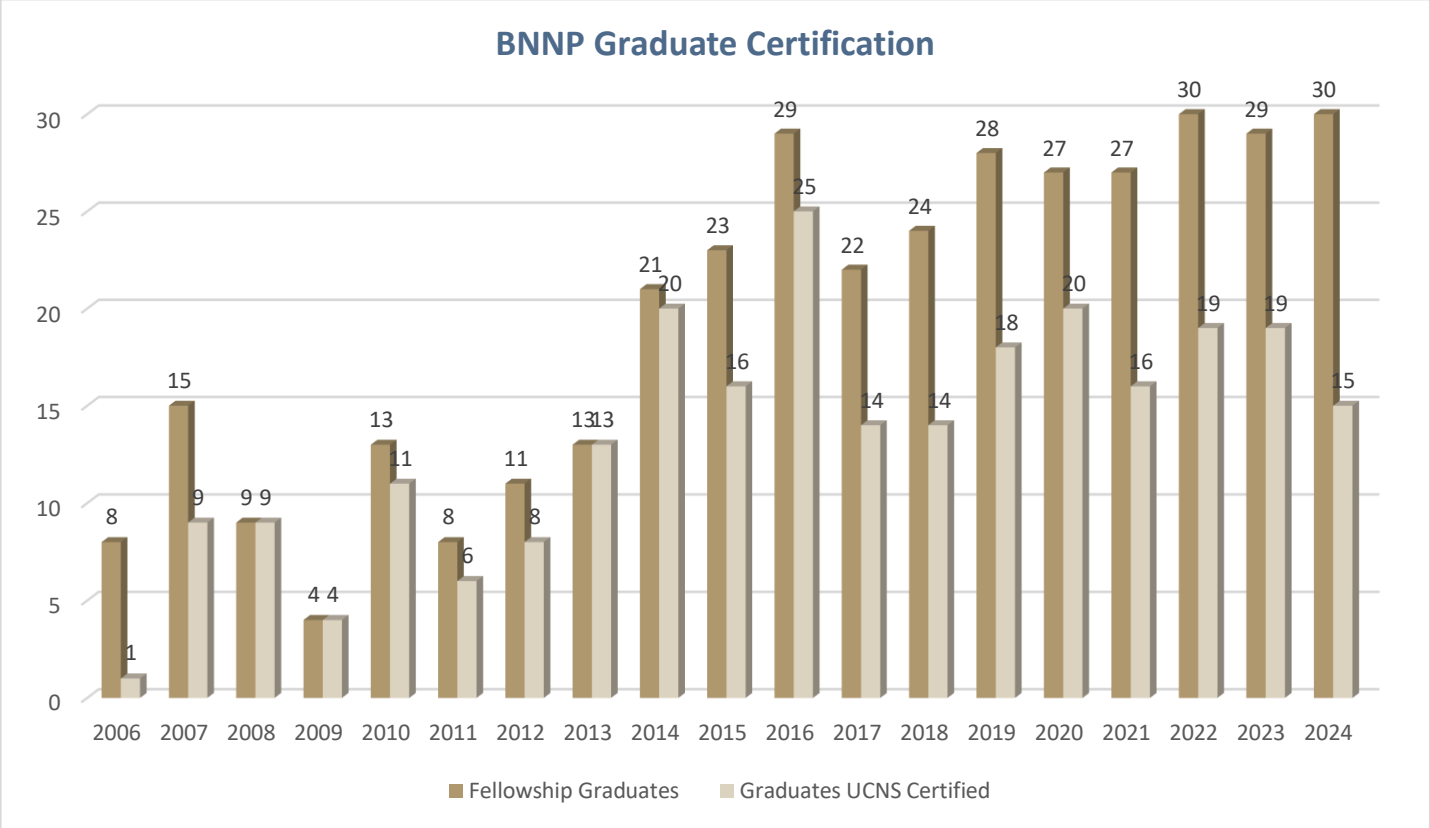
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Child Neurology	1	ABMS	330
Internal Medicine	5	RCPSC	25
Internal Medicine/Geriatric Medicine	3	AOA	1
Internal Medicine/Psychiatry	1	No	15
Neurology	239		
Neurology/Psychiatry	2		
Psychiatry	120		



Certification Pass Rates (tracking began in 2014)

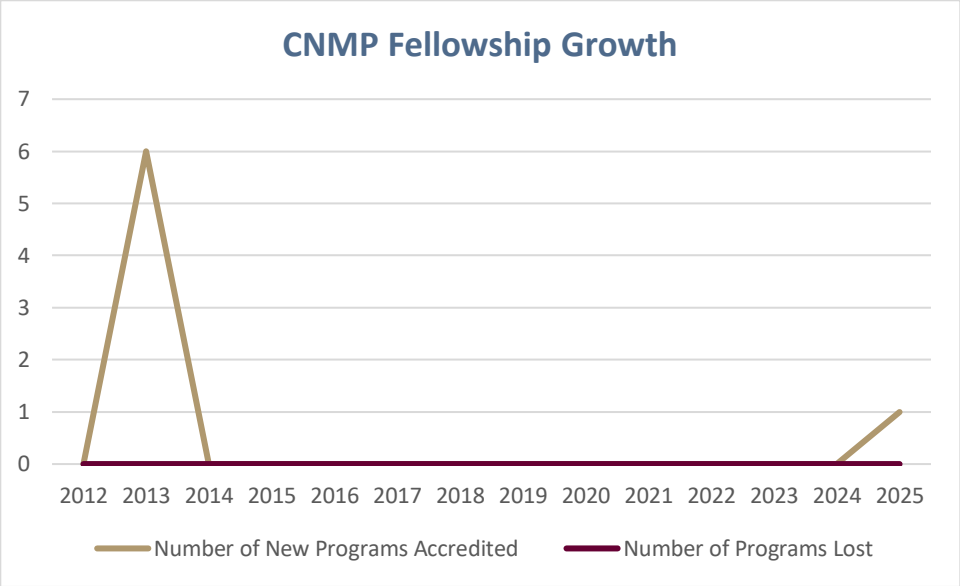
	Pass Rate	
Year	Fellow	Non-Fellow
2014	100%	83%
2016	96%	82%
2018	96%	83%
2020	98%	96%
2022	86%	72%
2024	70%	76%


BNNP Graduate Certification
30
25
20
15
10
5
0
2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024
8 1
15 9
9 9
4 4
13 11
8 6
11 8
13 13
21 20
23 16
29 25
22 14
24 14
28 18
27 20
27 16
30 19
29 19
30 15
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Clinical Neuromuscular Pathology

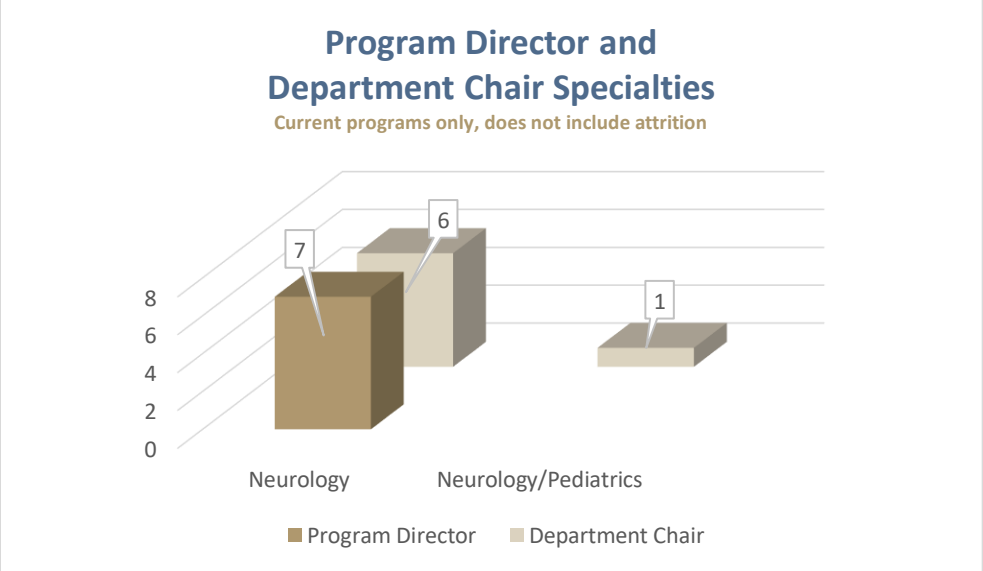
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2013	7	0	7	



Program Construction	Number of Programs*
1 year	6
1 or 2 years	1

*Programs accredited as of 10/2025 – does not include programs lost to attrition

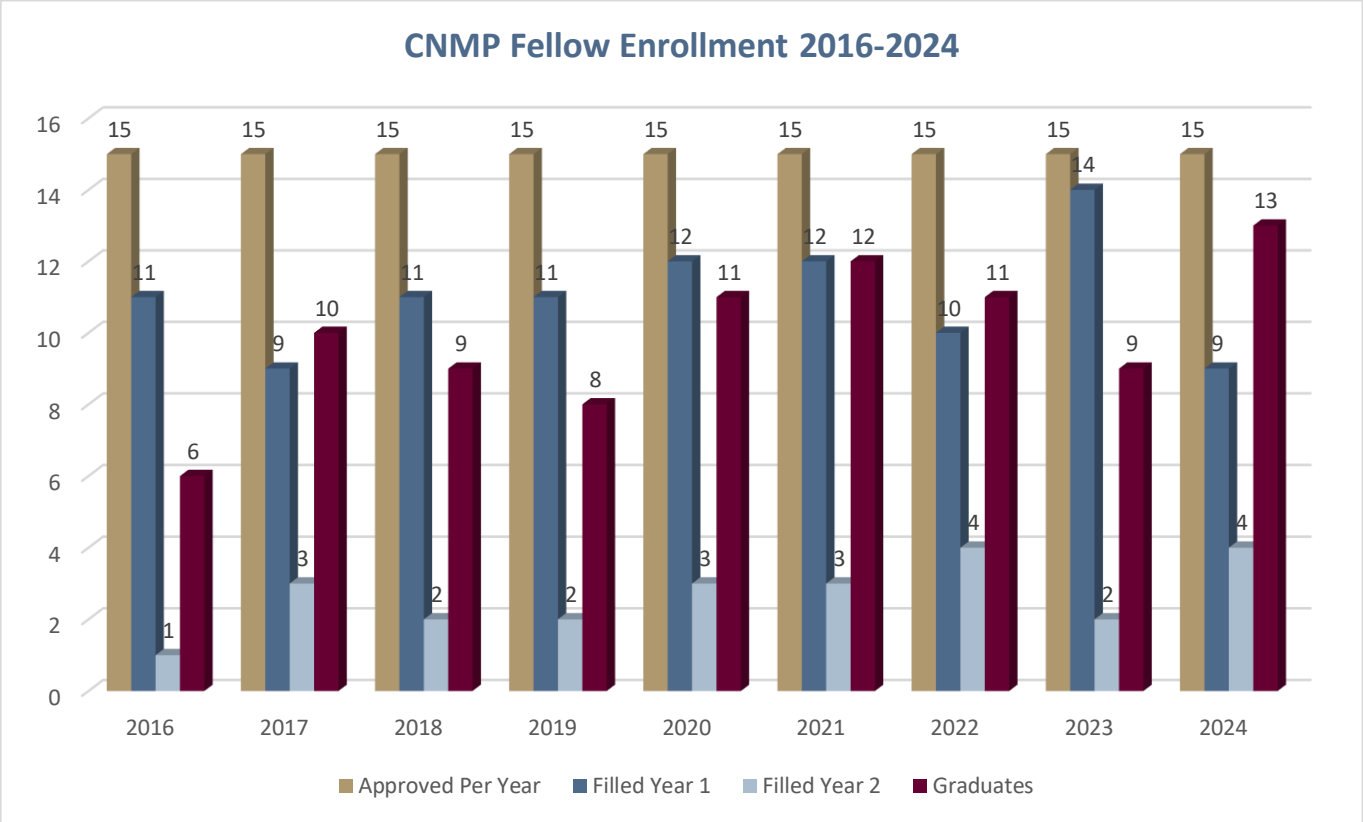


Fellows

Graduates: 104 | UCNS Certified: 32 (4 applications received for 2025 examination)

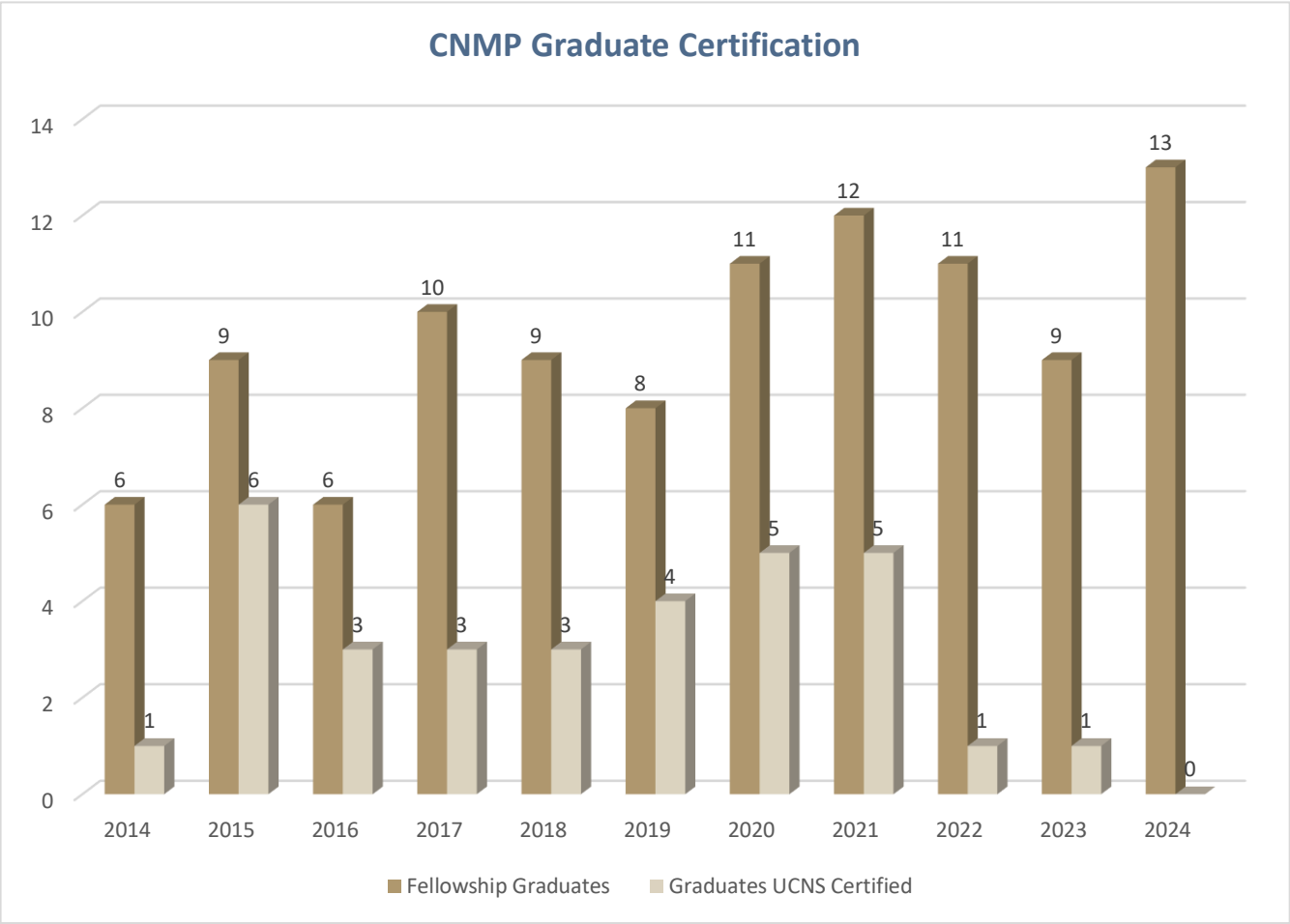
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Child Neurology	3	ABMS	81
Internal Medicine	1	RCPSC	7
Neurology	98	No	16
Neurology/Pediatrics	1		
Pediatrics	1		



Certification Pass Rates (tracking began in 2014)

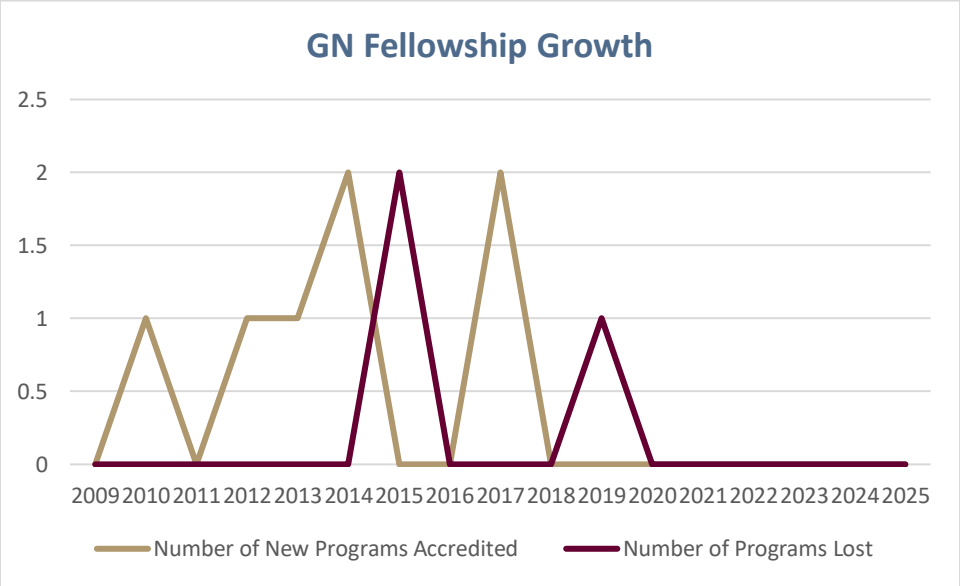
	Pass Rate	
Year	Fellow	Non-Fellow
2015	86%	94%
2017	80%	100%
2019	100%	100%
2021	100%	100%
2023	60%	29%


CNMP Graduate Certification
14
12
10
8
6
4
2
0
6
1
9
6
6
3
10
3
9
3
8
4
11
5
12
5
11
1
9
1
13
0
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Geriatric Neurology

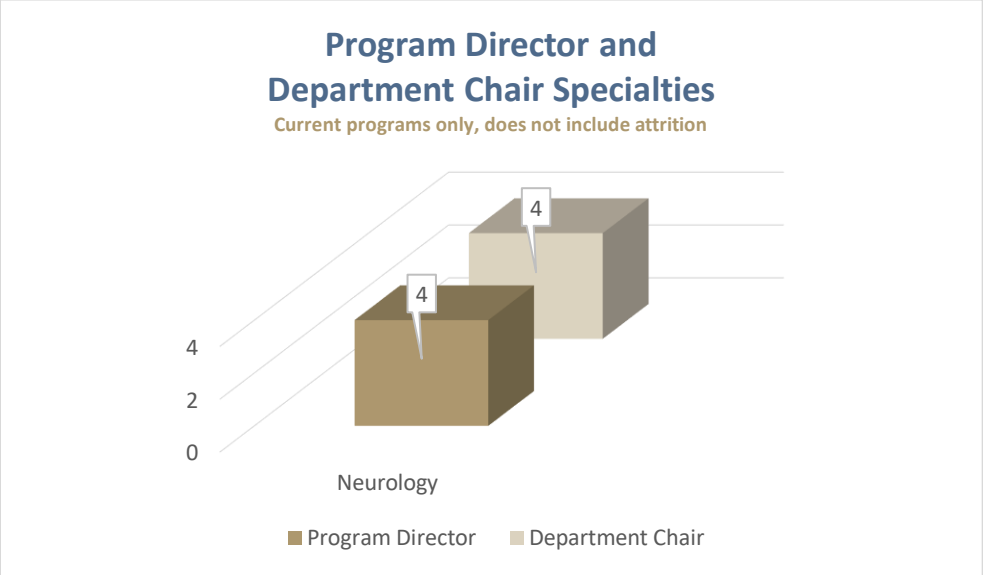
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2010	7	3	4	2015 x2, 2019



Program Construction	Number of Programs*
1 year	2
1 or 2 years	2

*Programs accredited as of 10/2025 – does not include programs lost to attrition

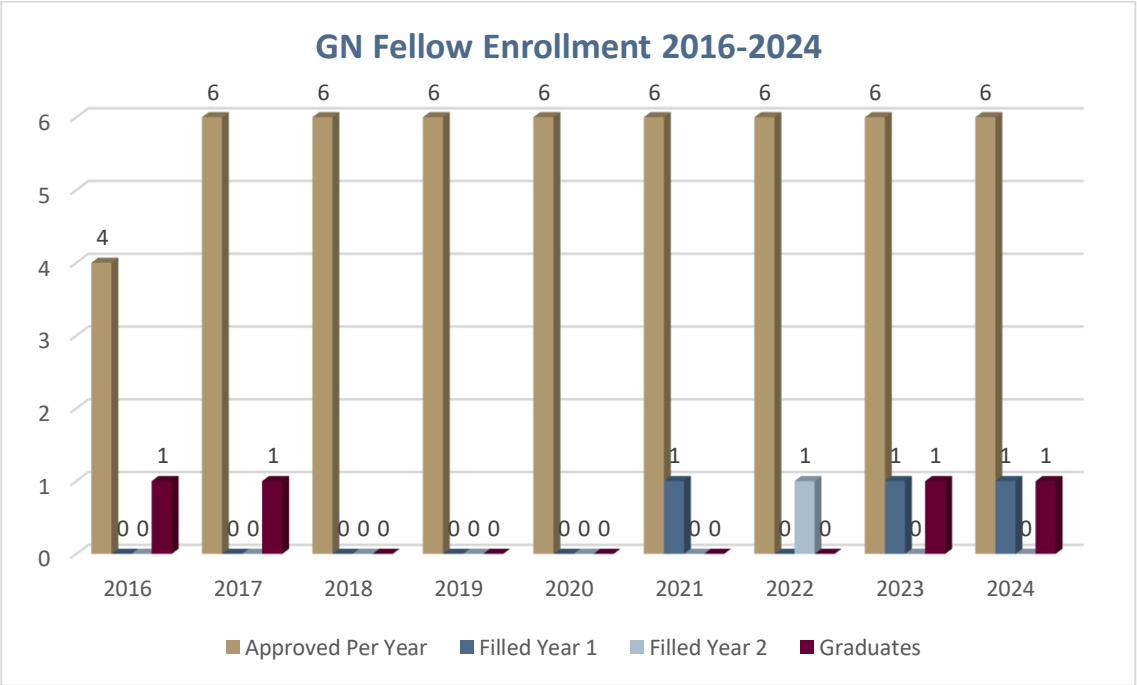


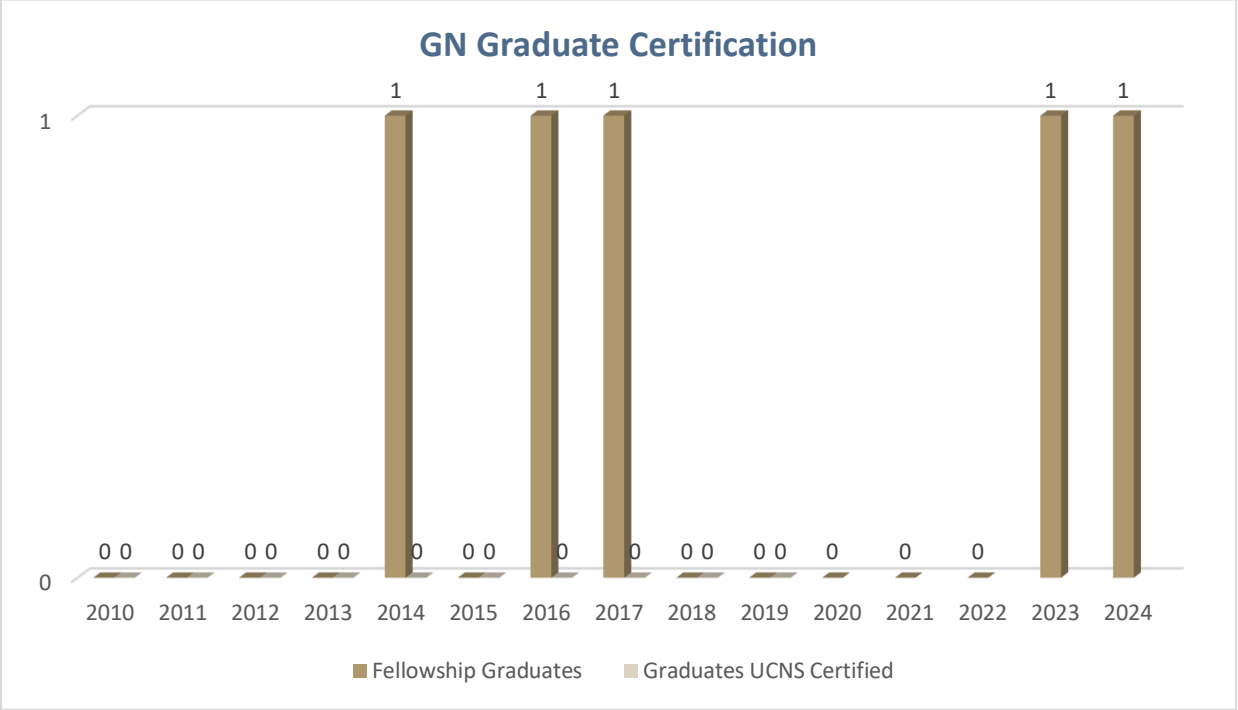
Fellows

Graduates: 5 | UCNS Certified: 0 (Examination has not been offered since fellows graduated)

Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Neurology	5	ABMS	5

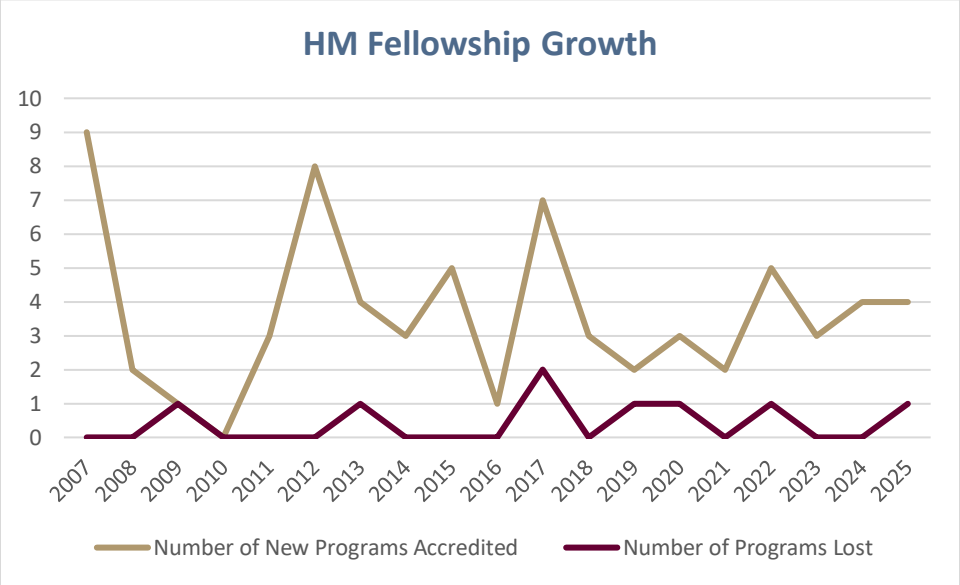



GN Graduate Certification
1
0
0 0
0 0
0 0
0 0
1
0
0 0
1
0
1
0
0 0
0 0
0
0
0
1
1
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Headache Medicine

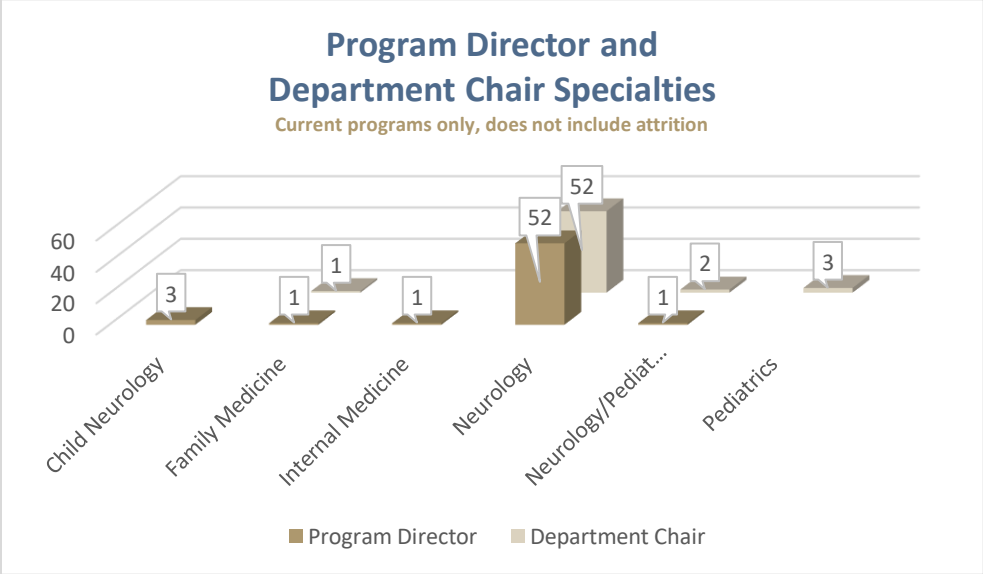
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2007	69	8	61 *3 Inactive*	2009, 2013, 2017 x2, 2019, 2020, 2022, 2025



Program Construction	Number of Programs*
1 year	51
1 or 2 years	6
1, 2, or 3 years	1

*Programs accredited as of 10/2025 – does not include programs lost to attrition

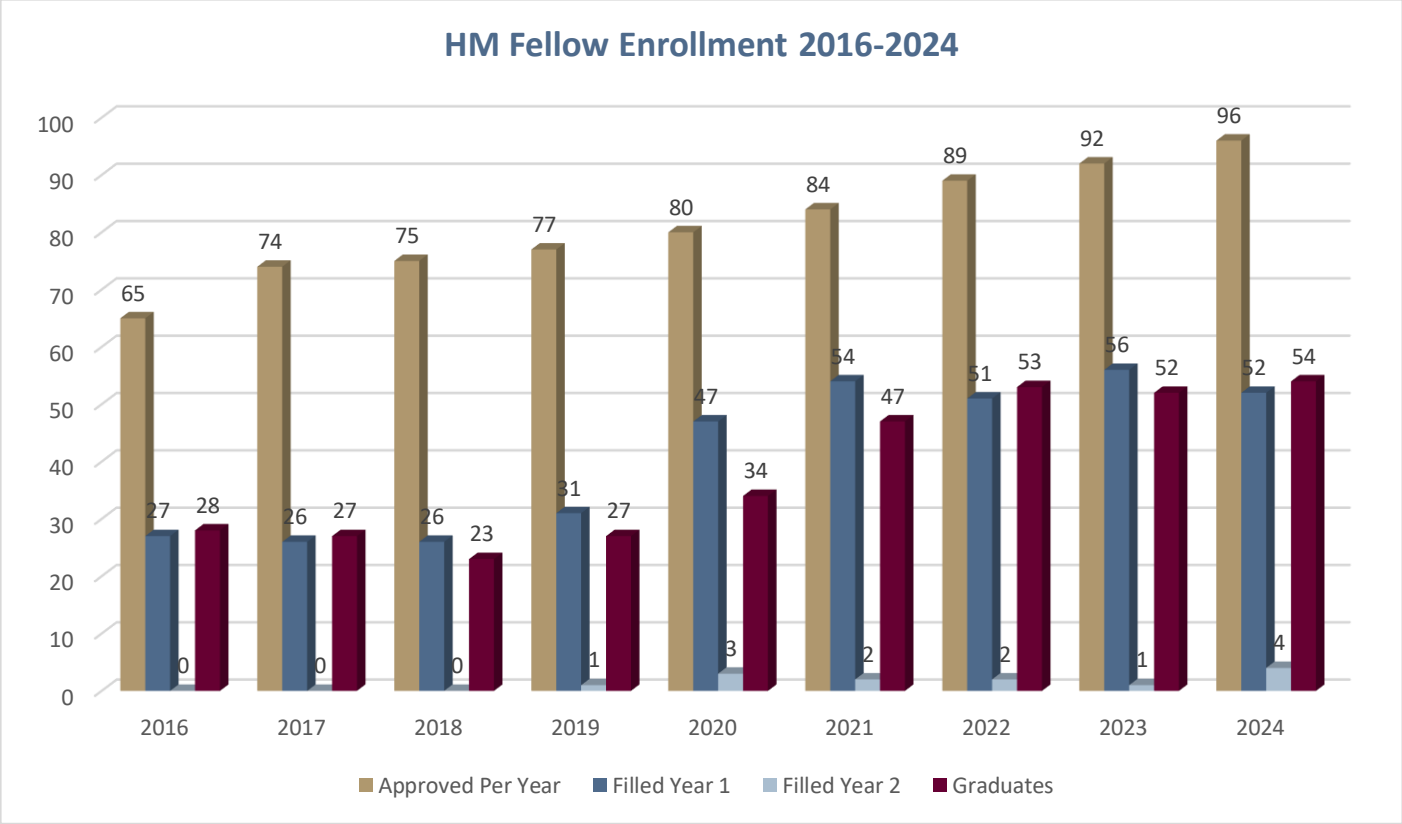


Fellows

Graduates: 457 | UCNS Certified: 422

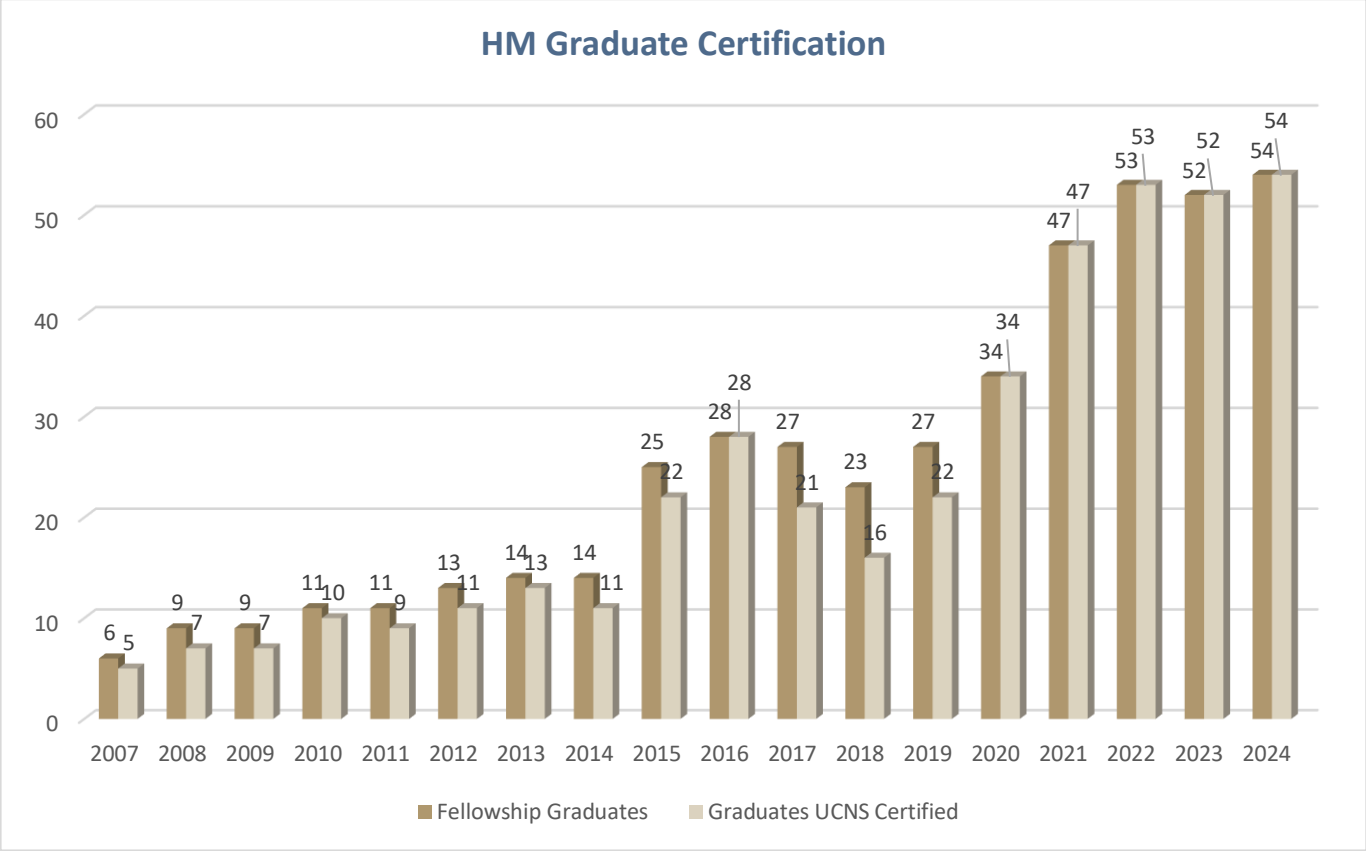
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Child Neurology	26	ABMS	428
Child Neurology/Pediatrics	3	RCPSC	8
Dentistry	1	AOA	5
Family Medicine	15	No	16
Internal Medicine	11		
Neurology	389		
Ophthalmology	1		
Pediatrics	3		
Physical Medicine and Rehabilitation	5		
Preventive Medicine	1		
Psychiatry	2		



Certification Pass Rates (tracking began in 2014)

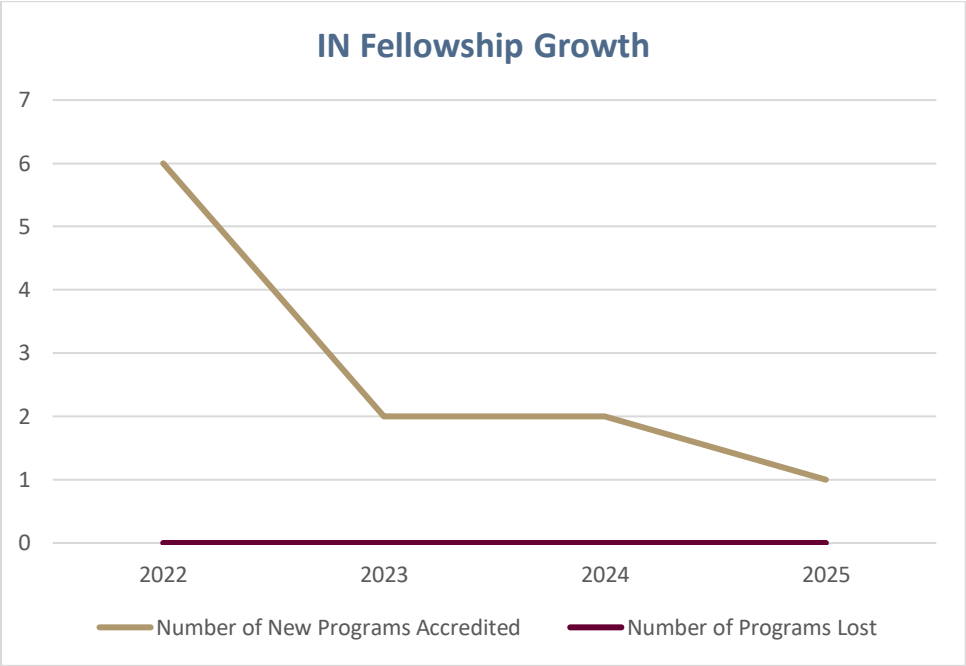
	Pass Rate	
Year	Fellow	Non-Fellow
2014	100%	83%
2016	96%	82%
2018	96%	83%
2020	98%	96%
2022	100%	96%
2024	100%	94%



Subspecialty: Interventional Neurology

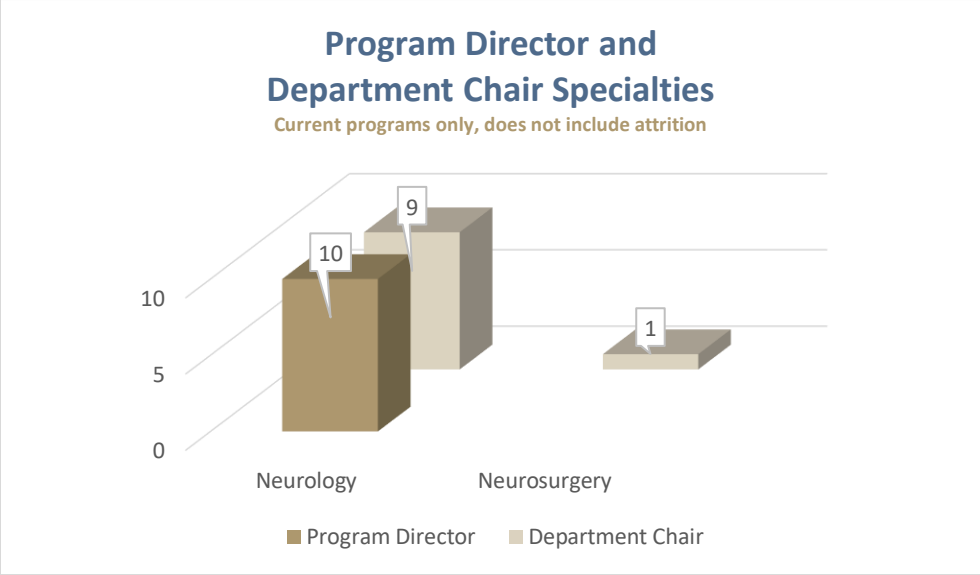
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2022	11	0	11	



Program Construction	Number of Programs*
2 years	10

*Programs accredited as of 10/2025 – does not include programs lost to attrition

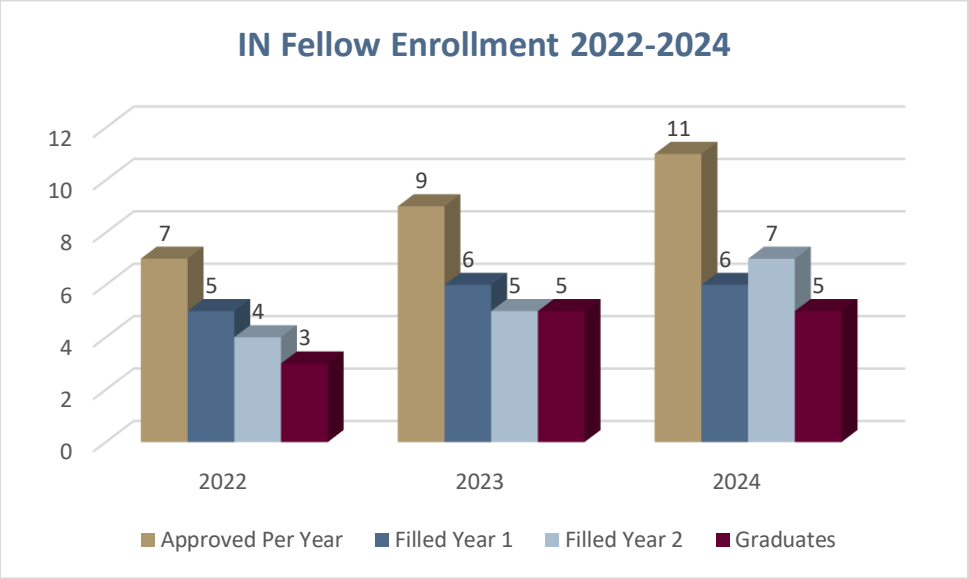


Fellows

Graduates: 13 | UCNS Certified: 2

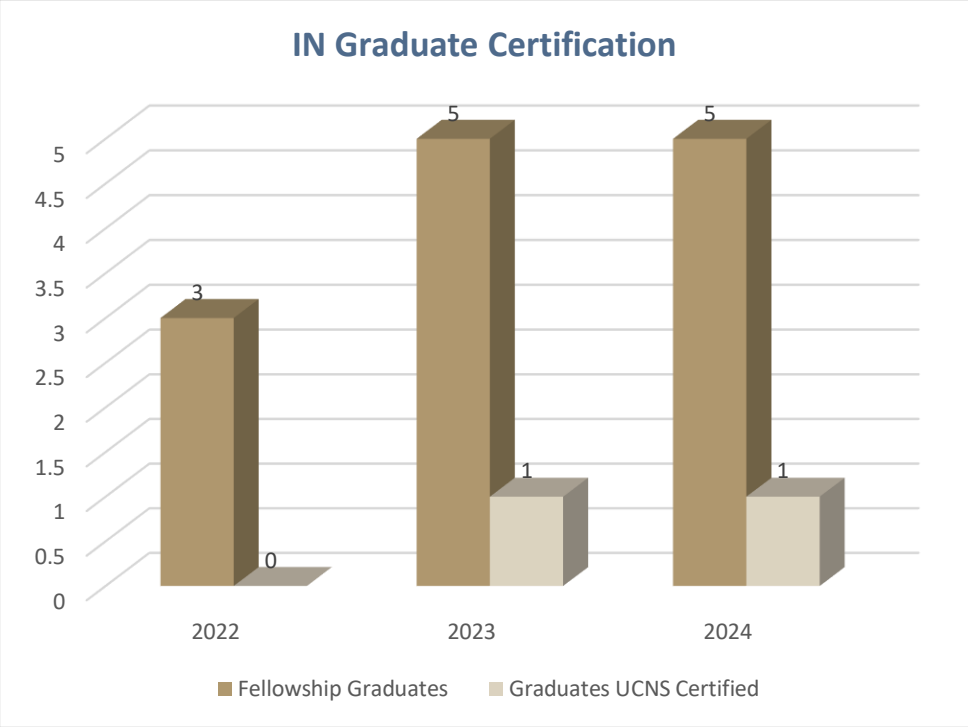
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Neurology	10	ABMS	13
Neurology/Vascular Neurology	3		



Certification Pass Rates (tracking began in 2014)

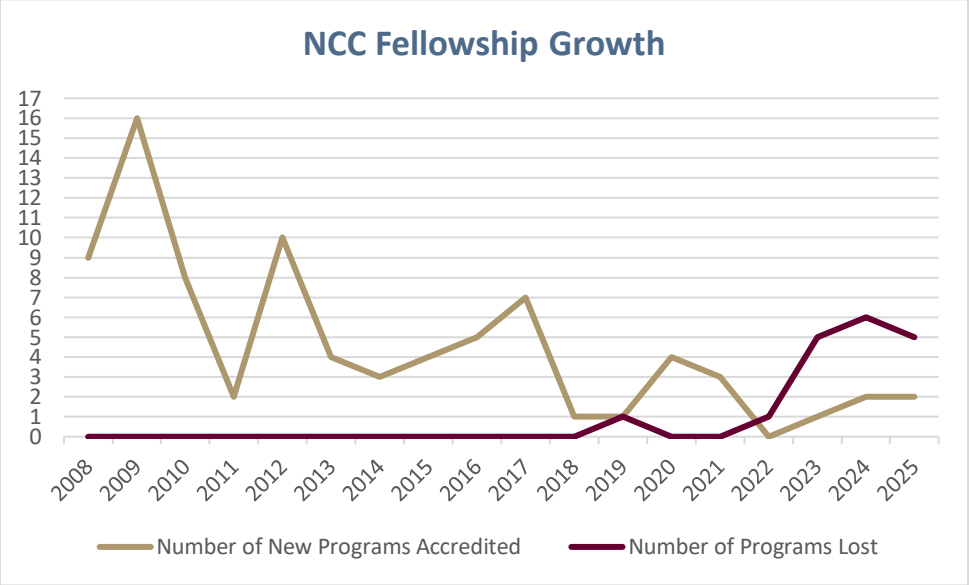
	Pass Rate	
Year	Fellow	Non-Fellow
2022	N/A	96%
2024	100%	92%


IN Graduate Certification
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
3
0
5
1
5
1
2022
2023
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Neurocritical Care

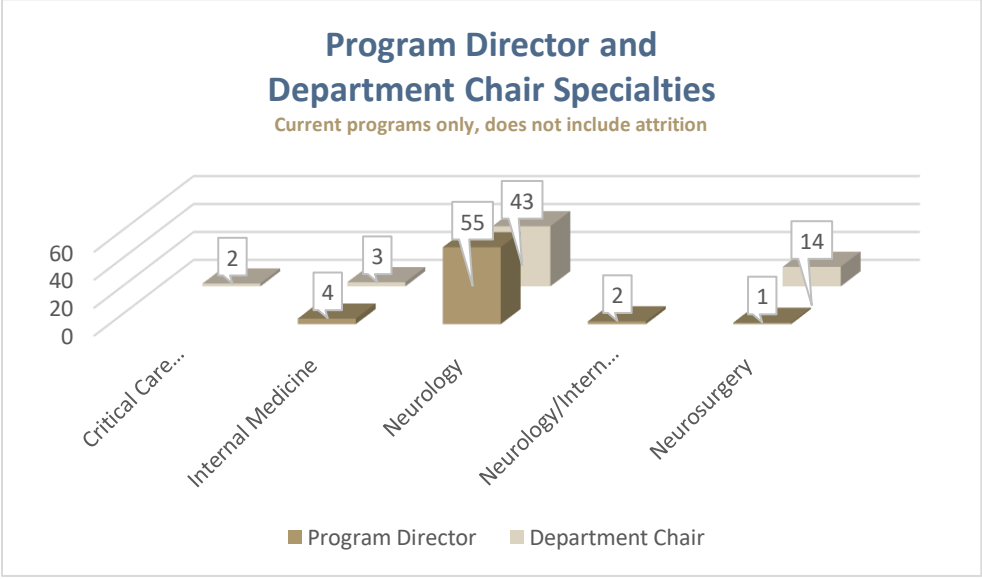
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2008	82	19	63 *1 Inactive*	2019, 2022, 2023 x5, 2024 x6, 2025 x5



Program Construction	Number of Programs*	One-Year Tracks	Number of Programs*
2 years	20	Critical Care Medicine	9
1 or 2 years	42	Neurosurgery	5
		Both	27

*Programs accredited as of 10/2025 – does not include programs lost to attrition



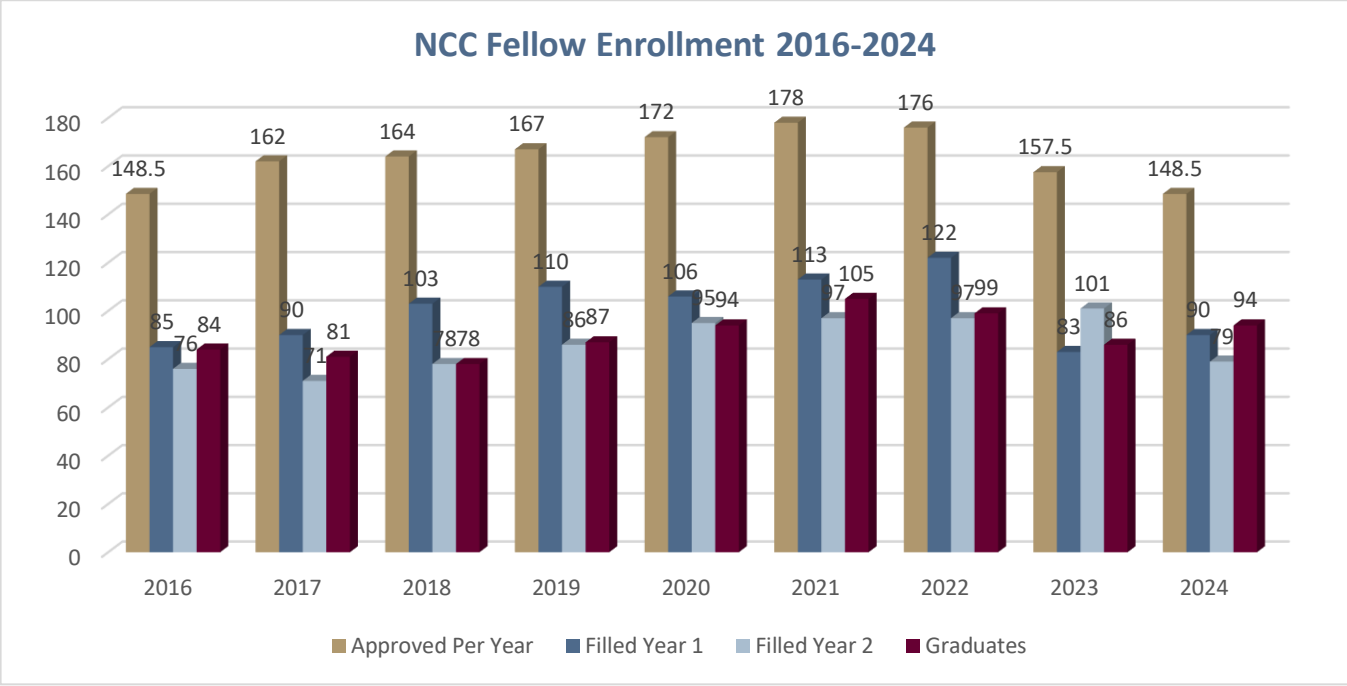
Fellows

Graduates: 1130 | UCNS Certified: 556 (22 applications received for 2025 examination)

Primary Specialty and Certification

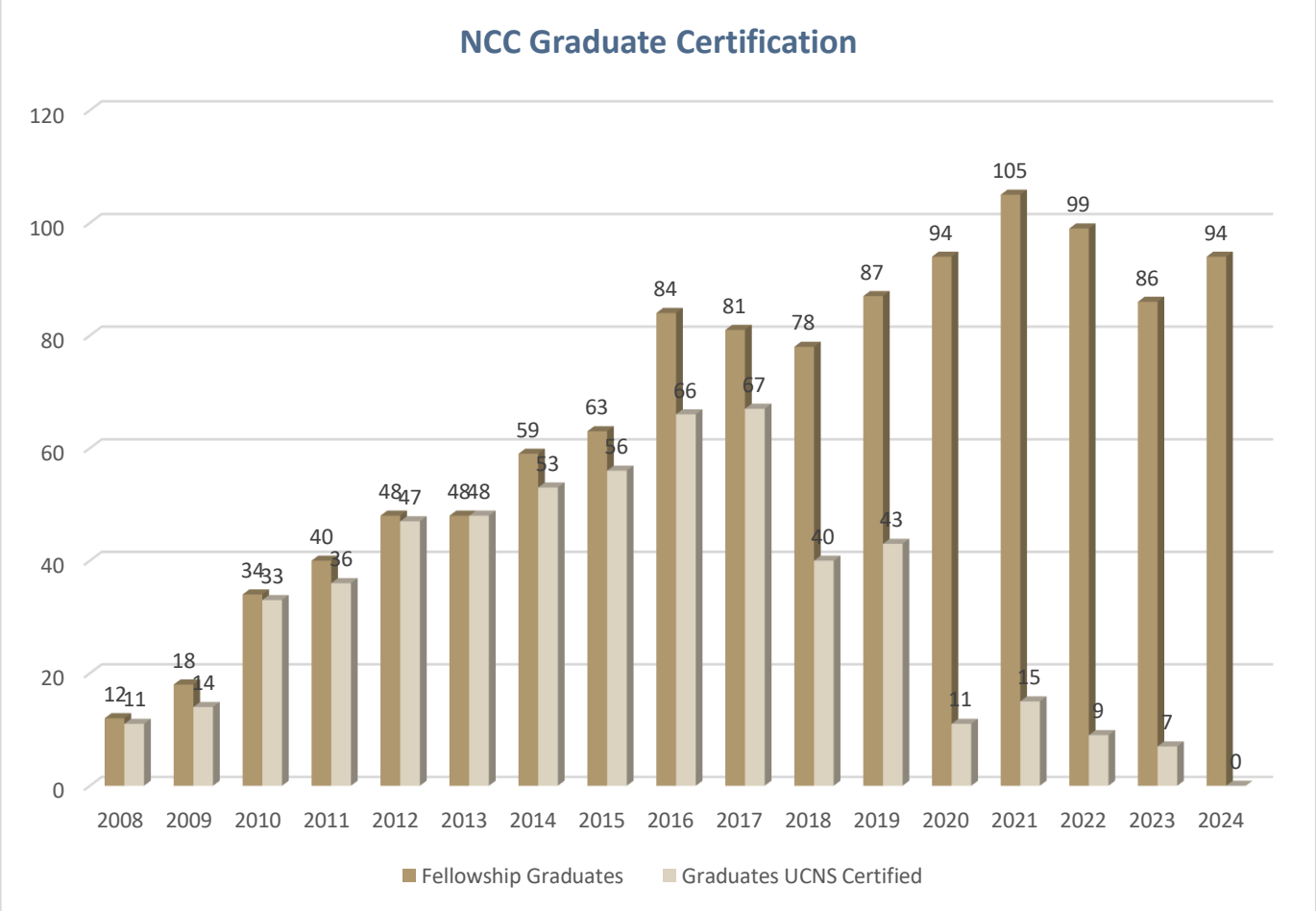
Primary Specialty	Number of Graduates
Anesthesia	25
Anesthesia/Internal Medicine	1
Emergency Medicine	43
Family Medicine	2
Internal Medicine	126
Internal Medicine/CCM	2
Internal Medicine/Emergency Medicine	1
Neurology	875
Neurology/Internal Medicine	12
Neurology/Pediatrics	1
Neurosurgery	35
Pediatrics	2
Pulmonology	1
Radiology	1
Surgery	2
Vascular Surgery	1

Primary Certification	Number of Graduates
ABMS	1073
RCPSC	4
AOA	5
No	48



Certification Pass Rates (tracking began in 2014)

	Pass Rate	
Year	Fellow	Non-Fellow
2013	94%	73%
2015	96%	47%
2017	86%	51%
2019	83%	70%
2021	88%	76%
2023	85%	76%

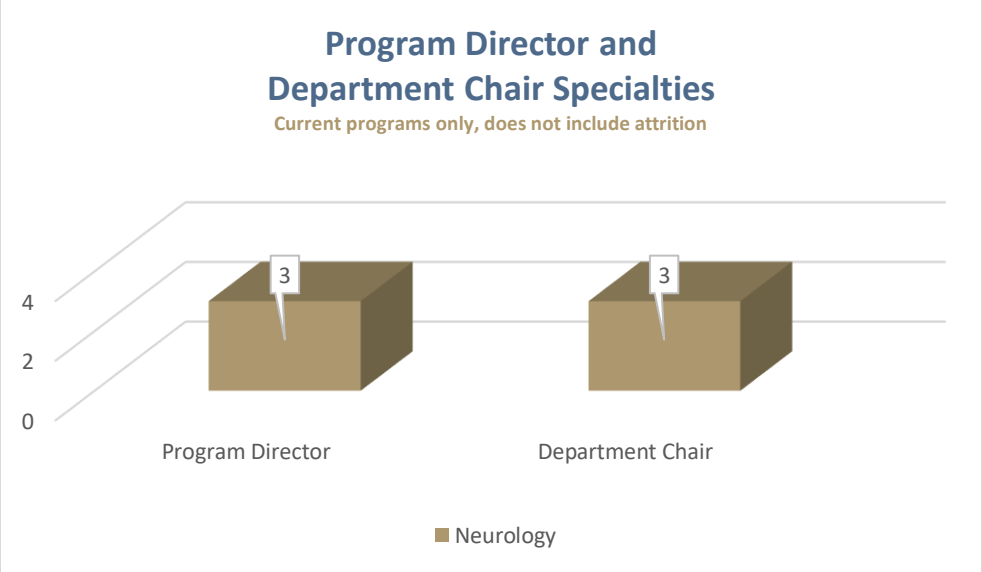


Subspecialty: Neuroimaging

Fellowships

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2009	6	3	3 *1 Inactive*	2013, 2019, 2024

Program Construction	Number of Programs*
1 year	3

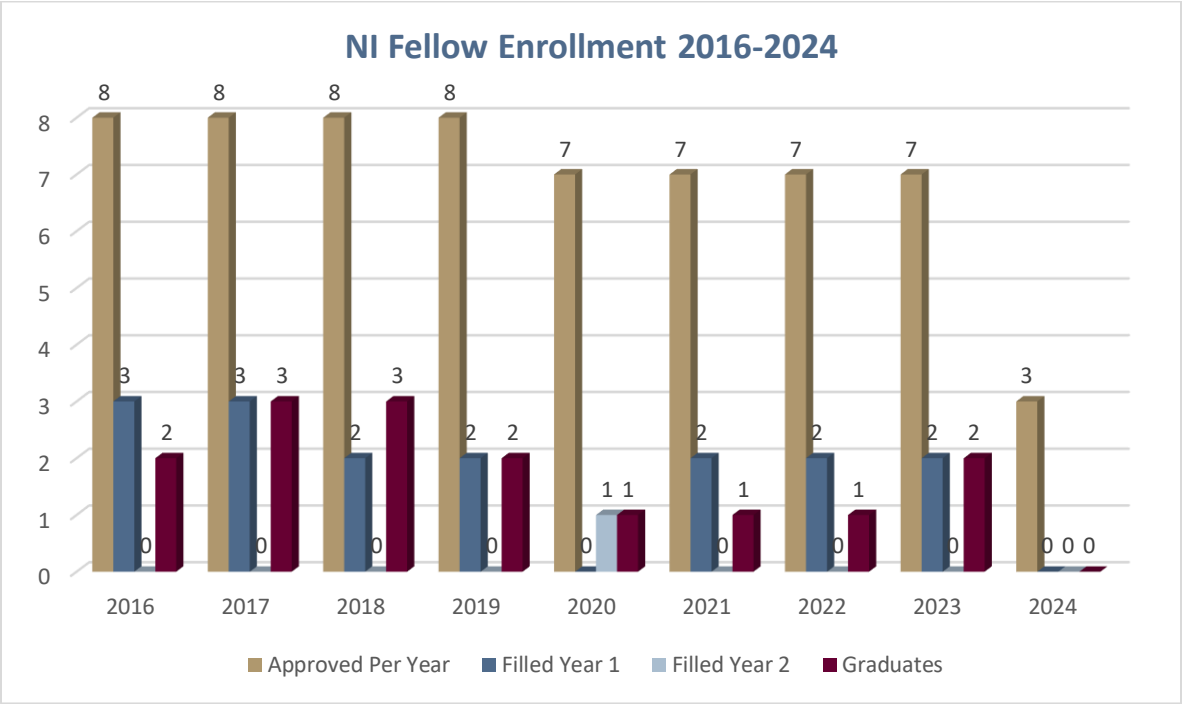


Fellows

Graduates: 42 | UCNS Certified: 30 (1 application received in 2024 for suspended examination)

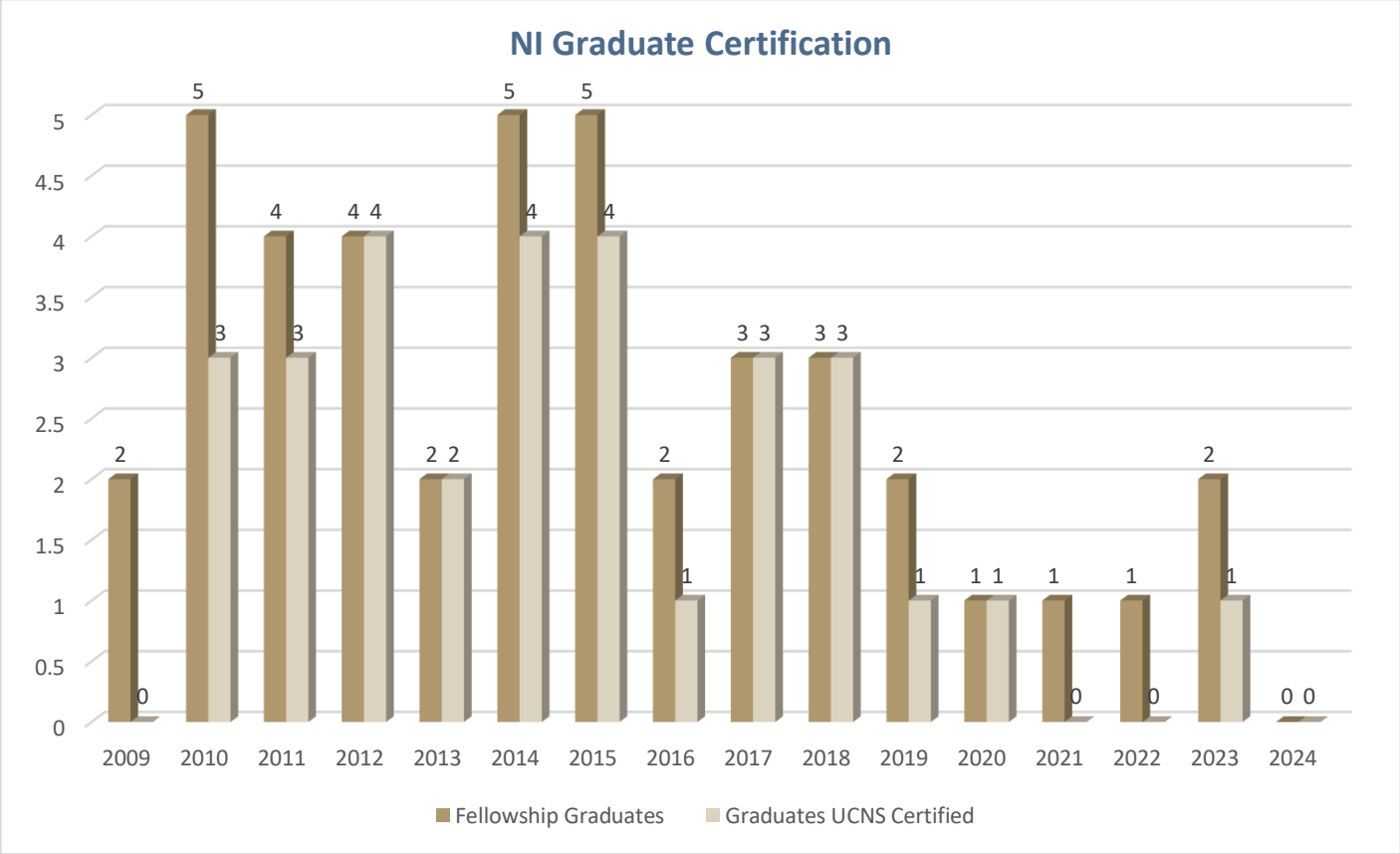
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Neurology	42	ABMS	40
		No	1
		Unknown	1



Certification Pass Rates (tracking began in 2014)

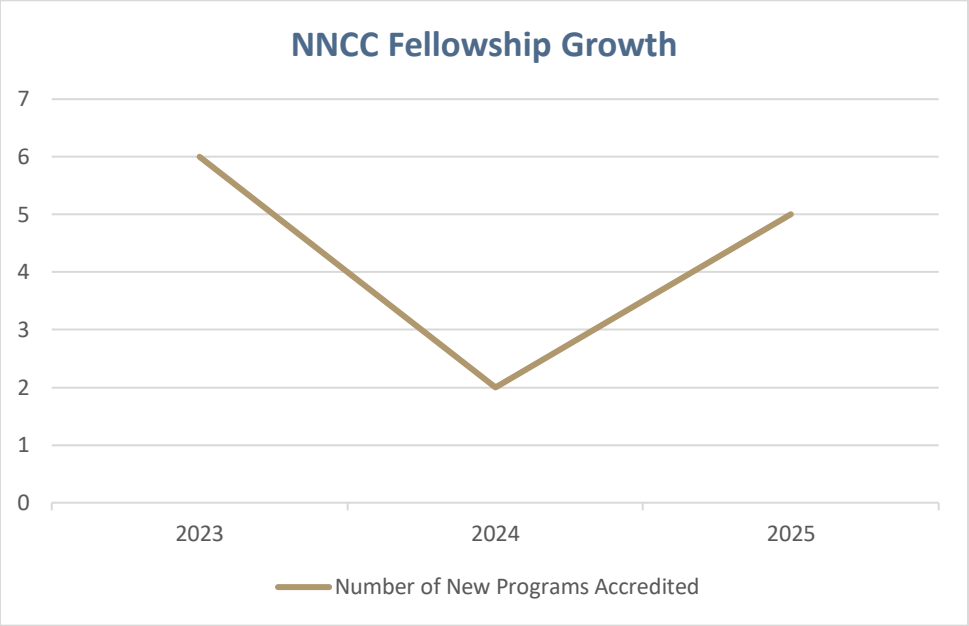
	Pass Rate	
Year	Fellow	Non-Fellow
2015	90%	86%
2017	100%	84%
2019	100%	100%
2021	100%	100%
2023	100%	60%


NI Graduate Certification
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Neonatal Neurocritical Care

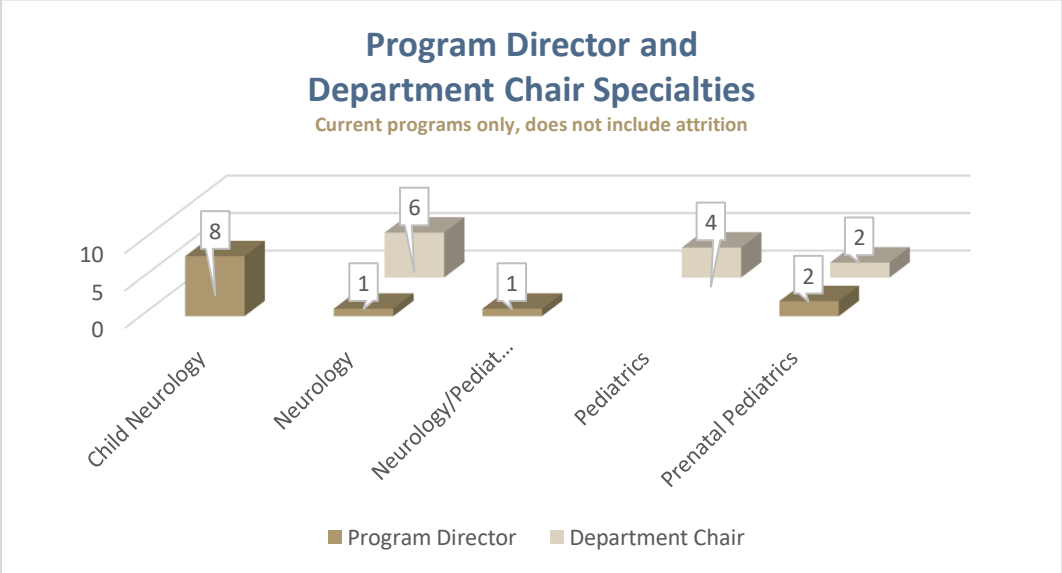
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2023	13	0	13	



Program Construction	Number of Programs*
1 year	11
1 or 2 years	1

*Programs accredited as of 10/2025 – does not include programs lost to attrition

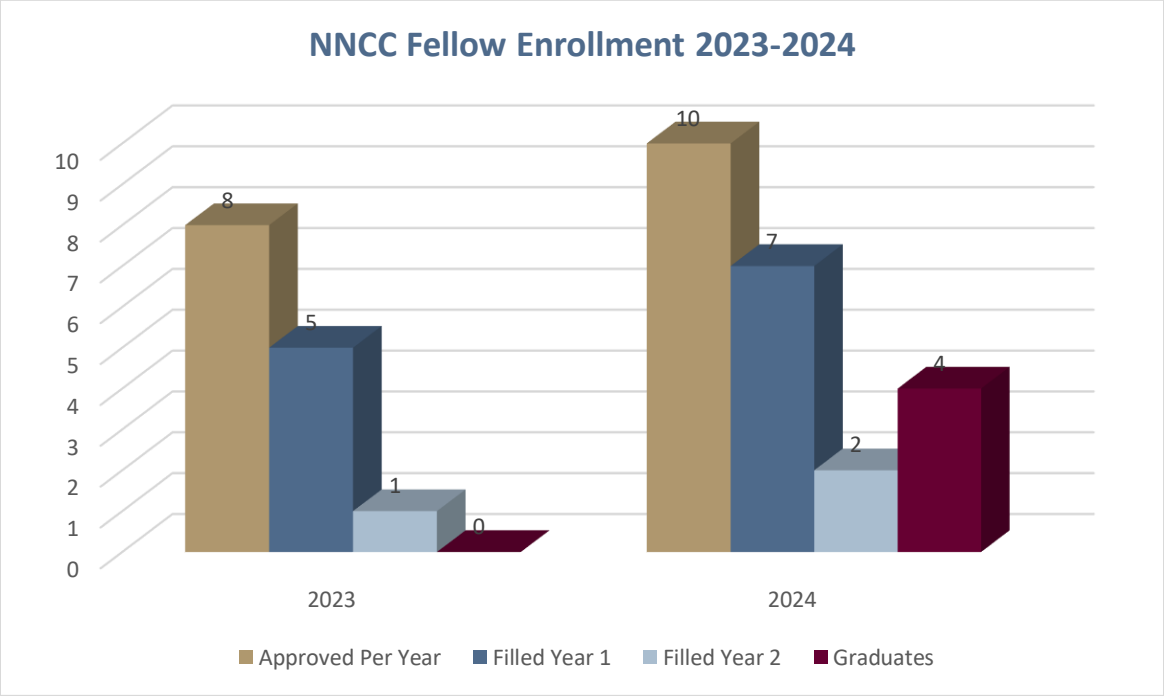


Fellows

Graduates: 4 | UCNS Certified: 2

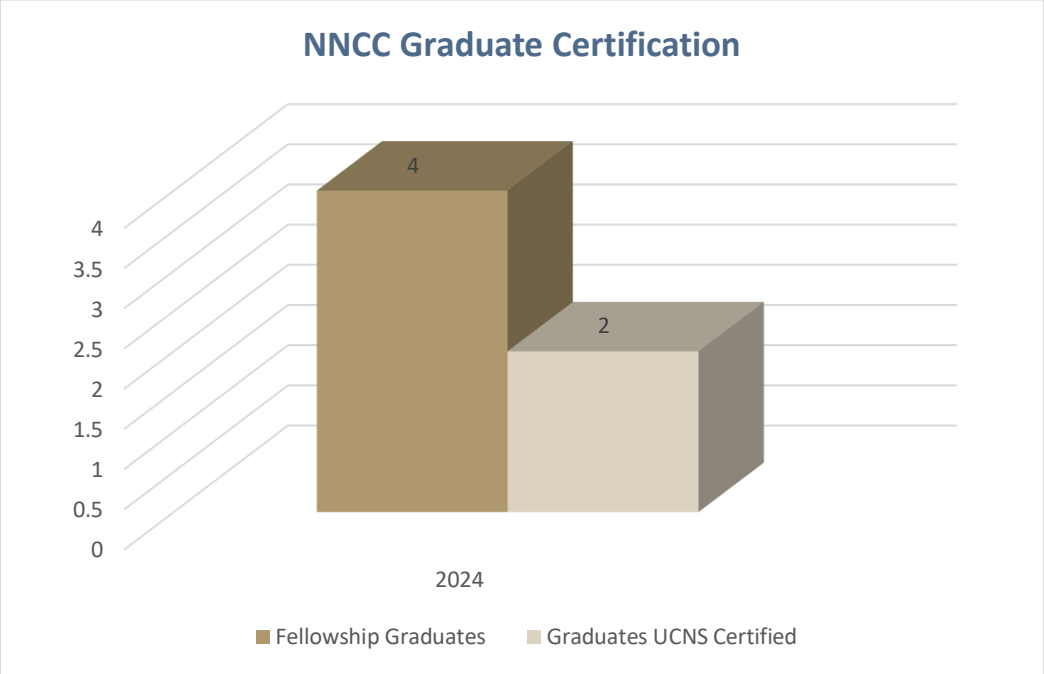
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Child Neurology	3	ABMS	3
Child Neurology / Pediatrics	1	RCPSC	1



Certification Pass Rates (tracking began in 2024)

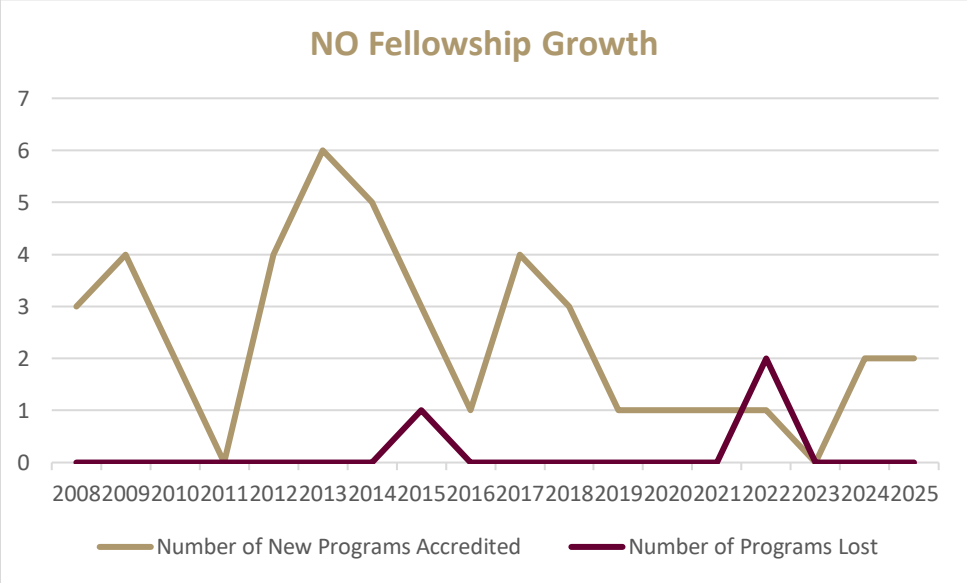
	Pass Rate	
Year	Fellow	Non-Fellow
2024	100%	97%


NNCC Graduate Certification
4
2
4
3.5
3
2.5
2
1.5
1
0.5
0
2024
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Neuro-oncology

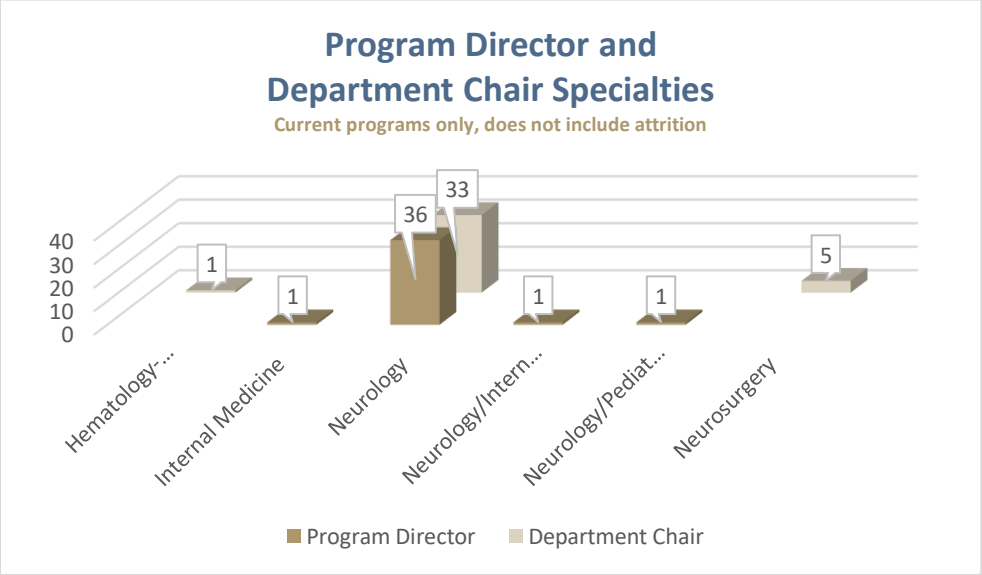
Fellowships as of December 1, 2025

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2008	43	3	40 *3 Inactive*	2015, 2022 x2



Program Construction	Number of Programs*
1 year	7
2 years	4
1 or 2 years	25
1, 2, or 3 years	2
2 or 3 years	1

*Programs accredited as of 10/2025 – does not include programs lost to attrition

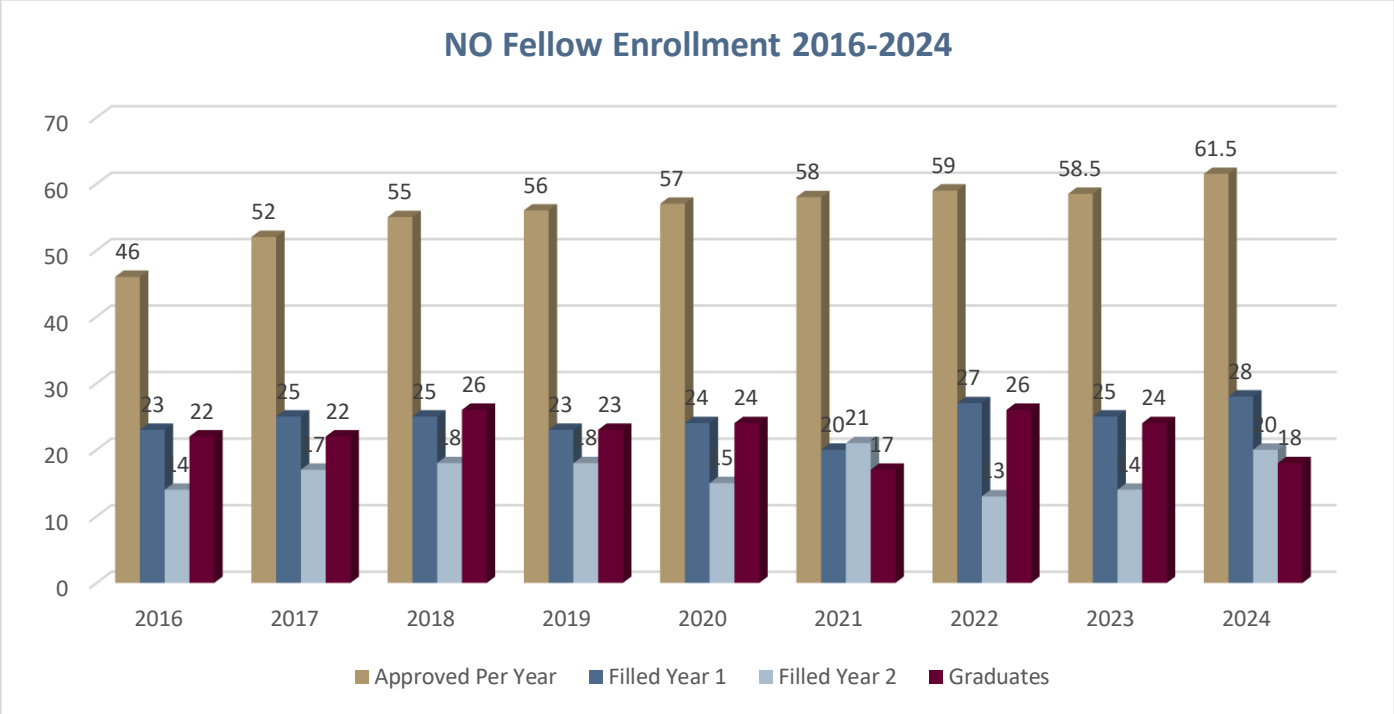


Fellows

Graduates: 311 | UCNS Certified: 237 (19 applications received for 2025 examination)

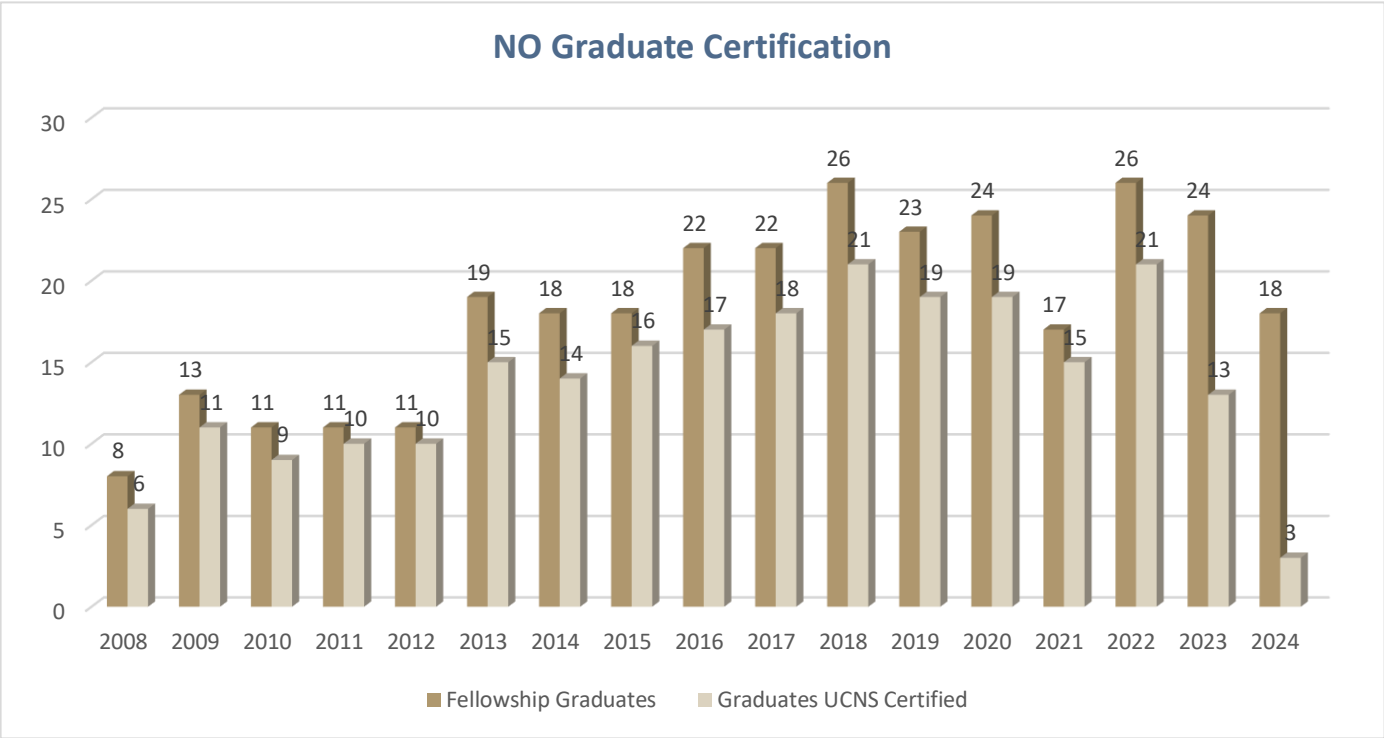
Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Child Neurology	3	ABMS	297
Internal Medicine	7	RCPSC	4
Internal Medicine/Hematology-Oncology	5	AOA	1
Internal Medicine/Medical Oncology	9	No	9
Neurology	271		
Neurology/Internal Medicine	1		
Neurology/Psychiatry	2		
Neurosurgery	3		
Pediatrics	1		
Pediatrics/Pediatrics Hematology-Oncology	7		



Certification Pass Rates (tracking began in 2014)

	Pass Rate	
Year	Fellow	Non-Fellow
2015	89%	76%
2017	83%	67%
2019	77%	56%
2021	86%	70%
2023	98%	100%

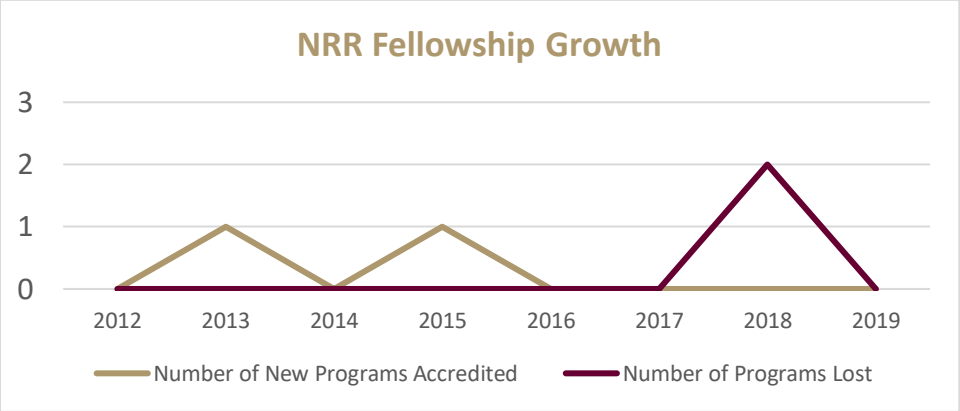

NO Graduate Certification
30
25
20
15
10
5
0
2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024
8 6
13 11
11 9
11 10
11 10
19 15
18 14
18 16
22 17
22 18
26 21
23 19
24 19
17 15
26 21
24 13
18 3
Fellowship Graduates
Graduates UCNS Certified

Subspecialty: Neural Repair and Rehabilitation

Subspecialty Sunset in 2019

Fellowships

First Program Accredited	Accredited	Lost	Current Total	Years with Attrition
2013	2	2	0	2018 x2

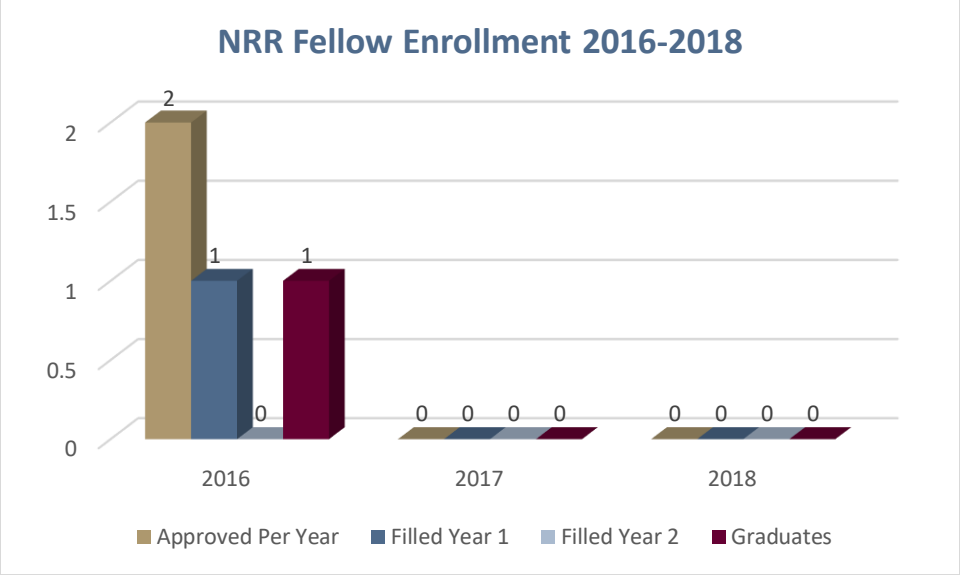


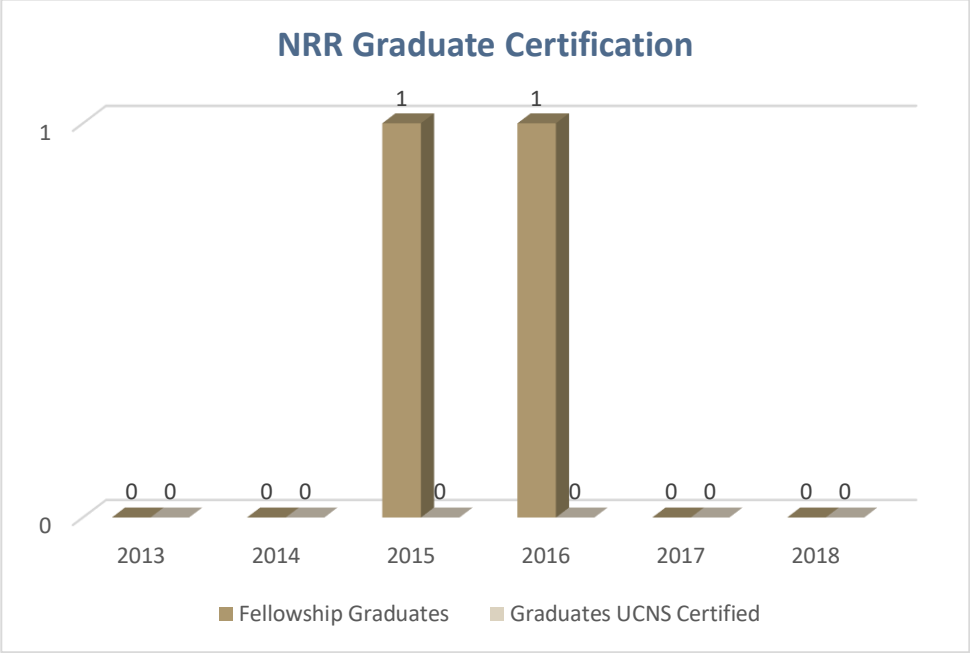
Fellows

Graduates: 2 | UCNS Certified: 0

Primary Specialty and Certification

Primary Specialty	Number of Graduates	Primary Certification	Number of Graduates
Neurology	2	ABMS	2




NRR Graduate Certification
1
0
0 0
0 0
1 0
1 0
0 0
0 0
2013
2014
2015
2016
2017
2018
Fellowship Graduates
Graduates UCNS Certified