

Table 1 Foundational competencies common to all domains of practice in clinical neuropsychology

Clusters of competencies	Mandatory	Recommended
	The training received by the applicant should indicate beyond a reasonable doubt that s/he:	The training received by the applicant may also indicate that s/he:
Scientific knowledge and methods	has knowledge of the clinical and cognitive neurosciences, including neurology, neuroanatomy, neurobiology, neuropathology, brain development, and neurophysiology.	
	is able to maintain currency with key scientific developments in fields related to practice.	
	has and applies knowledge of scientific and scholarly developments in clinical neuropsychology.	
Individual and cultural diversity		is able to integrate knowledge of diversity issues in neuropsychological assessment, research, treatment, and consultation (e.g. health disparities, language differences, educational level, cultural context, literacy, individual differences)
		is able to understand and appreciates how cultural, linguistic, disability, and other demographic/socioeconomic factors affect the process and outcomes of neuropsychological assessments and the application of normative data and interpretations in specific populations.
Ethical, legal standards and policy	is able to apply ethical concepts across a range of settings; is aware of legal issues relevant to the professional activities of clinical neuropsychologists across settings, including healthcare, research, school, military/veteran, industry, and forensic (e.g., criminal, personal injury, disability determination, fitness for duty, etc.).	
	understands specific ethical and legal issues that are relevant to neuropsychologist’s activities across settings, including informed consent, third party assessments, use of technicians/psychometrists, third party observers, disclosure of neuropsychological test data, and test security.	
Professionalism	has professional identity as a clinical neuropsychologist; understands the unique contributions of neuropsychology to different	

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	educational, healthcare, and forensic/legal contexts.	
	is aware of the roles of clinical neuropsychologists, and how those roles vary across settings (e.g., practice, research, training, etc.) and assessment/intervention contexts.	
Reflective practice	can engage in reflective self-assessment regarding the dynamic knowledge base and skill sets necessary for practice in clinical neuropsychology across practice settings with the goal of improving skill level over time; understands limits of competence in particular populations or settings and seeks to lessen their impact through continuing education, peer supervision/consultation, or additional training as needed.	
Relationships	is able to maintain effective and productive relationships with patients, families, caregivers, colleagues, team members, trainees/students, and communities across complex interprofessional settings.	
	is able to communicate clearly and effectively through both oral and written means, integrating and explaining neuropsychological concepts and interpretations in a manner best suited to particular audience (e.g., other professionals, patients, families, and caregivers).	
Interdisciplinary systems	has knowledge of key issues and concepts in related disciplines (e.g., neurology, psychiatry, neuroradiology, rehabilitation, education) the ability to communicate and interact knowledgeably with professionals across these disciplines.	
	understands the roles of other professionals regarding patient care and integrates the perspectives of related disciplines into their case conceptualizations.	
	is able to make appropriate referrals to other health professionals as part of treatment planning.	
	is able to work as a member of interprofessional teams and collaborate with other professionals to contribute neuropsychological information to overall team diagnostic formulation, planning, and intervention.	

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Evidence-based practice (EBP)	is able to understand key signs and symptoms of disease processes relevant to practice and how patient characteristics (e.g., demographic factors, comorbidities) affect their expression.	is able to understand patterns of incidence, prevalence (i.e., base-rate), and natural course of conditions of interest in neuropsychology
	is able to understand age-related changes in brain functioning and behaviour across the lifespan.	can incorporate and use outcome research in neuropsychology in guiding assessments and formulating interventions, integrating patient and contextual factors.
	is able to understand the scientific basis for assessment strategy, including test selection, use of appropriate normative standards, psychometric and operating characteristics, and test limitations.	can apply information technology to assess and evaluate best evidence to guide practice.
	appreciates decision-making strategies and their applications in differential diagnosis.	
	knows the scientific basis for diagnostic conclusions across a range of neuropsychological disorders.	
	is able to apply key components of evidence-based practice (i.e., best evidence, clinical expertise, and patient characteristics/culture /values) in selecting appropriate assessment and intervention approaches.	

Table 2 Functional competencies in the domain of Assessment.

Clusters of competencies	Mandatory	Recommended
Knowledge-based competencies in assessment	The training received by the applicant should indicate beyond a reasonable doubt that s/he has knowledge of:	The training received by the applicant may also indicate that s/he has knowledge of:
	neuropsychology of behaviour, including information processing theories, cognitive/affective neuroscience, social neuroscience, cultural neuroscience, and behavioural neurology.	neurochemistry, neuropsychopharmacology, neuroendocrinology, and related areas relevant to practice.
	patterns of behavioural, cognitive, and emotional impairments associated with neurological and related diseases and conditions that affect brain structure and functioning.	neurodiagnostic techniques relevant to practice.
	effects of common systemic medical illnesses on brain functioning and behaviour.	medications used for common medical diseases and psychiatric disorders and their effects on brain functioning and behaviour.
	patterns of behavioural, cognitive, and emotional impairments associated with psychiatric disorders.	
	potential influences of motivational factors and assessment context on test performance.	
	theories and methods of measurement and psychometrics relevant to cognitive abilities, social and emotional functioning, and brain-behaviour relationships, including test development, reliability, reliable change, and validity approaches (e.g., construct, content, criterion, ecological).	
	potential functional implications of neuromedical conditions and neuropsychological impairments as they relate to everyday ability level, quality of life, and educational/working/social/living environments.	
Applied competencies in assessment	The training received by the applicant should indicate beyond a reasonable doubt that s/he has the skills to:	The training received by the applicant may also indicate that s/he has the skills to:
	analyse and clarify referral questions based on the context, professional roles, and the patient/examinee presentation.	provide recommendations for management that are appropriate to the assessment context and consistent with evidence-based practices.
	gather information key to addressing the referral question, including interview(s), targeted behavioural observations, and review of records.	address issues related to specific populations (e.g. cultural or linguistic differences, physical or mental disability, use of interpreters, educational level) appropriately

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		by referring to other providers with specialized competence, obtaining consultation, and describing limitations in assessment interpretation.
	appropriately select tests, measures, and other information sources consistent with best evidence and specific context of assessment, including assessment of performance and symptom validity, if relevant.	
	appropriately administer and score tests and measures.	
	interpret assessment results, with formation of an integrated conceptualization that draws from all relevant information sources (e.g., interview, test results, behavioural observations, records).	
	demonstrate written communication skills in the production of integrated neuropsychological assessment reports.	
	provide feedback, as relevant to the assessment context, to patients, families, or caregivers in a sensitive manner adapting to the needs of the specific audience.	

Table 3. Functional competencies in the domain of Intervention.

Clusters of competencies	Mandatory	Recommended
Knowledge-based Competencies in intervention	The training received by the applicant should indicate beyond a reasonable doubt that s/he has knowledge of:	The training received by the applicant may also indicate that s/he has knowledge of:
	evidenced-based intervention practices to address cognitive and behavioural problems present in different clinical populations.	how to promote cognitive health with patients through activities such as physical and cognitive exercise, stress management, and sleep hygiene.
	theoretical and procedural bases of intervention methods appropriate to address disorders of language, attention, learning and memory, executive skills, problem solving, perceptual processing, sensorimotor functioning, and psychological/emotional adjustment.	empirically supported interventions provided by psychologists and other mental and behavioural health professionals
	how complex neurobehavioral disorders (e.g., aphasia, anosognosia, neuropsychiatric illness) and sociocultural factors can affect the applicability of interventions.	
Applied Competencies in intervention	The training received by the applicant should indicate beyond a reasonable doubt that s/he has the skills to:	The training received by the applicant may also indicate that s/he has the skills to:
	identify targets of interventions and specify intervention needs.	
	employ assessment and provision of feedback for therapeutic benefit.	
	identify potential barriers to intervention and adapt interventions to minimize such barriers.	
	develop and implement treatment plans that address neuropsychological deficits while accounting for patient preferences, individual differences, and social cultural context.	
	implement evidence-based interventions in neuropsychological disorders.	
	independently evaluate the effectiveness of interventions employing appropriate assessment and outcome measurement strategies.	
	demonstrate an awareness of ethical and legal ramifications of neuropsychological intervention strategies.	

Table 4. Functional competencies in the domains of Consultation and Research/Evaluation.

Clusters of competencies	Mandatory	Recommended
Knowledge-based Competencies in Consultation	The training received by the applicant should indicate beyond a reasonable doubt that s/he has knowledge of:	The training received by the applicant may also indicate that s/he has knowledge of:
		professional roles and expectations of a consulting clinical neuropsychologist specific to each setting.
		relevant literatures on the roles of neuropsychologists in consultation settings.
		appropriate and contextually sensitive methods of consultation.
Applied Competencies in Consultation	The training received by the applicant should indicate beyond a reasonable doubt that s/he has the skills to:	The training received by the applicant may also indicate that s/he has the skills to:
	provide effective assessment feedback and articulate appropriate recommendations in language appropriate for the audience.	determine and clarify referral issues.
	provide effective consultation services within common settings and contexts in clinical neuropsychology practice.	educate referral sources regarding the utility and relevance of neuropsychological services.
		communicate findings from consultation activities effectively and efficiently.
		communicate scientific findings within clinical neuropsychology in a manner that is relevant to the consultation setting and understandable to the recipient.
		provide consultation in clinical research regarding brain behavior relationships and appropriate neurobehavioral assessment strategies and tools.
Knowledge-based Competencies in Research/Evaluation	The training received by the applicant should indicate beyond a reasonable doubt that s/he has knowledge of:	The training received by the applicant may also indicate that s/he has knowledge of:
	the scientific method in generating neuropsychological knowledge and evaluating findings related to neuropsychological techniques, brain-behaviour relationships, assessment strategies, and interventions.	research design and analysis relevant to clinical neuropsychological science and practice.
		the wide array of factors that mediate and modulate behaviour and their implications for neuropsychological and related research.
	how to perform research in an ethical and responsible manner, adhering to established national and institutional guidelines.	

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Applied Competencies in Research/Evaluation	The training received by the applicant should indicate beyond a reasonable doubt that s/he has the skills to:	The training received by the applicant may also indicate that s/he has the skills to:
		select research topics and perform literature reviews effectively.
		demonstrate skills in conceptualizing, implementing, and interpreting research design and statistical analysis.
		perform research activities, monitoring of progress, and evaluation of outcomes accurately and effectively.
		communicate research findings effectively.
	apply research methods in evaluating effectiveness of professional activities in clinical neuropsychology.	

Table 5. Functional competencies in the domains of Teaching/Supervision, Management/ Administration, and Advocacy.

	Mandatory	Recommended
Knowledge-based Competencies in Teaching/Supervision		The training received by the applicant may also indicate that s/he has knowledge of:
		supervision theories, methods, and practices in professional psychology and clinical neuropsychology.
		developmental stages in training that may impact the acquisition of clinical neuropsychology knowledge and skills.
		ethical issues and state requirements relevant to teaching and supervision
Applied Competencies in Teaching/Supervision		The training received by the applicant may also indicate that s/he has the skills to:
		provide effective teaching activities, presenting materials in an organized manner that is appropriate to the needs of the audience.
		provide effective training to psychology trainees in the foundations of assessment, psychometric theory, and the administration and scoring procedures for tests and measures employed in clinical neuropsychology practice.
		provide effective training in developing and asserting professional identity and role as a clinical neuropsychologist.
		provide effective training in neuropsychological interviewing, test interpretation, case conceptualization, and the development of recommendations.
		provide effective training in treatment planning and the provision of feedback.
		demonstrate sensitivity to individual and cultural differences in supervisory contexts.
Knowledge-based Competencies in Management/Administration		The training received by the applicant may also indicate that s/he has knowledge of:
		administrative structures of practice settings relevant to neuropsychology.
		common administrative and business practices needed to address prevalent assessment and consultation issues in neuropsychology practice (e.g., referral patterns, coding, billing, documentation).
		methods and procedures for outcome assessment, program evaluation, and research in neuropsychology.
Applied Competencies in Management/Administration		The training received by the applicant may also indicate that s/he has the skills to:
		function effectively within administrative systems, educating others about role of neuropsychology and supporting structures with the goal of improving access to needed services.
		implement administrative structures to address needs in neuropsychology practice settings (e.g., quality improvement, access to care, funding).
		train and supervise technicians/psychometrists and monitor their skills following regulatory, ethical, and legal standards.

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Knowledge-based Competencies in Advocacy		The training received by the applicant may also indicate that s/he has knowledge of:
		regulatory and policy initiatives that can affect provision of neuropsychology services and access to care.
Applied Competencies in Advocacy		The training received by the applicant may also indicate that s/he has the skills to:
		apply scientific knowledge and skills in neuropsychology to advocate for needs of individuals/groups across systems and to advocate for equity and access to quality care.
		collaborate with psychologists and other professionals to advocate for the profession and the specialty of neuropsychology.
		educate the public about the nature and value of neuropsychology in healthcare.

Modified from

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