Standards

For

Specialty Board Certification

By the American Board of Professional Psychology

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Revised 12/1/2017
Standards for Specialty Board Certification

Introduction

As a unitary organization of member Specialty Boards in professional psychology, the primary function of the American Board of Professional Psychology (ABPP) is to maintain a process of high quality, criteria-based specialty board certification of psychologists through the affiliation, oversight and support of its member boards. As affirmed in its organizational mission, ABPP “establishes and maintains basic standards for Member Boards” and “establishes basic standards for applications and examinations.” This Standards Manual enumerates ABPP standards and procedures related to the certification process, from application to presentation of the credential. The standards apply to member Specialty Boards, ABPP Governance, certified specialists, and ABPP Central Office administration. The Standards Manual is designed to contribute to the goal of promoting a certification process recognized by the public and the profession for its quality and integrity.

The Standards Manual has seven related sections. The first section describes the scope and composition of the Standards Committee. The second section describes the standards for the organization and operation of Specialty Boards. The third and fourth sections describe the criteria for candidate eligibility and examination in a specialty. The fifth section addresses ABPP’s policies and procedures related to appeals of adverse decisions. The sixth section describes the maintenance of certification guidelines and the seventh addresses how board-certified specialists represent the ABPP credential.

I. The ABPP Standards Committee

The Standards Committee (1) monitors, evaluates, and approves candidacy (eligibility) requirements and examinations (including appeals) proposed by new specialties or implemented by member Specialty Boards; (2) reviews, evaluates, and approves proposed substantive changes in candidate eligibility requirements; (3) conducts periodic reviews of written examinations, practice samples, and oral examinations in each specialty; (4) supports the development of standards of practice; (5) promotes innovative examination methods, quality assurance procedures, and efficiency of the examination process; (6) oversees appeals of adverse decisions of all Specialty Boards; and (7) develops, monitors, and maintains standards for maintenance of ABPP certification.

The committee is chaired by the Past President of the Board of Trustees and includes at least two members of the Board of Trustees, the Executive Officer, and such other members as may seem advisable.

II. Specialty Board Standards

The following standards and related procedures apply to all ABPP Specialty Boards, Governance, and Central Office staff.

A. General Purpose and Functions

The primary functions of each Specialty Board are to: (1) regulate itself as a responsible member board of ABPP, actively performing the functions as the specialty certification examining body of the specialty; (2) credential qualified psychologists in the specialty; and (3) to renew credentials of qualified psychologists in their specialty.
B. Board Maintenance

To responsibly regulate itself, each Specialty Board will:

1. Seek to reflect a membership that is national in scope and representative of the current practice of the specialty.
2. Reflect stability in its functions and fiscal responsibility.
3. Function separately from any education, training, and accrediting body external to ABPP.
4. Articulate its relationship to any associated specialty academy and operate in accordance to this articulated relationship.
5. Follow a non-discrimination policy and encourage diversity.
6. Nominate candidates for the ABPP Board of Trustees in accord with ABPP Bylaws.
7. Maintain a close, collaborative relationship with the Board of Trustees through its recommended and elected Trustee.
8. Function in accord with ABPP bylaws, policies and procedures, and its own bylaws and policies and procedures.
9. Select new board members from a slate of board certified nominees in the specialty. The process should be determined and described by each Specialty Board in a way that is consistent with ABPP policies and procedures.

C. Credentials Review and Examination Procedures Leading to Certification

The Specialty Board, with support by the Central Office, plans, organizes, and implements credential review, verification, and examinations.

1. Each Specialty Board is responsible for establishing candidate specialty-specific eligibility criteria related to the education/training, competencies, and experience requirements of the specialty, built upon the common standards of the ABPP.
2. Each Specialty Board designs, administers, and evaluates the effectiveness of its examinations. In cooperation with the academy, it may select mentors and examiners, and assist with their training. The development and implementation of a reliable and valid examination with high fidelity is a major responsibility of the Specialty Board. The Specialty Board is guided by the generic candidacy and examination standards of ABPP, and its specialty-specific standards and procedures.

D. Maintenance of Certification

The Specialty Board, with support of the Central Office, plans, organizes, and implements the maintenance of certification process. For all specialists who gain board certification after January 1, 2015, maintenance of certification is required every 10 years. It is optional, but recommended, for specialists who gain board certification prior to that date.

1. Each Specialty Board is responsible for establishing candidate specialty-specific renewal criteria related to the continuing professional development activities associated with each of the foundational and functional competency domains, built upon the common standards of ABPP and approved by the Standards Committee.
2. The Specialty Board is guided by the generic maintenance of certification standards of ABPP and its specialty-specific standards and procedures.

E. Relationships and Communication
Each Specialty Board has a responsibility to relate and communicate with the profession, the specialty’s applicant base, the academy, certified specialists, and the public, as appropriate.

1. The profession. Each Specialty Board relates particularly to relevant professional organizations and groups in the specialty, in order to influence and be influenced by developments in the specialty that contribute to the establishment of standards in the specialty.

2. The applicant base. Each Specialty Board, in collaboration with the corresponding academy, shall communicate in its documents the criteria, terms, and conditions of attaining certification in the specialty. For example, applicants should be provided with eligibility criteria for board certification. Candidates should be provided with a description of the practice sample requirements, as well as the examination format and criteria, and appeals procedures. Such communications should be current and readily available.

3. The Academy. For specialties that have a separate Academy, there should be bidirectional and open communication (e.g., sharing of meeting minutes) between each Specialty Board and academy.

4. The Board of Trustees. Each Specialty Board sustains its relationship and major governance responsibility to the Board of Trustees through its elected Trustee. Each Specialty Board should effectively inform and integrate its Trustee in Specialty Board activities, either as a member of the board or as ex-officio member of the board. Similarly, the Trustee should effectively inform the Specialty Board concerning Board of Trustees activities and actions. See ABPP Policy and Procedures, Section X for details.

5. Communication. Each Specialty Board shall use as many avenues as possible to communicate with its specialists, particularly through ABPP publications (e.g., The ABPP Specialist) and ABPP and Specialty Board websites. Each Specialty Board should communicate with the public, particularly through the ABPP website and other media outlets.

F. Specialty Board Evaluation and Quality Enhancement

Each Specialty Board demonstrates a commitment to excellence through self-study and its relationship with the ABPP Standards Committee and other committees.

1. Each Specialty Board continually strives to meet the relevant, basic standards including diversity, established by the Board of Trustees, particularly standards for candidacy and the examination.

2. Each Specialty Board provides an annual report to the Board of Trustees and makes a summary of this report available to the academy, certified specialists, The ABPP Specialist, and other interested parties. Annual reports should summarize the examination activity of the Specialty Board, identify newly elected board members, and describe other important activities including, but not limited to, examination development, maintenance of certification plans, and diversity initiatives. Minutes of Specialty Board meetings should also be provided to the Board of Trustees on a regular basis.

3. Each Specialty Board strives to improve its examination by self-study, objective study, awareness and application of state-of-the-art examination methods, and training of examiners.

4. Each Specialty Board is subject to a Periodic Comprehensive Review (PCR) that includes an on-site visit of a Specialty Board Governance Meeting and an “examination session.” The PCR should be conducted by the Executive Officer and a representative of the Standards Committee, but may be conducted by members of the Executive Committee, if the EO and a member of the Standards Committee are not available. A focused Specialty Board self-study shall be part of the process. A PCR report, with a commentary on that report by the Specialty Board, shall be submitted by the PCR team to the Board of Trustees. The goal of the review is to evaluate total Specialty Board functioning and identify areas of possible improvement of that functioning through a reasonable, manageable plan.
III. ABPP Generic and Specialty Specific Standards

The intent of Specialty Board certification is to provide assurance to the public and the profession that a psychologist certified by ABPP has successfully completed an approved, systematic program of education, training, and experience, has successfully completed an examination designed to assess the competencies (i.e., knowledge, skills, attitudes, and their integration) and experience required to provide quality services in that specialty, and has maintained competence in his or her specialty. It is the responsibility of the applicant to document to the satisfaction of ABPP that requirements have been met.

Both generic and specialty specific requirements are necessary to establish candidacy to sit for examinations.

The common or generic requirements include:

▪ A doctoral degree from a program in professional psychology offered in a regionally accredited institution of higher education.

▪ A program in professional psychology is defined as one that includes scientific discipline foundations, practice foundations, integrated practicum, and pre-doctoral internship supervised practice.

The essential or characteristic specialty specific requirements include:

▪ Advanced academic (foundational) knowledge in the specialty which may be acquired in a number of ways, at the doctoral and postdoctoral levels.

▪ Advanced level supervision or program (residency, other professional curricula or training experiences) in the specialty at the postdoctoral level.

A more detailed description of the above requirements follows in A and B.

A. Generic Requirements. The generic requirements are:

For psychologists who obtained their doctoral degrees in a Health Service Psychology program in 2018 or later from an institution in the United States or Canada, the doctoral program from which they obtained their doctoral program must have been accredited by the American Psychological Association, the Canadian Psychological Association, or an accrediting agency recognized by the U.S. Department of Education at the time of their graduation.

Doctoral Degree: The applicant shall hold an earned doctorate, i.e., PhD, PsyD, or EdD from a doctoral program in professional psychology as defined below:

Doctoral Program in Professional Psychology: To qualify as a candidate, the applicant must have successfully completed a doctoral program in professional psychology that, at the time the degree was granted, met the generic requirement in Appendix A and B of this manual.
To simplify and expedite the generic verification process, it is noted that over 90% of applications to the ABPP meet one or more of the three qualifications listed below. Each of these qualifications meets the ABPP generic requirements, and therefore is an acceptable verification of these requirements. If the applicant believes that he or she is qualified, but does not meet one of the three qualifications below, he or she may request an individualized review of documented educational preparation by the ABPP Executive Officer.

1. The Doctoral Program is accredited by the American Psychological Association or the Canadian Psychological Association or an accrediting agency recognized by the U.S. Department of Education at the time of their graduation, or
2. The Doctoral Program is listed in the publication, Doctoral Psychology Programs Meeting Designation Criteria, or
3. The applicant currently holds the Certificate of Professional Qualifications in Psychology from the Association of State and Provincial Psychology Boards, qualifying as meeting doctoral degree and professional program requirements.

For applicants who completed their internships in an area of health service psychology in 2020 or after, the internship in the United States or Canada, the internship program they completed must have been accredited by the American Psychological Association, the Canadian Psychological Association, or an accrediting agency recognized by the U.S. Department of Education at the time of their graduation.

Some Doctoral Degree/Program Exceptions

Individualized exception reviews are available for degrees granted outside the United States or Canada, doctoral degrees granted prior to 1983, or for Applicants claiming equivalent doctoral degree and program requirements.

- Doctoral degrees granted prior to 1983. It has been the policy of the ABPP to recognize earlier standards for professional psychology preparation in the United States and Canada for applicants who completed their doctoral training prior to 1983. The American Psychological Association's landmark comprehensive accreditation guidelines and principles were distributed in 1979, and ABPP has extended a several-year grace period beyond 1979 for compliance with these standards. Applicants with degrees granted in and after 1983 must meet current requirements.
- Respecialization as a Professional Psychologist. Formal programs of the re-specialization of non-professional doctoral degree psychologists may be recognized as qualifying psychologists for the degree/program requirements. These programs are not postdoctoral level programs, but doctoral level programs completed by psychologists with a doctorate in a non-professional program. -
- International Applicants
  - Applicants who are educated outside of the United States and Canada and practice in another country are not eligible for candidacy.
  - Applicants educated outside the United States and Canada but now living in the United States or Canada are eligible for candidacy if the doctoral degree/program and licensing requirements of the ABPP are met. Transcripts provided from institutions outside of the United States or Canada must be submitted to an organization that is a member of the National Association of Credential Evaluation Services (NACES) for review, and the resulting review must be provided to ABPP by the NACES member organization.
  - Applicants educated in the United States or Canada meeting the doctoral degree/program requirements of the ABPP but living and practicing outside of these countries may be eligible for candidacy if the statutory requirement of that country is met for the practice of psychology.
Non-Traditional Degree Programs

- Applications from non-traditional degree programs will be considered on a case by case basis if their degrees were not in Health Service Psychology, and if their program degree provided eligibility for licensure in their jurisdiction. Factors that will be taken into consideration include the applicant’s program’s attention to the relevant foundational and functional competencies, and integrated practicum and internship supervised practice.

- The doctoral program must have required of each student a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) and completion of an internship prior to awarding the doctoral degree. At least 2 of the 3 academic training years (or the equivalent thereof) must have been at the institution from which the doctoral degree is granted, and at least 1 year of which must have been in full-time residence (or the equivalent thereof) at that same institution.

For degrees granted after 1983, the applicant must provide a transcript and any additional material requested to document to the satisfaction of ABPP that the applicant’s program structure and foundational coursework in psychology meet ABPP standards (see Appendix A below). Coursework from either a master’s program or doctoral program may be acceptable if there is sufficient evidence that the master’s work led directly into the doctoral work.

i. Foundational coursework at a minimum includes: biological aspects of behavior, social aspects of behavior, cognitive-affective aspects of behavior, history and systems of psychology, psychology measurement, research methodology, techniques of data analysis, individual differences in behavior, human development, dysfunctional behavior or psychopathology, and professional standards and ethics.

ii. If the transcript does not reflect the titles for these courses, the Applicant may submit course syllabi to prove that he or she completed the foundational coursework.

For psychologists who completed an internship prior to January 1, 2020 that was not accredited as noted earlier, the internship will be deemed acceptable if:

i. The internship was a planned, sequential program of training as evidenced by information provided in the ABPP internship training summary form (see Appendix B below).

ii. There were two or more interns in the internship at the time the applicant was an intern (either pre-doctoral interns and/or post-doctoral interns/residents/fellows).

iii. There was an onsite licensed primary psychologist supervisor for the intern and at least one other licensed psychologist available for supervision.

iv. The applicant received at least one half of his or her individual face-to-face supervision from a licensed psychologist (the other half might be from a licensed mental health professional with a terminal degree, such as a licensed social worker or psychiatrist).

v. The applicant received at least one hour of individual face-to-face supervision from a supervisor for every 20 hours of direct service work.

For psychologists who completed an internship after January 1, 2020, if the internship was in an area of health service psychology, the internship must have been accredited by the American Psychological Association, the Canadian Psychological Association, or another accrediting body recognized by the U.S. Department of Education for the accreditation of health service psychology education and training in preparation for entry to practice.
B. Specialty Specific Requirements:

In addition to the generic requirements that apply to all Specialty Boards, each specialty requires advanced level knowledge acquired in different ways at the doctoral, postdoctoral and/or post-licensure level. Similarly, advanced supervision or consultative training in the practice of the specialty may be required at the postdoctoral level.

The “traditional” or long recognized specialty programs of clinical, counseling, and school psychology have been and are accredited by the American Psychological Association or the Canadian Psychological Association at the doctoral level. An applicant who has graduated from an American Psychological Association or the Canadian Psychological Association accredited program in any of these specialties is considered to meet that specialty’s specific requirements, with the exceptions of the postdoctoral year(s) of supervised experience, specialty-specific post-doctoral coursework or other training, and any additional practice required beyond supervised experience.

Further, the American Psychological Association accredits postdoctoral residency specialty programs, as well as programs in professional psychology more broadly. At the discretion of the Specialty Board, applicants successfully completing an American Psychological Association accredited postdoctoral residency program may be considered to meet the specialty specific requirements, with the exceptions of any required specialty-specific post-doctoral coursework or other training, and any additional practice required beyond supervised experience, and may be allowed to sit for the examination following the attainment of licensure at the independent level of practice.

For those specialties not accredited by the American Psychological Association or the Canadian Psychological Association at the doctoral level or at the postdoctoral residency level, documentation of the specialty’s specific requirements and postdoctoral supervised practice as defined by each specialty must be met. These specialty preparation requirements are established by each Specialty Board and are described in application brochures, manuals, and appropriate forms readily available to applicants. The requirements vary across Specialty Boards and are established by each Specialty Board consistent with national standards in the specialty. Each Specialty Board must meet the following minimal postdoctoral supervised practice requirement:

One year of postdoctoral practice in the specialty under appropriate supervision, or successful completion of a postdoctoral residency program in the specialty accredited by the American Psychological Association or Canadian Psychological Association, a program that is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), or a program recognized by the Specialty Board.

- Experience - The requisite experience is gained through the required supervised postdoctoral practice in the specialty and subsequent practice in the specialty. Some specialties may require experience at the independent practice level beyond experience gained during supervised practice.
- Licensure - All applicants, candidates, and certified specialists must be licensed or certified at the independent practice level.

IV. Specialty Examinations

Each Specialty Board develops and implements an examination process which provides the candidate with an opportunity to demonstrate the competencies that are characteristic of the pattern of practice of the specialty as operationally defined. The examination follows the verification of the education and training requirements at the generic and specialty levels. All examinations include an oral component focused upon a demonstration of practice in the specialty. In some specialties, the examination includes a written, knowledge-focused test. All examinations include review and exploration of the candidate’s practice samples.
The ABPP Specialty Examination Competency Model

The ABPP specialty examination model shall be the general model for specialty examinations.

The education, training, and experience qualify the candidate as prepared to demonstrate competency essential to the specialty. The demonstration component of the examination involves practice sample review, an oral examination process by certified specialists and—in some cases—a written examination, resulting in a decision to certify or not certify the candidate in the specialty.

A. Definition of the Specialty

Each specialty recognized by the ABPP must be distinctive and clearly defined in operational and competency terms which characterize the specialty (scope and pattern of practice, not education and training requirements).

The foundational and functional competencies are applicable to all specialties and specialist practice. The competencies are defined at varied levels (e.g., doctoral level, postdoctoral level). Competencies specific to specialties are at the postdoctoral level. Doctoral levels of the competencies must be met, including the ABPP generic doctoral requirements and any particular requirements of the Specialty Board at the doctoral level.

Competencies are bifurcated as foundational and functional. The foundational competencies are core foundations that cut-across the functional competencies and are part of all the functional competencies in varying degrees. The foundational competencies include professionalism, reflective practice/self-assessment/self-care, scientific knowledge and methods, relationships, individual and cultural diversity, ethical and legal standards and policy, interdisciplinary systems, and evidence-based practice. Functional competencies are those day-to-day practice activities provided at the specialty specific level of practice. This is a level of practice that defines the specialty. The eight functional competencies of assessment; intervention; consultation, research/evaluation, supervision, teaching, management/administration, and advocacy are potentially applicable to practice in all specialties. Depending on the nature and scope of practice, some of the functional competencies may not be required.

The foundational and functional competencies are defined below.

Foundational Competencies

- **Professionalism:** Demonstrating professional values and ethics as evidenced in behavior and comportment that reflect the values and ethics of psychology, integrity, and responsibility.
- **Reflective Practice/Self-Assessment/Self-Care:** Practice conducted with personal and professional self-awareness and reflection; with awareness of competencies, with appropriate self-care.
- **Scientific Knowledge and Methods:** Understanding of research, research methodology, techniques of data collection and analysis, biological bases of behavior, cognitive-affective bases of behavior, and development across the lifespan. Respect for scientifically derived knowledge.
- **Relationships:** Relate effectively and meaningfully with individuals, groups, and/or communities.
- **Individual and Cultural Diversity:** Awareness, sensitivity and skills in working professionally with diverse individuals, groups and communities who represent various cultural and personal backgrounds and characteristics defined broadly and consistent with APA policy.
• **Ethical Legal Standards and Policy:** Application of ethical concepts and awareness of legal issues regarding professional activities with individual, groups, and organizations.

• **Interdisciplinary Systems:** Knowledge of key issues and concepts in related disciplines. Identify and interact with professionals in multiple disciplines.

• **Evidence-Based Practice:** Demonstration of the capacity to integrate current research literature into clinical practice, research/evaluation, and other functional competency domains where applicable.

**Functional Competencies**

• **Assessment:** Assessment and diagnosis of problems, capabilities, and issues associated with individuals, groups, and/or organizations.

• **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

• **Consultation:** The ability to provide expert guidance or professional assistance in response to a client’s needs or goals.

• **Research/Evaluation:** Generating research that contributes to the professional knowledge base and/or evaluates the effectiveness of various professional activities.

• **Supervision:** Supervision and training in the professional knowledge base and of evaluation of the effectiveness of various professional activities.

• **Teaching:** Providing instruction, disseminating knowledge, and evaluating acquisition of knowledge and skill in professional psychology.

• **Management-Administration:** Manage the direct delivery of services and/or the administration of organizations, programs, or agencies in areas of professional psychology.

• **Advocacy:** Actions targeting the impact of social, political, economic or cultural factors to promote change at the individual (client), institutional, and system level.

In effect, the ABPP Specialty Examination Competency Model starts with the functional definition of the specialty, followed by an operational definition of the specific functional competencies characteristic of the specialty (key activities within the competency area). The foundational competencies are appropriately integrated into the exercise of all functional competencies, for example, an awareness of individual and cultural diversity when assessing a client.

**Examination Procedures**

The examination includes a sample(s) of the candidate’s typical practice in the specialty which, upon review, is judged to be within the parameters of practice representative of the specialty. The oral examination involves an interactive evaluation of the practice sample and other examination procedures presented in an organized, sequential manner designed to evaluate the competencies characteristic of the specialty.

The examination is developed and implemented by each Specialty Board within the Standards of ABPP. Specialty Boards may employ a wide range of examination procedures. The initial examination “package” of the Specialty Board is approved as part of the Specialty Board membership process and as modified during the monitored examination requirement. Thereafter, Specialty Board examinations will undergo periodic comprehensive review by the Standards Committee or after significant alterations or additions to the examination process (e.g., addition of a written examination or change to a station format examination).
The format of the examination must be explicitly designed, both accounting for the sequence of examination events and the approximate time allocated to these events. The expected role of the candidate and examiners should be described. A detailed explanation should be clearly articulated in the Examination Manual.

Specialty Board examination manuals must conform to the current specialty examination manual template. The purpose of which is to improve the efficiency and coherence among the different manuals required by the organization, and to ensure compliance with ABPP standards.

There are several fundamental guidelines that have been part of the examination process over the years. These include:

- Adequate security and confidentiality of examination materials and outcomes,
- Fair and reasonable pass/fail rates,
- Feedback to candidates about their examination performance. The feedback may be brief for pass decisions and must be more extensive for fail decisions. The latter should be specific, concise and be tied to examination criteria, rather than simply reference some behavioral response to the examination, e.g., anxious. Pass notification letters are executed by the ABPP Executive Officer and, if desired, by the Specialty Board. Fail notification letters, which are authored by each Specialty Board, are first provided to the ABPP Executive Officer for review, editing, and possible legal review. In no instance can the ABPP Executive Officer make substantive changes to the Specialty Board’s decision. The Specialty Board (examination chair) provides a balanced summary of the decision to not grant certification, and this summary is attached to the “fail” letter,
- Examinations are regularly scheduled and are held in convenient locations whenever possible,
- The physical setting of the examination provides an appropriate environment for the examination (quiet, private, comfortable),
- Candidates are treated in a collegial manner,
- Accommodations are made consistent with the Americans with Disabilities Act,
- Specialty Board members having significant personal or professional relationships with candidates, as well as mentors of candidates, must recuse themselves from serving on examining teams involving such candidates, and
- Proper informed consent is provided/obtained for all examination procedures. See Policies and Procedures Section Z for requirements and suggestions related to informed consent and confidentiality.

Examiner Selection and Training

Examiners are selected and trained by the Specialty Board and examiner training should be described in the examiner manual. Most of the examination team must be board certified in the specialty examined. Some specialties use only examiners in the specialty while other specialties (especially those more generalist in scope) may employ examiners from a related specialty as examiners. The chair of the examination team must be certified in the specialty examined. Depending upon the practice pattern of the candidate, expertise may be sought for a specific examination. However, examiners must be open to all legitimate “orientations” and are to avoid orientation disagreements, centering upon the candidate’s style and pattern of practice.
Practice Samples

The preparation of the practice samples is an important part of the examination process. Every effort should be extended to communicate clearly the practice sample requirements of the Specialty Board. Each specialty is required to describe in writing the practice sample requirements and process.

Written Examinations

A written examination is permissible, but not required. Care must be exercised in the adoption of a written examination so that the examination meets the requirements associated with psychological tests, such as comparable forms, proper item selection and analysis, scoring and reporting procedures, reliability, validity, and explicit decision rules on their use. The development and final test product must be approved by the Standards Committee and the Board of Trustees.

Oral Examinations

An oral examination is a required part of the ABPP examination process. The development and final oral examination process test product must be approved by the Standards Committee and the Board of Trustees.

The Senior Option in Examinations

The term “senior” is defined as a specialist applicant/candidate with 15 or more years of experience following licensure. ABPP allows for a continuing special option for “senior” specialists considered for certification. The essential rationale is to encourage experienced, often distinguished practitioners to take the examination, while recognizing longevity of experience and a more developed or diversified portfolio of practice in the specialty. Each Specialty Board has the option to modify practice sample submission requirements and administer a modified specialty-board oral examination procedure specifically for Senior Candidates. Specialty Board senior option modified practice sample submission requirements and modified oral examinations are subject to review by the ABPP Standards Committee and BOT, including review through the process of Periodic Comprehensive Review, to assure that senior option examination processes are consistent with ABPP standards for the demonstration of ABPP-approved competencies.

There is one level of certification resulting from one examination, not a certified “distinguished” or “senior” descriptor. The criteria for a pass are the same for all candidates, allowing for individual differences of strengths and limitations expected of all candidates. See Policy and Procedures Section M for more details on the Senior Option.

Examination Efficiency

The efficient use of resources is important to the examination process. Examiners should adhere to ABPP Central Office guidelines for travel and per diem expenses. Reimbursement for expenses beyond those in the guidelines must be pre-approved by ABPP Central Office. Efforts should be made to use no-cost or low-cost facilities that provide privacy, disability access, and adequate technical support. Managing the examination process within budget constraints is an important responsibility of all Specialty Boards with the Board of Trustees’ oversight.
V. Maintenance of Certification

Specialists who are board certified after January 1, 2015 must successfully maintain their certificate every ten years. This is optional, but recommended, for specialists who were board certified prior to that date. Each specialty board provides a specialty maintenance of certification process that affords specialists an opportunity to demonstrate their ongoing competent pattern of practice of the specialty as operationally defined by their Specialty Board.

Maintenance of Certification Procedures

Maintenance of certification (MOC) involves specialists’ documentation of continuing professional development related to the foundational and functional competencies adopted by ABPP and specific to the specialty. Each specialty Board’s MOC committee reviews and evaluates the specialists’ MOC documentation vis-à-vis specialty specific foundational and functional competencies. The generic maintenance of certification documentation and the standards committee guide to rating specialty board’s maintenance of certification models are found in Appendix C of this manual.

There is one level of maintenance of certification. The criteria for a pass are the same for all candidates within each specialty.

VI. Appeal Procedure

There are two levels of examination and maintenance of certification decision appeal, one at the Specialty Board level and the other at the Board of Trustee level.

Specialty Board Level

All Specialty Boards are to incorporate the requirement of ABPP Policy and Procedure Section L entitled, Appeal: Specialty Board Adverse Decision into the Specialty Board procedures. This appeal Policy and Procedure should be a written part of Specialty Board procedures as outlined in Policy and Procedures Section L. Specialty Boards should “customize” the language with appropriate Specialty Board identifiers. Time-lines and reporting to Central Office should be observed carefully.

Board of Trustee Level

Candidates may appeal (Policy and Procedures Section AC) to the Board of Trustees if there is an allegation that the Specialty Board did not follow its (Policy and Procedures Section L) examination, maintenance, or appeal procedures. Such an appeal may not exceed 750 words and must specify and be limited to the procedural error(s) that serve as the basis for the appeal. This appeal may also include discussion of any perceived ethical violations. The Specialty Board also will be invited to provide its response to the Candidate’s initial appeal to the Specialty Board. The Standards Committee may solicit additional information from the Candidate and/or the Specialty Board in order to make a determination with regard to the appeal. This is the final level of appeal.
VII. Annual Attestation

Board certified specialists must attest to their certification on an annual basis in order to ensure to the public, the organization, and the profession that the specialist is currently in active practice of the specialty, is properly licensed or certified, or retired, and is current with fees required by the organization. The annual attestation form must be completed annually by board certified specialists and verified as meeting board certification maintenance requirements. Only board-certified specialists and retired board certified specialists meeting these requirements will be listed in the ABPP (on-line) directory.

See the ABPP By-laws, Chapter 10 for details on the status of board certified specialists.

VIII. Guidelines for Representing Certification by the ABPP

The ABPP confers board certification upon recommendation by the relevant Specialty Board. As such, the “ABPP” certificate itself indicates the specialty. To represent oneself as board certified by ABPP, the specialist must pay the annual certification fees and attest to their continued adherence to ABPP standards.

The ABPP Board of Trustees supports clear and simple designation of board certification status, which will ensure that the credential is understood by the public. Toward that end, the preference is for the following format:

Jane Doe, PhD, ABPP
Board Certified in Clinical Psychology

For individuals who have more than one board certification from ABPP, the following format is recommended:

Jane Doe, PhD, ABPP
Board Certified in Clinical Psychology and Forensic Psychology

For individuals who also hold a board certification other than ABPP, in order to clarify the ABPP board with which one is affiliated, the following format is recommended:

Jane Doe, PhD, ABPP
Board Certified in Clinical Psychology
NASBFP Certified in Biofeedback Psychology

*Please note: when individuals wish to indicate a board certification other than ABPP, it is important that the additional board certification is placed on an additional signature line, as indicated above.*

ABPP may be spelled-out if desired. ABPP is a “brand name” which is readily recognized by the profession. Abbreviated designations of certification such as ABCFP or ABCP should not be used.
There may be some circumstances or contexts (e.g., business cards, e-mail signature blocks, letterhead), whereby a simple reference to the acronym “ABPP” to represent the credential is considered an acceptable designation.

Example:

John Doe, PhD, ABPP
John Doe, PsyD, ABPP Board Certified Specialist

Appendices

A. ABPP Generic Doctoral Program Eligibility Requirements
B. The Psychology Internship Program and Postdoctoral Supervision Requirements
C. Maintenance of Certification
D. ABPP Specialty Board Periodic Comprehensive Review Plan and Procedures
Appendix A

ABPP Generic Doctoral Program Eligibility Requirements

The following criteria define the generic educational requirements of a doctoral program in professional psychology. Education is used in the broad sense to include academic coursework, supervised practice, and related experiences. *

1. Education in professional psychology is doctoral education offered in a regionally accredited institution of higher education.
2. The program may exist in a number of administrative arrangements, and it must be clearly identified and supported as a doctoral program in professional psychology. The program must specify in pertinent institutional catalogs and brochures its intent to educate professional psychologists.
3. The professional psychology program must stand as a recognizable, coherent organizational entity within the sponsoring institution.
4. There must be evident organizational structure, and clear lines of authority, denoting responsibility for core components in the curriculum including the foundations of science and practice, the specialty areas of the program, and supervised practice requirements.
5. The program must be an integrated, organized sequence of educational and training experiences.
6. There must be a psychology faculty sufficient in number to implement the program and fully qualified to teach the science, practice, and specialty components of the curriculum.
7. There must be an identifiable body of matriculated students whose preparation is sufficient for an expectation of reasonable progress to program completion.
8. The program must have required supervised practicum, internship and related experiences appropriate for supervised practice in the specialty offered.
9. The Doctoral Program requires of each student a minimum of 3 full-time academic years of graduate study (or the equivalent thereof) and completion of an internship prior to awarding the doctoral degree. At least 2 of the 3 academic training years (or the equivalent thereof) must be at the institution from which the doctoral degree is granted, and at least 1 year of which must be in full-time residence (or the equivalent thereof) at that same institution.
10. The curriculum shall encompass at least three academic years of doctoral level graduate education including instruction in the following scientific and practice foundations of psychology:
   a. Biological aspects of behavior
   b. Social aspects of behavior
   c. Cognitive-affective aspects of behavior
   d. History and systems of psychology
   e. Psychology measurement
   f. Research methodology
   g. Techniques of data analysis
   h. Individual differences in behavior
   i. Human development
   j. Dysfunctional behavior or psychopathology
   k. Professional standards and ethics
11. Preparation for specialty practice also shall include instruction and supervised experience designed to develop foundational competencies in:
a. Professionalism  
b. Reflective Practice/Self-Assessment/Self-Care  
c. Scientific Knowledge and Methods  
d. Relationships  
e. Individual and Cultural Diversity  
f. Ethical Legal Standards and Policy  
g. Interdisciplinary Systems  
h. Evidence-Based Practice  

And functional competencies in:  
a. Assessment  
b. Intervention  
c. Consultation  
d. Research/Evaluation  
e. Supervision  
f. Teaching  
g. Management-Administration  
h. Advocacy  

11. Education, training, and supervised experience in the above functional and cross-cutting foundational competency areas should be sufficient to meet the doctoral level requirements of the specialty as established by each specialty board affiliated with the ABPP.
Standards Committee Doctoral Training Program Form

TO BE COMPLETED BY APPLICANTS WHO ATTENDED DOCTORAL PROGRAMS THAT WERE NOT APA OR CPA ACCREDITED.

The ABPP Standards Committee reviews the doctoral programs of applicants who did not attend an APA or CPA accredited program. So that the Standards Committee can make an informed judgment about your doctoral training and whether it meets ABPP criteria, you must complete the following two forms as directed. Below are the ABPP doctoral program requirements. **It is your responsibility to document for the Standards Committee that the doctoral program from which you graduated meets the requirements detailed below.** Highlight your answers in red to facilitate the committee’s review, use as much space as necessary and attach any documents that support your responses.

### PROGRAM ADMINISTRATIVE REQUIREMENTS

<table>
<thead>
<tr>
<th>REQUIREMENT</th>
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<tbody>
<tr>
<td>Education in professional psychology is doctoral education offered in a regionally accredited institution of higher education</td>
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<tr>
<td>The program is clearly identified and supported as a doctoral program in professional psychology, and its intent to educate professional psychologists is specified in institutional catalogs and brochures</td>
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<tr>
<td>The professional psychology program stands as a recognizable, coherent organizational entity within the sponsoring institution</td>
</tr>
<tr>
<td>There is evident organizational structure, and clear lines of authority, denoting responsibility for core components in the curriculum including the foundations of science and practice, the specialty areas of the program, and supervised practice requirements</td>
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<tr>
<td>The program offers an integrated, organized sequence of educational and training experiences</td>
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<tr>
<td>There are psychology faculty sufficient in number to implement the program and fully</td>
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</table>

<table>
<thead>
<tr>
<th>APPLICATION PAGE NUMBER(S) ON WHICH THIS REQUIREMENT IS DOCUMENTED</th>
<th>EXPLANATION (IF NECESSARY)</th>
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qualified to teach the science, practice, and specialty components of the curriculum

There is an identifiable body of matriculated students whose preparation is sufficient for an expectation of reasonable progress to program completion

The program requires supervised practicum, internship and related experiences appropriate for supervised practice in the specialty offered

DOCTORAL COURSEWORK AND TRAINING REQUIREMENTS

<table>
<thead>
<tr>
<th>AREA OF STUDY</th>
<th>COURSE OR COURSES</th>
<th>APPLICATION PAGE NUMBER(S) ON WHICH THIS COURSE OR TRAINING CAN BE FOUND</th>
<th>EXPLANATION _(IF NEEDED)</th>
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<tbody>
<tr>
<td>Biological aspects of behavior</td>
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<tr>
<td>Social aspects of behavior</td>
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<td>Individual differences in behavior</td>
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<td>Human development</td>
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<td>Dysfunctional behavior or psychopathology</td>
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<tr>
<td>Professional standards and ethics</td>
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Appendix B

The Psychology Internship Program and Postdoctoral Supervision Requirements (For use with individualized review)

Internship program requirements in professional psychology are integrated with the doctoral program and consist of the following criteria.*

1. The Psychology Internship is an organized training program designed to provide the intern with a planned, programmed sequence of training experiences. The practice should be primarily broad and general, but secondarily may include specialty practice activities. Self-designed substitutes for the internship do not qualify, whether before or following graduation, whether or not paid, and whether or not done as part of employment. It is expected that a qualifying internship program has a minimum of two interns during any training year.

2. The internship program is directed by a psychologist licensed/certified at the independent level.

3. The internship program has at least two appropriate, licensed/certified psychologists assigned to supervise interns. Each intern has a primary supervisor (or director) responsible for the intern’s training experience.

4. Supervision of the intern’s practice activities includes at least two (2) hours per week of individual supervision by licensed psychologists. Other professionals may augment that supervision.

5. Directed didactic activities, seminars, “in-service” education, state, local, national professional meetings, and similar activities are part of the internship program.

6. The internship program is a part of doctoral education before graduation, unless it is part of a re-specialization program and thus occurs at the postdoctoral level.

Postdoctoral supervised experience is required by all specialties. *

1. Formal Postdoctoral Specialty Residency Programs accredited by the American Psychological Association and those that are member programs of the Association of Psychology Postdoctoral and Internship Centers (APPIC) are recognized as fulfilling postdoctoral specialty requirements with the exception of licensure.

2. Postdoctoral supervised experience, appropriate to the particular specialty, is required for all specialties. When such supervised experience is not gained through an APA accredited residency program, the following requirements must be met.
   a) The postdoctoral residency program must meet the approval of the specialty.
   b) The postdoctoral supervision meets the approval of the specialty.
   c) Each specialty shall make public its criteria for non-APA residencies and postdoctoral supervision requirements.

*There are infrequent circumstances wherein the Standards Committee may judge that the applicant has achieved the great majority of these doctoral level internship training experiences and has sufficiently demonstrated acquisition of the necessary foundational and functional competencies associated with the remaining fraction of the standards. Exceptions will be evaluated on a case-by-case basis and determined by majority vote of the Standards Committee. To facilitate this determination, applicants must provide written documentation demonstrating the means by which they have acquired the specific foundational and functional competencies associated with ABPP board certification through continuing professional development, which may include one or more of the following: consultation, teaching, training, ongoing education, development and application of research, innovating psychological methodologies, developing programs, and participating in professional leadership.
Standards Committee Internship Review Form

TO BE COMPLETED BY APPLICANTS WHO ATTENDED INTERNSHIPS THAT WERE NOT APA, CPA, OR APPIC APPROVED.

The ABPP Standards Committee reviews the internship training of applicants who did not attend an APA, CPA, or APPIC-approved internship program. So that the Standards Committee can make an informed judgment about your internship training and whether it meets ABPP criteria, you must complete this form and have it signed by 1) the psychologist who was the internship director at the time you completed the internship or, if the internship supervisor is not available, 2) any psychologist who supervised you as part of your internship experience. In the highly unlikely event that you cannot find any psychologist who supervised you during your internship experience, please explain in detail why this is the case. Below are the ABPP internship requirements. It is your responsibility to document for the Standards Committee that your experiences met the internship requirements detailed below. Highlight your answers in red to facilitate the committee’s review, use as much space as necessary and attach any documents that support your responses.

7. The internship must be an organized training program designed to provide the intern with a planned sequence of supervised practice experiences as a psychologist. The practice should be primarily broad and general, but secondarily may include specialty practice activities. It consists of a properly administered, planned, structured, and programmed sequence of professionally supervised training experiences that are characterized by greater depth, breath, duration, frequency, and intensity than practicum training. Please explain how your internship experience met the above requirement, and provide a copy of any brochures or written materials describing the internship program, if available.

8. The internship must be directed by a psychologist licensed/certified to practice at the independent level.

   Internship Director’s Name (at the time of your attendance) and his or her e-mail address:

9. The internship must have at least two appropriate, licensed/certified psychologists assigned to supervise each intern. Each intern has a primary supervisor (or director) responsible for the intern’s training experience.

   Primary supervisor’s name and e-mail address:

   Secondary supervisor’s name and e-mail address:

10. The intern’s practice activities must provide at least 2 hours per week of individual supervision by a psychologist(s). Other professionals may augment this supervision. Describe whether and how your internship supervision experience met this requirement.

11. The internship program must provide training opportunities that include participation in activities like seminars; “in-service” education; and attendance at state, local, or national professional meetings. Describe your didactic experiences while on internship, and attach a list of seminar speakers and topics, if available.

12. The internship program must be pre-doctoral, and follow all coursework excepting the dissertation/scholarly project. Describe when in your sequence of graduate training you completed your internship, making reference to the requirements above.
13. The internship must require that interns demonstrate an intermediate to advanced level of professional psychological skills, abilities, proficiencies, competencies, and knowledge in various areas (identified as a) through d) immediately below). Describe how the internship met these objectives.

a) Theories and methods of assessment and diagnosis and effective intervention (including empirically supported treatments);

b) Theories and/or methods of consultation, evaluation, and supervision;

c) Strategies of scholarly inquiry; and

d) Issues of cultural and individual diversity that are relevant to all of the above.

8. Internship programs must promote the integration of practice and scholarly inquiry. Describe how the internship met the specific responsibilities referenced below.

a) Interns’ service delivery tasks and duties were primarily learning oriented and training considerations took precedence over service delivery and revenue generation; and

b) Interns’ educational and practicum experiences were consistent with the program’s model, philosophy, and training goals and are appropriate for doctoral training in professional psychology.

14. The internship must provide information regarding the minimal level of achievement required for interns to satisfactorily progress through and complete the internship program, as well as evidence that it adheres to the minimum levels it has set. Describe how your internship provided you formal feedback about your competencies, and please attach any evaluation form(s) if available.

I declare that my answers to all of the above questions are true and accurate to the best of my knowledge.

_______________________________       _________________
Signature of ABPP applicant              Date

I have reviewed the form completed by the ABPP applicant whose signature appears above. I served as (indicate one or both)

___ the applicant’s internship director

___ a supervisor of the applicant while on internship.
I declare that the applicant’s description of the internship program in which s/he participated is true and accurate to the best of my knowledge.

__________________________________________
Name of Internship Director or Supervisor (printed)

__________________________________________
Signature

Date
Generic Maintenance Activities
Maintenance of Certification (MOC) involves a process of self-examination and documentation of the specialist’s professional development since initial certification or last maintenance of certification. In the course of this self-examination, specialists will examine their professional activities, documenting their professional development using a Specialty Continuing Professional Development grid combined with a written narrative. The specialist’s grid and narrative will be reviewed by their Specialty Board, using criteria developed by the Specialty Board and approved by the Standards Committee. Specialists may be asked to discuss their MOC documentation with a representative of the Specialty Board’s MOC committee.

Specialty Continuing Professional Development Grid
When completing the grid, Specialists will record their involvement in the following categories:

- Collaborative Consultation
- Teaching & Training
- Ongoing Education
- Development and Application of Research and Innovative Methodologies/Programs
- Professional Leadership

Specialists are asked to complete a Specialty-approved form by indicating the number of continuing professional development credits in the above-referenced categories for the previous two-year period. In all categories, a maximum number of allowable credits are designated. Any specific activity should be documented in only one category even though it may fit under several categories. Credit for that activity can only be documented under one activity. The total number of credits completed must be equal to or greater than 40 across all categories for the two-year time period. While there is a maximum number of credits to be obtained in each category that can be applied towards the 40 hours, specialists are encouraged to include all their activities to better understand the specialist’s professional activities as they relate to the foundational and functional competencies. Specialists must demonstrate evidence of continued competence in each foundational competency and a specialty-specific defined set of functional competencies.

Narrative
When completing a narrative of approximately 750 words each Specialist will:

- Describe their current professional practice.
- Provide clinical vignettes that illustrate their professional work and a recent ethical dilemma.
- Discuss how they evaluate the effectiveness of their professional work.
- Describe activities they have participated in to help maintain competence within the specialty, including keeping abreast of science, practice, and training, and thereby maintaining foundational and functional competencies.
- Discuss, if Specialists have “drifted” from an identity with the specialty, how they maintain specialty-related functional competencies.
Standards Committee SB MOC Review Result Form

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Yes</th>
<th>No (with comment)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Specialty Board (SB) has adopted a SCPD Grid</td>
<td></td>
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<tr>
<td>The SB has adopted a Specialty-Specific Narrative</td>
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<tr>
<td>The SB’s SCPD Grid and Narrative are consistent the ABPP Generic MOC Grid and Narrative</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Specialty Board has adopted ratings that are consistent with their SCPD Grid and Narrative</td>
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<tr>
<td>The SB manual identifies the number and nature of required functional competencies</td>
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</tr>
<tr>
<td>The SB’s Manual has been updated to be consistent with their MOC</td>
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<td></td>
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<tr>
<td>The SB Manual identifies who is responsible for SB MOC activities</td>
<td></td>
<td></td>
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<tr>
<td>The SB Manual specifies the model by which reviews will occur and the appeal process</td>
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<tr>
<td>The SB Manual specifies the means by which specialists pass and do not pass</td>
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<tr>
<td>The SB Manual specifies the process by which specialists are offered feedback</td>
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<tr>
<td>The SB Manual specifies the process by which specialist may remediate and resubmit their MOC materials, should they so desire</td>
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<tr>
<td>The SB Manual describes the method for review between the Specialty Board reviewer and specialists who do not initially meet MOC criteria.</td>
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</tbody>
</table>

Approval Date ______________

Resubmit to SB Date ____________
Chair, ABPP Standards Committee

Appendix D of Standards Manual
ABPP Specialty Board Periodic Comprehensive Review (PCR) Plan and Procedures

Introduction

The ABPP Standards for Specialty Board Certification assigns to the Standards Committee the responsibility for periodic reviews of specialty board activities, including a comprehensive review of the examination process as quoted below from the ABPP Standards Manual, Sections II.F.3 and 4, under the heading of Specialty Board Evaluation and Quality Enhancement:

“Each Specialty Board strives to improve its examination by self-study, objective study, awareness and application of state-of-the-art examination methods, training of examiners, and evaluation of its examination process.

Each Specialty Board is subject to a Periodic Comprehensive Review (PCR), which includes an on-site visit of a SB Governance Meeting and observation of an examination session, conducted by the Executive Officer for ABPP and a representative of the Standards Committee. A written, focused Specialty Board self-study document shall be part of the process. A Periodic Comprehensive Review (PCR) report by the PCR site visit team, and a response to that report by the Specialty Board, shall be submitted to the Standards Committee who will make recommendations to the Board of Trustees for final review and any actions. The goal of the review is to evaluate total SB functioning and identify areas of possible improvement through a reasonable, manageable plan.”

Purpose and Goals of the Periodic Comprehensive Review (PCR)

The overarching purpose of the PCR is to enhance specialty board goals and functioning with some depth of analysis, and to present a comprehensive, informative description of the specialty board to the ABPP governance (Board of Trustees).

Specific Goals

The four specific goals of the PCR Process are:

- to stimulate self-study toward continuous improvement of the specialty board activities,
- to assure that specialty board policies and processes are consistent with ABPP’s standards,
- to assure that each specialty board articulates its identity as a specialty,
- to communicate effectively about board certification in the specialty to the public.
The essential design of the PCR is a guided self-study incorporating available documentation and objective statistical data, governance organization and process, and the examination process. The written documentation required of each specialty board undergoing the PCR process, and time-lines for the self-study are described in the next section. These include a description of the specialty, recent specialty board statistics, current policies, procedures, and activities, as well as plans for future activities and initiatives. The procedures to accomplish the PCR involves a submission by the specialty board of all required written documentation and a subsequent site visit by a PCR review team that includes the Executive Officer and a representative from the Standards Committee.

Timeline for Periodic Reviews and PCR Site Visits

The BOT has directed the Standards Committee and the Executive Officer to initiate the specialty board review process according to the following schedule. Because all specialty boards cannot be reviewed in one or even several years due to costs and limited resources, a review cycle was developed. The review sequence parallels the sequence in which each of the boards became “member boards” of the ABPP. The initial review sequence was:

Yr. 2006 - 2007  Clinical and Counseling  
Yr. 2007 - 2008  School and Neuropsychology  
Yr. 2008 - 2009  Forensic and Family  
Yr. 2009 - 2010  Health and Cognitive Behavioral  
Yr. 2010 - 2011  Psychoanalysis and Rehabilitation  
Yr. 2011 - 2012  Group, Organizational & Business Consulting, and Child & Adolescent

The next review sequence will be:

Yr. 2016 - 2017  Couple & Family and School  
Yr. 2017 - 2018  Health  
Yr. 2018 - 2019  Psychoanalysis, Rehabilitation, and Behavioral & Cognitive  
Yr. 2019 - 2020  Group, Organizational & Business Consulting, and Child & Adolescent  
Yr. 2020 – 2021  Police & Public Safety and Geropsychology  
Yr. 2022 – 2023  Clinical  
Yr. 2023 – 2024  Counseling and Neuropsychology  
Yr. 2024 – 2025  Forensic

Implementation of the PCR Process and Required Documents

As previously described, the aims of PCR document submitted by each specialty board prior to its scheduled site visit is to provide a user-friendly and transparent document that defines and describes each specialty board’s identity as a specialty, activities, and examination process. The suggested sequence for organizing the PCR documents is provided at the end of this appendix. It is important to note that the ABPP Central office will be the primary resource for accessing recent statistics and other important documentation. Additionally, for boards that are using the self-study process as an opportunity to update brochures, manuals, websites, and examination materials, the ABPP Standards Committee has various template formats, and examples of completed documents from other specialty boards available to help each board through this work. These are available through the ABPP central office. Moreover,
the Chair of the PCR site visit team serves as a resource for each specialty board, throughout the process and works with the specialty board president to coordinate the “site visit” to a specialty board governance meeting and a scheduled examination session. These on-site visits may occur with one integrated visit. Funding for the site visitors to visit each specialty board will be budgeted by the ABPP Board of Trustees. All specialty board costs will be assumed under the specialty board’s own budget. The written documentation for the PCR, should be sent to the central office, in either written or electronic format (or both), at least one month prior to the site visit. It should be noted that it is useful to consult with the site visit team, while preparing these documents to clarify any questions or to provide needed guidance.

A debriefing session will be scheduled at the end of each site visit, between the PCR site visit team and the specialty board members. Written feedback will be provided in the form of a site visit report and sent to the board within 30 days of the site visit. The board will have 30 days to respond to the site visit report and address all substantive issues. The executive summary of the original PCR written documentation (see below), the site visitors report, and the written response of the specialty board are reviewed by the ABPP Standards Committee, who make a recommendation to the ABPP Board of Trustees. The materials and the recommendations of the Standards Committee are reviewed by the Board of Trustees, who will vote upon the recommendations, which may be stated as one of the following:

a) reviewed and accepted without reservation;
b) reviewed and accepted with changes suggested; or
c) reviewed with changes required and a timeline

Note: In the case of “c” the ABPP BOT will determine the course of action for a specialty board does not comply with requirements within the specified timeline.

The PCR Documentation: Requirements

It is required that the PCR report and written documentation be organized into the following five sections.

- **PCR Executive Summary**
- **Administrative Documentation**
- **Candidate Documentation**
- **Examiner Documentation**
- **Marketing Materials**

**Section 1: PCR Executive Summary** (At various points in this summary there can be references to relevant pages or sections of manuals or other key documents and information from these sources may “cut and pasted” from other materials).

- Board history and administrative overview
- Definition of the specialty
- Recent relevant statistics. Statistics should be reported for all years since the last PCR and include the number of Stage 2 (practice sample) passes and fails, the number of oral examinations given, number of people certified (passed), number not certified (failed), pass
rate percentages for practice samples reviews and for the oral examination, and the number of candidates currently in the pipeline. For boards that have written exams, information on number of written exams given and passed and percentage passed should also be provided

- Highlights of current and near-future activities, committee activities and special initiatives, including marketing/recruitment include academy-related activities and web site information
- Efforts related to individual and cultural diversity with regard to all aspects of the process (e.g., recruitment, examination, governance)
- Process of examination from application to board certification (it may be useful to include a flow chart and the description of the process may be taken from the specialty board manual)
- Brief description of each phase of examination (this description may be taken from the specialty board manual)
- Brief description of mentor/reviewer/examiner training and quality assurance
- Review of strengths and weaknesses identified by self-study
- Plan of action based on self-study

**Section II: Administrative Documentation**

- Specialty Board Bylaws
- Specialty Board Affiliation Form
- List of board members, with names and contact information and office (website page)
- Sample correspondence letters (Pass, Not Pass)
- Minutes of last two board meetings
- Budgets (past year)

**Section III: Candidate Documentation**

- Candidate Manual (note if this is part of an overall examination manual)
- Application (generic application and any additional materials required for the specialty)
- Any candidate-oriented checklists (only need to provide if not in the Candidate Manual)
- Form for Candidate to rate the examination

**Section IV: Examiner Documentation**

- Examiner Manual (note if this is part of overall manual)
- Forms and worksheets used by examiners (note if part of manual)
- Examiner training materials (if applicable)

**Section V: Marketing Materials**

- Brochures (from board and Academy if applicable). If printed from the ABPP website, as well as the specialty board website, these should be checked carefully for accuracy
- Website Information (The main address page should be printed out as well as any other pages of interest, that the specialty board would like the site visitors to be aware of.)
Delinquent PCR Policy

Specialty Boards are asked to schedule their PCR’s according to the following procedures:

Each Specialty Board strives to improve its examination by self-study, objective study, awareness and application of state-of-the-art examination methods, training of examiners, and evaluation of its examination process. Each Specialty Board is subject to a Periodic Comprehensive Review (PCR) every eight years, which includes an on-site visit of a Specialty Board Governance Meeting and observation of an examination session, conducted by the Executive Officer for ABPP and a representative for the Standards Committee. A written, focused Specialty Board self-study document shall be part of the process. A PCR report by the PCR site visit team, and a response to that report by the Specialty Board, shall be submitted to the Standards Committee, who will make recommendations to the Board of Trustees for final review and any actions. The goal of the review is to evaluate total Specialty Board functioning and identify areas of possible improvement through a reasonable, manageable plan.

A letter to all specialty boards that are not in compliance with the PCR requirements as outlined in the Standards Manual, will receive a written letter from the ABPP central office explaining the contingencies described below.

If for any reason a specialty board does not comply with all the requirements of the PCR within the assigned calendar year, a one year “grace period” may be provided with a monitor* from Standards Committee provided. If the PCR does not occur by the end of the grace period, the Standards Committee will bring the matter to the attention of the BOT for further consideration. The BOT may consider designating an additional one year “probation status” to the specialty board with the continued involvement of a monitor assigned by the Standards Committee. At the end of a year of probationary status, the BOT will vote regarding the specialty board’s future status with possible outcome decisions including, but not limited to, reinstatement, the board becoming a subspecialty within an existing board, or suspension, depending upon the board’s activities during its probationary year.

If a board is suspended, individual specialists will maintain their board certification in that specialty. However, the suspended specialty board will not receive the benefits of ABPP affiliation in terms of funding support or representation on the Board of Trustees among other benefits. Before a reinstatement of the rights and privileges of affiliation can occur, the specialty will have to reapply to the ABPP affiliations committee. If re-application is not initiated within a 5-year period following the suspension, the suspended board may become a subspecialty of another relevant (and currently active) specialty.

*The role of the monitor is to oversee the activities of the non-compliant specialty board during the period of grace or probation for purposes of insuring conformance with ABPP standards. The monitor reports to the Standards Committee via the committee chair and does not function as an advisor or mentor to the specialty board. All examinations, board meetings, and examination manual revisions performed by a specialty board in a period of grace or probation must be observed by a monitor from the ABPP Standards Committee.
Sample Letter from Specialties Committee:

Dear (Board President)

As you are aware, the current policies and procedures outlined in the ABPP Standards Manual, (Appendix C) require that each specialty board comply with a Periodic Comprehensive Review (PCR) to evaluate specialty board functioning and identify areas of possible improvement through a reasonable, manageable self-study process, as well as to insure consistent policies and procedures regarding the ABPP board certification process. The timetable for the current round of PCR visits indicates that your specialty board was scheduled to complete a PCR in the 2xxx-2xxx calendar year. We are sending this letter to provide documentation that the American Board of XXXXX has not been in compliance with the PCR process.

Our current policies and procedures require that if for any reason, a specialty board does not complete the PCR according to schedule, a one year grace period with a monitor from Standards Committee may be provided. If the PCR does not occur by the end of the grace period, the Standards Committee will refer the matter to the BOT for further consideration. The BOT may consider designating a one year of “probation status” to the specialty board with a continuing monitor assigned by the Standards Committee. At the end of a year of probationary status, the BOT will hold a vote regarding the specialty board’s future status with possible outcome decisions including, but not limited to, reinstatement, the specialty becoming a subspecialty of another specialty, or suspension, depending upon the board’s activities during its probationary year.

If a board is suspended, individual specialists will maintain their board certification in that specialty. However, the suspended specialty board will not receive the benefits of ABPP affiliation in terms of funding support or representation. Before a reinstatement of the rights and privileges of affiliation can occur, the specialty will have to reapply to the ABPP affiliation committee. If re-application is not initiated within a 5-year period following the suspension, the suspended board may become a subspecialty of another relevant (and currently active) specialty.

Your board is receiving this letter to notify you that effective as (insert date); you will have a one-year grace period to complete your PCR. ABPP will assign a monitor from the Standards Committee. If the PCR is not completed, the process described above will be enacted. We wish to remind you that the ABPP central office are here to provide you with consultation or guidance concerning this process and we are hopeful that you will successfully complete the PCR process.