



**RELEVANT CLINICAL/FORENSIC EXPERIENCES:**

On a separate sheet, please describe your experience in this area (not more than 300 words).

**ENDORSEMENTS**

Please furnish the names, complete mailing addresses and phone numbers of three (3) colleagues who are familiar with your work in the areas for added qualifications for which you are applying. At least two of these individuals should be neuropsychologists. These individuals will be contacted by the Board requesting endorsement of your qualifications.

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(3) \_\_\_\_\_  
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Upon application review and receipt of the endorsements, you will be contacted to schedule a one-hour oral examination. This is designed to be a collegial interview by two individuals with the added qualifications of interest. Your background, expertise, and current clinical activities related to the added qualifications designation will be discussed. There will be one exam for each designation for which you are applying.

The application fee for each added qualification designation is \$100.00 which must accompany this application. Checks/money orders should be made payable in US funds to:

**American Board of Professional Neuropsychology**

Your application package and appropriate fees should be sent to:

Christy L. Jones, Ph.D., ABN  
Chair, ABN Added Qualifications  
7655 Market Street  
Wilmington, North Carolina 28411  
(910) 681-3880

*I hereby make voluntary application to the American Board of Professional Neuropsychology for professional examination in the areas of Added Qualifications in the specialty of Neuropsychology subject to, and in accordance with, the rules and regulations of the Board. Upon successful completion of the examination and the issuance of the certificate(s) of Added Qualifications, I agree to become bound by the ethic of professional psychology, not only as currently endorsed by the profession, but also by the standards of practice which shall be adopted from time to time by the American Psychological Association.*

*I agree to be bound by the Bylaws of the Board insofar as they are applicable to me either as a candidate for Added Qualifications or as one having received the certificate of Added Qualification.*

*I understand that the program of the Board is entirely voluntary, and I agree to make no claim against the Board, its members, or its agents, for failure to issue to me its certificate; or for any action taken in connection with the application.*

*I authorize, whenever it may be deemed appropriate by the Board, the exchange of information concerning my candidacy (before or at any time action is taken upon my application) with the American Psychological Association, with state psychological associations, with state licensing or certifying authorities, and endorsers. I authorize the Board, its members, or its agents to make, on my behalf, investigation as to my character and as to my professional standing as a representative of psychology in the community, and I authorize and invite anyone inquired of for this purpose to respond freely and to report fully and frankly to the Board any matter (without responsibility for the truth thereof) which may seem to them relevant.*

*I waive any claim to examine such data or other information related to the examination process.*

*Signature* \_\_\_\_\_

*Name (type or print)* \_\_\_\_\_

*Date of application* \_\_\_\_\_