

# National Academy of Neuropsychology

## Bulletin VOL. 21, No.1

### *Changes in CPT Codes and Nomenclature*

*The following is a brief synopsis and update of the recent CPT code changes that went into effect on January 1, 2006. This information was adapted from the NAN website, which provides an extensive review of these changes. A more comprehensive review can be found at online at [nanonline.org](http://nanonline.org).*

The NAN Policy and Planning Committee (CPT Subcommittee Chair, Antonio Puente, Ph.D.) indicated that the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association/Specialty Society's Current Procedural Terminology (CPT) and Resource-Based Relative Value Update Committee (RUC) were interested in having psychological and neuropsychological professional assessment activity correctly coded.. Aside from accurate description, the issue of technical assistance during the course of psychological and neuropsychological assessment also played a major role and was the impetus behind the changes. "Licensed providers utilize technicians (in a manner consistent with physicians) when conducting psychological and neuropsychological assessments. The use of psychology technicians in the supervised administration and scoring of psychological and neuropsychological tests is an accepted standard of practice in the field of Clinical Psychology and Clinical Neuropsychology" (c.f., Sweet et al., 2002, 2003). Supported by NAN, "this standard of practice is parallel to other doctoral level providers, including those in medicine. The use of technicians helps maintain the objectivity of data collection, minimizes potential for bias associated with clinical judgment, as well as provides a reasonable extension of service, allowing for greater patient access to the health care provider, and, in some instances, providing an economical element to the service delivery." The changes in CPT codification also recognize that practitioners sometimes administer computerized tests, and that such procedures consume less clinician's time with significant impact on the assessment process and its reimbursement value.

The latest update from NAN "noted that the new testing codes had been in place for approximately four months

#### Issue Contents

Summary of CPT Codes Changes .....	2
From the President .....	3
From the Executive Director .....	7
NAN Responds to Katrina .....	8
A Message from the Treasurer .....	10
Summary of NAN Business Meeting .....	13
Summary of Minutes, Annual Board Meeting .....	15

and assessments of most major carriers indicated that most major insurance carriers were on board with the new codes.”

NAN continues to “work closely with Medicare carriers to make sure that all carriers are reimbursing the new testing codes” and is assisting carriers in gaining “a better understanding of all aspects of the applications of these codes.” NAN, through the efforts of Drs. Antonio Puente and Ted Peck, has worked in collaboration with Russ Newman, J.D., Ph.D., Director of APA's Practice Directorate.

Issues addressed at a recent CMS meeting held in Washington, D.C. will be formally announced soon. “In addition, the AMA will publish these guidelines in the AMA CPT Assistant. The following is a summary of the CPT codes changes that went into effect:

#### **CPT Testing Codes 2006 Summary**

##### **96101- Psychological Testing:**

Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, Rorschach, WAIS) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

##### **96102- Psychological Testing:**

Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology (e.g., MMPI, Rorschach, WAIS) with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face.

##### **96103 - Psychological Testing:**

Psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI) administered

by computer, with qualified health professional interpretation and the report.

##### **96116 - Neurobehavioral status exam:**

Clinical assessment of thinking, reasoning and judgment (e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual-spatial abilities) per hour of psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

##### **96118 - Neuropsychological testing: (e.g.,**

Halstead-Reitan, WMS, Wisconsin Card Sorting) per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report.

##### **96119 - Neuropsychological testing: (e.g.,**

Halstead-Reitan, WMS, Wisconsin Card Sorting) with qualified health care professional interpretation and report, administered by a technician per hour of technician time, face-to-face.

##### **96120 - Neuropsychological testing: (e.g.,**

WCST) administered by computer with qualified health care professional interpretation and the report.

**CPT codes and nomenclature was adapted from the American Medical Association CPT 2006 manual.**

***From the President***

April 24, 2006

Dear National Academy of Neuropsychology Member:

As the President of NAN for the calendar year 2006, this letter has been written to give a perspective on the issues that will be addressed in this year and the near future. As you know, clinical neuropsychologists are doing wonderful work in helping children, adults, and seniors in neurological, psychiatric, rehabilitation, educational, and forensic settings. The contributions of clinical neuropsychologists to health care in the United States and other countries truly have been outstanding. I am again and again impressed on a daily basis with the power and precision of neuropsychological methods as they contribute significantly to diagnosis and treatment of patients with brain-related disorders.

There are, however, situations that threaten the ability of the independent practitioner to maintain a viable practice serving the health care needs of our citizens and their families.

1. **Inadequate reimbursement for clinical services**

Clinical neuropsychological practitioners have been facing an uphill battle for two decades to achieve proper reimbursement and authorization for clinical services. The impact of managed care has been devastating to many of us and has impacted patient care (and consequently patients themselves) adversely. The good news is that The National Academy of Neuropsychology has, in the last several years, begun to make progress and has reorganized our practice and patient advocacy efforts to return to its roots as a practitioner-oriented organization. For example, with NAN's support, Dr. Tony Puente has been able to accomplish much to improve the reimbursement status of neuropsychological services associated with prior and new CPT codes. This will have great impact in the coming year on our ability to improve the lives of our patients and the financial foundation of our practice as health care providers. Such efforts need to continue and be increased. At this time, there are problems with obtaining reimbursement for the new CPT Codes and Dr. Ted Peck and Dr. Tony Puente are working to address these problems. Please contact them (Dr. Peck - [804] 285-2555, Dr. Puente - [910] 962-3812) with problems you may be having. They need to know what problems are being experienced in order to resolve the problems.

The major challenge facing NAN in the decade ahead is the fight for proper reimbursement for clinical neuropsychological services provided by its members. I recently read that if the rate of reimbursement for clinical neuropsychological services had kept pace with the cost of living the current rate of reimbursement would be \$145 dollars per hour. Unfortunately, it has not kept pace.

It is not the quality of clinical neuropsychological services that is at issue. Every clinical neuropsychologist I know has had his or her income from non-forensic practice reduced in the

last decade. The tide of declining payment for services has now been reversed, but still lags other comparable professions, and if the rates of reimbursement continue to be low there will be fewer students willing to study clinical neuropsychology, fewer teaching positions for clinical neuropsychologists, and ultimately fewer and lesser quality health care services from CNS compromised individuals in our society. NAN, as the preeminent neuropsychology organization must continue to lead the movement to increase the rate of reimbursement for clinical neuropsychological services.

NAN needs to advocate ever more forcefully for higher rates of reimbursement for clinical neuropsychological services at all levels of government and with all industries that pay for clinical neuropsychological services. The key issue for the availability and provision of quality health care services by neuropsychologists will be reasonable reimbursement for clinical neuropsychological services. To achieve equity in reimbursement, we must all devote some time, effort, and money to advocacy for equitable reimbursement for neuropsychological services.

This is not something an individual practitioner can accomplish alone, though we must all be involved individually and collectively through NAN. NAN also needs to reorganize and re-allocate resources to accomplish this most essential priority. Neither is it the time for half measures, but, rather, bold stokes are required to ensure the continued development of our profession.

**NAN needs to advocate for greater rates of reimbursement by doing the following:**

A. *Designate an Ad Hoc committee to plan for*

*adequate funding for advocacy efforts.*

NAN needs to make a solid commitment to advocacy issues. Also, advocacy efforts must to be given sufficient resources of time, space, personnel, and equipment to accomplish needed objectives.

B. *Establish an Ad Hoc committee to plan a program to educate the appropriate parties at the level of legislation and regulation, at federal and state levels, and with managed care companies.*

Additional development and more effective coordination of a grassroots advocacy network will be essential. We must confront the leaders who inadequately fund neuropsychological services in their boardrooms face to face and show a united front, with a firm resolve to protect the interests of the brain disordered patients we serve. Public information materials including position papers and brochures need to be developed and disseminated widely.

C. *Establish an Ad Hoc committee to develop an advocacy campaign directed at third-party payers (insurance companies and government agencies).*

Marketing of neuropsychology services on a national basis will be crucial. Liaisons and alliances need to be facilitated with other neuropsychology, neurological, psychiatric, medical, and psychological organizations that have common objectives and goals. We should embrace cooperation among related organizations such as APA, AACN, ACPN, CCPN and INS.

**2. Increasing referrals for neuropsychological services**

Many neuropsychologists are experiencing a decline in the number of referrals for clinical evaluation. Physicians are not referring patients for neuropsychological evaluations or are referring patients to other healthcare professionals (such as occupational therapists or speech therapists) for services previously provided by neuropsychologists.

**NAN needs to advocate for increased referrals by doing the following:**

A. *Appoint an Ad Hoc committee to develop and distribute literature aimed at educating physicians about the benefits of neuropsychological services.*

B. *Appoint an Ad Hoc committee to develop a public print/electronic campaign to educate employers, insurance adjusters, and patients about the benefits of neuropsychological evaluation.*

**3. Reducing costs for personal healthcare insurance**

Independent practitioners are facing higher costs for healthcare than ever before. NAN should investigate ways of helping neuropsychologists acquire health insurance at reasonable rates.

**NAN needs to advocate for reduced personal healthcare cost by doing the following:**

A. *Appoint an Ad Hoc committee to investigate obtaining health insurance for practitioners and their families at a volume discount.*

**4. Need to increase membership in NAN**

Although NAN is the largest professional organization of neuropsychologists, there are

many neuropsychologists who are not members of NAN. In order to be as effective as possible in promoting the value of our profession, we need the strength in numbers.

**NAN needs to advocate for increased NAN membership by doing the following:**

A. *Charge the NAN Membership committee to develop recruitment materials to be distributed (via mail, print, and electronic communication) to neuropsychologists and students to inform them about the benefits of membership and encourage them to join NAN.*

**5. Promote Research in Practice**

Research is the basis of all neuropsychological clinical services. Little attention, however, has been placed on the development of research capacity and knowledge among neuropsychologists that are primarily practitioners. Similarly, little attention has been placed on the process of translational research. Translational research examines the practice of moving basic research findings into clinical application. Attention needs to be devoted to increasing this process. It is a neglected area of neuropsychology.

**NAN needs to do the following:**

A. *Establish a research training track at the NAN Conference and online that will include grant writing workshops, updates on grant opportunities and mentoring by established research investigators.*

The 2006 NAN Conference will be held in San Antonio, Texas this year and your NAN 2006 Conference Chair, Dr. Judith R. O'Jile will be inviting various Institutes of the National Institutes of Health (NIH) to conduct grant writing workshops and provide updates on grant opportunities at the NAN

Conference.

*B. Appoint an Ad Hoc Committee on neuropsychology translational research that will review the neuropsychology literature to identify urgent needs.*

As you can see, NAN is on the move with numerous exciting projects and initiatives.

I need to mention, at this point, the important contributions of the now NAN immediate Past-President, Dr. Robert W. Elliott. He is an icon in the annals of NAN and an inspiration to us all. His outstanding efforts over his year have improved NAN. In addition, I need to mention my great delight that Dr. William Perry is the NAN President-elect. He has been deeply involved in service to NAN over many years and has made impressive contributions in many areas. I am looking forward to working with him over the next year as he prepares to assume the NAN presidency in 2007. In addition, it is my pleasure to note that Drs. Gayle Hostetter and Shane Bush will be joining the NAN Board as Secretary and Board as Member-at-Large, respectively. We and NAN Board members Jeffrey Barth, Robert McCaffrey, Robert Lark, Rosemary Moser and Eric Zillmer look forward to working for you in the next year.

The National Academy of Neuropsychology is also fortunate to have an outstanding new Executive Director, Mrs. Dorothy Shadrick, MBA, CAE, who is doing a superb job and has been a wonderful addition to the NAN National Office. Heather Santos, NAN National Office, continues to be the voice of NAN to all who call the National Office, and she continues to do an outstanding job.

The ability of NAN to make a difference in neuropsychology depends on your personal

involvement and commitment. NAN members please join our committees where your personal contributions can make a tremendous difference and where you will have an opportunity to set our future course.

Contact the NAN office (303-691-3694) or myself (301-530-3417) and let us know of your interest.

Respectfully yours,

*AMH*

Arthur MacNeill Horton, Jr., Ed.D, ABPP,  
ABPN  
*President*  
National Academy of Neuropsychology  
Denver, Colorado



The NAN Board of Directors and its members wish to thank Dr. Robert W. Elliott for his leadership as president during the last year. NAN members can find the outgoing president's message on-line at [nanonline.org](http://nanonline.org).

*From the Executive Director*

*Mrs. Dorothy J. Shadrick was appointed NAN's new executive director*

I now have a full four months under my belt with the National Academy of Neuropsychology. Although it has taken a little while to get to know the organization and its membership, it has been a very exciting and fulfilling four months.

One of the areas that have me realizing how lucky I am to be in the role of the Executive Director for this organization is the tremendous dedication of its volunteers. With over thirty years of experience with associations, I have witnessed all types of organizational behavior. I can say, without a doubt, that NAN is on the top of the list for volunteers that truly have the organization's best interest at heart. This is a hard working group of individuals who work diligently on your behalf.

Another individual who fits into this category of hard working and dedicated is Heather Santos, NAN's Office Manager. If you have not had a chance to interact with her personally, you have indirectly as she is the person who processes your dues payments, sends the ACN list to the publisher, writes and sends the NAN News as well as many tasks related to the Annual Conference and a lot more! Next time you call the office, be certain to say "Hello" to Heather!

One of the many areas that I have been working on for the past few months is to create procedures for the office as well as the operations of NAN. Once this has been finalized, the organization will be consistent and efficient in its operations.

The most often heard membership complaint in the office is the confusion that surrounds the web site. We are in the process of reviewing this entire operation including the member's only area, the membership database, the DistanCE area, the overall look of the site, etc. I would like you to let me know your feedback on our website. It is through the comments of those who use the system that will make our revisions successful.

I would encourage you to mark your calendars now to attend the Annual Conference October 25-28, 2006 at the San Antonio Marriott Rivercenter. The educational program is being finalized and it promises to be outstanding! I would like to meet as many of you as possible at this upcoming event. The hotel sold out last year, so plan on making your reservations early.

Finally, I would like to invite you to contact myself or the NAN office should there be any way we could be of assistance to you in your membership experience! My email address is [dorothyshadrick@nanonline.org](mailto:dorothyshadrick@nanonline.org) or call me at 303-691-3694

Dorothy J. Shadrick, MBA, CAE

### ***NAN Responds to Katrina's Relief efforts***

According to *The American Red Cross*, "Katrina set off the largest, most costly natural disaster relief operation in U.S. history." NAN's Response to Katrina relief efforts under the leadership of presidents, Drs. Robert Elliot and Arthur MacNeill Horton, Jr. and the NAN's Board of Directors, was remarkable. Many a NAN member additionally supported the humanitarian efforts during this American catastrophe, and Dr. Thomas Bellino's story below is one of many.



#### **RESPONDING TO HURRICANE KATRINA: A NEUROPSYCHOLOGIST'S STORY**

Having a daughter who had attended an institution of higher education in New Orleans, and having visited her every chance I had, I felt I knew the city fairly well. On one of my first visits there we took a bus tour of the city, and it was on that tour that I was made aware of the intricate levee system that protects the Crescent City. Although I didn't fully understand the pumping system that somehow empties the water out of this below sea level city, the pumping stations did appear to be formidable foes to the waters of Lake Ponchartrain to the north, and the Gulf of Mexico to the south of the city. And, I suppose for the good part of the past century, it did its job, and fairly effectively. Then, along came Katrina.

The hurricane warning system was in effect. The impending path of the storm was chronicled on every news and weather program throughout the United States, and the rest of the world. The "Big One" was going to hit "the Big Easy," and it was going to be devastating. As a member of the American Red Cross Disaster Mental Health Team, I found out, first hand, that it was devastating, and worse than could be imagined.

Having received my travel orders and my list of things I should take with me, creature comforts and necessities like insect repellent, snacks, sleeping bag and toilet paper, I boarded a plane to Baton Rouge, Louisiana, from where I would be dispatched to the area of greatest need for my services, potentially anywhere on the Gulf Coast, where Katrina came ashore. Being a neuropsychologist, with a primary specialty in pediatrics, I was prepared to see the children, who would, no doubt, be experiencing the anxiety, depression, and post traumatic effects, following the disaster. Although I was instructed not to, I stuffed my duffel bag and pockets with small stuffed animals, so I could give them to the children. I guess this was a carry over from my Viet Nam war experiences, in which the children would muster a smile in spite of the surrounding terror, when given a simple little stuffed animal. I guess the reason this was discouraged was not only for the volunteers to travel light, but that the principle initial mission would be to feed the people, and take care of emergency health and psychological needs. Most neuropsychologists have a primary background in clinical psychology, so rather than focusing on brain-behavior relationships, clinical counseling skills were the most necessary. Direct crisis intervention would be more immediately necessary than assessment of cognitive decline, sequelae of a glioblastoma, or ADHD (attention-deficit, hyperactivity disorder). This was certainly the case when I served as a Navy Clinical Psychologist, in the late 1960's and early 1970's, in "points West."

Initially billeted in cellblock Purple, in the Kenner, Louisiana, jail, I was one of five volunteers in our cellblock. The showers did not work, nor did the toilets, because of the pipes having been uprooted and damaged. So, to take a shower we had to use two one-gallon jugs of water, one with which to soap up and the other with which to rinse off. The toilets were either the porta-potties or a trailer that had a couple of stalls, a urinal, and two sinks. There was virtually no privacy, and after a while no one seemed to mind. Modesty was a minor concern. Everyone had a mission, and convention was the least of anyone's priority. Three of my cellmates were in the feeding mission; one was a nurse, and then me. I was the Mental Health doc, and soon found out that the need for my services was not going to be confined to children. Staffing problems and conflicts started out my tenure. Mediating disputes among well intentioned factions constituted my first assignment. It seemed that everyone wanted to do so much, and the frustration of helping thousands of people who were displaced, hungry, thirsty, took its toll on the volunteers, without too long a passage of time. Eventually things calmed down, and the volunteers usually handled their stress and emotions. They were aware that there was Mental Health there for them if they needed, and during my two weeks there, several availed themselves of these services. This was,

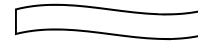
however, available only after I had returned from the daily patrols with an armed police escort. It seems that getting into New Orleans proper was not an easy task. The services provided in the City of Kenner, a suburb of New Orleans, were of a different magnitude than that required in New Orleans. Going to the New Orleans International Airport reminded me of Tan Sa Nhut airfield, in the Republic of Viet Nam, so many years ago. There, the military was omnipresent, as was Homeland Security. A triage was set up to care for the wounded, ill, and infirmed. Although there were not the mass numbers of patients expected, there were certainly enough to keep the medical personnel busy, throughout the day and night.

Although the major hospitals in New Orleans, Tulane and Charity, were technically open, it was apparent that they were closing quickly, and that the patients and doctors, nurses and staff were in danger. Looters and gangs were roaming the streets, and there were shots fired, including at the medical personnel. The social structure was disintegrating into chaos. There were reports of police abandoning their assignments and vehicles, and apparently there is currently an investigation to determine the veracity of such reports. On the positive side, I saw dedicated police officers risk life and limb to aid helpless refugees. I was with one young police officer when we saw an elderly woman floating by, in the water from the breach in the levee, still holding the hand of apparently her granddaughter. They probably got caught in the surge. The police officer wept. So did I. A lot of defusing was necessary then, for both the police officer as well as me. The debriefing would come later. Fortunately for me there was another newly assigned psychologist back at our home base. I accompanied officers on their door to door search for people who did not evacuate or those who might have drowned in their own houses. I know what hell looks like. It looks like what I saw near the 17<sup>th</sup> Street levee breach. A house was completely underwater, save the roof, which was totally ablaze. The paradox of flood and fire was poignant. It was Kafkaesk. Near the levee breach, as well as throughout the entire city, the door to door searches were conducted. Once a house had been searched, an orange circle with numbers and letters were spray painted on the side of the door. These numbers indicated that either there was no one in the house, or that one or more had been found dead or alive. There was also an indication of whether or not pets had been found. When one house was opened, there were a pack of dogs feeding on a human corpse.

These dogs had not eaten in well over a week, or more. At another house, while the water was still sitting deeply in the street outside, and we entered the house, a dog ran out and drank the water, which was no doubt toxic. An hour later the dog died. These events took their toll on these police officers and young military personnel, both male and female. I can only imagine the memories they will have and the demons that will come years from now.

My last night there, I was having something to eat at the Red Cross compound. I was talking with the other Red Cross psychologist, who was awaiting her discharge and trip home, when I looked up and saw a low flying military plane. As I watched it approach I saw that it was spraying-no doubt for mosquitoes and insects. But, that, too, harkened me back many years ago, when another plane, in another land, was spraying-then it was a defoliant-and it came in a can with an Orange stripe. It was time for me to go home.

I know I made a difference in New Orleans, following Hurricane Katrina. I gave out all of my stuffed animals, and even bought more when the Wal-Mart opened and I could get more. I bought candy and gave it to the kids. I showed them how to lag for pennies, the way I was taught on street corners of Gary, Indiana, many years ago. That little diversion, although not a mental health technique from a textbook, worked. I saw smiles. And, to see faint smiles on the faces of these little children who had been staring blankly into space, wondering what happened and what is going to happen to them next, well, that was all the reward I needed. Of course the adults had the same expressions. Sharing some of the candy with the police officers, military people, volunteers, and citizenry, I learned a lot. I learned how to listen better. Sometimes in Emergency Mental Health, it is not what you say, but what you don't say. Sometimes we just need to listen. We listen and then we say, "It's going to be ok."



Thomas T. Bellino, Ph. D., a pediatric neuropsychologist, has been a member of NAN since 1984, and has served on the Disaster Mental Health Team of the American Red Cross. He responded to the attack on the Pentagon on 9/11/2001, as well as to Hurricane Katrina, in September 2005.

***A Message from the Treasurer***

Dear NAN Members,

I am pleased to update you regarding the state of our Academy's Treasury. Since my election as Treasurer-Elect in 2004, we have undergone many positive changes in the way we handle our finances. Although change is often difficult in organizations, NAN has been very resilient in taking on the challenges of increased transparency, examination of conflict of interests, more meticulous documentation, and a thorough updating of operational procedures. This report will provide the following information:

I) Summary of Financial Status; II) Financial Goals; III) Operational Changes & Update; IV) Explanation of Membership Dues Increase; IV) Final Words.

**I) Summary of Financial Status:**

Our current financial status is very healthy. With an annual budget of approximately \$784,000, our Profit Loss Net Income for the first quarter of this year was approximately +\$80,000. Thus, the income we bring in is more than covering the expenses at this time. This amount will increase over the next few months as membership dues arrive. As of March 22, 2006, our current cash on hand was approximately \$244,000 (in checking/savings accounts). This is in addition to our invested reserves which are approximately \$1,000,000. At the annual meeting in October, 2005, our current Total Assets were \$1,344,245.

**II) Financial Goals:**

As the NAN Treasurer, I hope that we will reach the following financial goals by the end of my term in 2007.

1. A consistently growing yearly net profit.
2. Substantial, new non-dues revenue streams.
3. No need for separate dues assessments.
4. No need for reserve withdrawals to cover non-project, general yearly expenses.

**III) Operational Changes & Update:**

1. We now have a *routinely* functioning Finance Committee, chaired by the Treasurer, with regular updates and reports to the board for review that include committee and association budgeting, profit-loss statements, and comparisons to previous years.
2. All NAN Committees are now required to submit timely budgets (that include both expense AND income projections) in August for Finance Committee approval in September and board approval at the Annual Meeting. Committees are monitored and are expected to work within their budgeted allowances.
3. We have implemented a newly created Investment Subcommittee that is chaired by the Past President. With Dr. Robert McCaffrey as the first chair, we, for the first time, developed a formal, board-approved investment strategy. Dr. Robert Elliott is the current chair who is now working very actively with our accountant and the subcommittee to develop a thorough association investment policy for the board to approve and adopt.
4. We have retained a new accountant, Mr. Steve Swartz (along with his support staff of Gocial Gerstein, Haddonfield, NJ) who provides us increased financial counseling, is a member of our Investment Subcommittee, offers additional reports and personalized guidance, and assists our Central Office with monthly reconciliations and development of budgets.
5. Updated, as well as new, policies and procedures are in the process of being documented for the Finance Committee, Investment Subcommittee, and Treasurer, and are to be included in the new *NAN Procedures Manual*, which Dr. Jeff Barth is compiling.
6. With much assistance from office staff member Ms. Heather Santos and our accounting firm, we transitioned

to QuickBooks for improved bookkeeping.

7. We switched from using a regular checking account to a "sweep" account, which provides us with interest on our regularly available funds.

8. We developed formal policies for 1) travel and other expenses incurred by the NAN board and committee members, 2) conference speaker and volunteer reimbursements; and 3) avoiding conflict of interest in choice of contractors and stipended NAN members.

9. The Finance Committee and Board critically reviewed stipends for all our independent contractors and has implemented cost saving actions.

10. Our new Executive Director, Ms. Dorothy Shadrick, has greatly assisted and educated us in the development of policies and procedures, cost cutting, devising new income generating strategies, and updated in association business strategies. She has extensive experience in conference management. With an MBA and a Certificate in Association Management (CAE), she is invaluable in the execution of our independent contractor agreements.

11. Because of the conscientious efforts of Dr. William Perry and Dr. Robin Hilsabeck, last year's conference produced a profit of approximately \$48,000. With Dr. Perry's guidance, we contracted with a conference management service that helped us cut costs by scrutinizing conference hotel bills. With additional oversight from our Executive Director, we will again be engaging this conference management service to upgrade and update the quality of our conference. New revenue streams are being developed, the most significant of which at this time is our continuing education offerings. Under the guidance of Dr. Tom Martin, Education Chair, new static CE offerings will be offered on our website this year, with discounted savings for NAN members.

#### **IV) Regarding Increased Membership Dues:**

As you know, the board, after much careful deliberation, approved a regular membership fee of \$125 beginning this year. As far as membership associations go, our current fee is very reasonable. If you examine all that NAN provides its members, and then look at comparable membership organizations our size, that engage in similar activities, such as state psychological associations, you will see that NAN membership is fairly priced.

When I first joined the board as Treasurer-Elect, we withdrew \$97,000 from our reserves to cover expenses

that had been building up over the previous few years. What appeared to have happened was that slowly over time our yearly income was not keeping pace with our yearly expenses. Thus, in essence, the use of this sum of reserve funds helped to defray the costs of raising the membership dues of our members for a number of years. In fact, one of the purposes of a membership association's reserves is to help cover costs during financial transitions, in addition to providing funds for new projects and services. Importantly, despite that withdrawal, our reserves are still healthy and are greater than one year of operating expenses. These funds will be instrumental as our board develops a strategic plan for the future that will serve our membership and our profession.

The reality is that NAN's costs, such as those of comparable organizations, have continued to rise dramatically over the years due to inflation, increasing conference costs, and the need for updated technology and communication tools. Our membership dues were not keeping up with those costs. With the dues increase this year, and a staff and board which is focused on cost cutting and non-dues revenue generation, our goal is to have a yearly profit-loss bottom line that will be consistently positive and allow additional funds for new member services and projects.

We also now have an office staff that is skilled in membership recruitment and retention and can support our Membership Committee in follow-up and tracking of membership. Without such office support, associations lose members automatically, and that is what was happening to us. Last year, our very diligent Membership Committee, under the aegis of Dr. John Lucas, began a pilot program that followed up with the previous two years of lapsed members in 8 states. We recaptured 31% of this group, gaining 72 new members in the 8 states. According to the 2005 Membership Report, our membership rose by 4.25% in 2004 and remained stable in 2005. New members increased by approximately 22% in 2005. Our new Executive Director brings with her an armamentarium of membership support strategies that will make it easier for us to consistently recruit, follow, support, and retain our membership.

#### **V. Final Words**

Without a presence at board meetings, it is difficult for our general membership to see the work of our board and committee volunteers who dedicate a significant portion of their time to help NAN function effectively

Board of Directors (although I can hardly believe I am now serving in my third year) I have been impressed by the variety of viewpoints, the breadth of knowledge, and the passion and commitment of my fellow NAN board and committee members.

I wish to convey many thanks to all the Finance Committee members for their commitment throughout our significant financial transition. Our current committee consists of myself as chair, our Executive Director Mrs. Dorothy Shadrick as ex officio, and Drs. Robert Elliott, Arthur MacNeill Horton, Robert McCaffrey, and William Perry. I also wish to thank Drs. Jim Hom and Eric Zillmer, and Ms. Heather Santos (office staff member), for their important contributions to the committee in 2005. With the support of these fine people, our Board, our Committees, and our Central Office staff, NAN will be more financially accountable and procedurally organized than ever.

Please note that I am available should you have any questions regarding NAN Finances: [r.moser@rcn.com](mailto:r.moser@rcn.com).

Yours truly,

Rosemarie Scolaro Moser, PhD, ABPN, ABPP-RP  
 NAN Treasurer 2005-2007  
 (Treasurer-Elect 2004)

*More on CPT Codes*



A videotape of a three part workshop related to the new testing codes was recently completed at the National Rehabilitation Hospital. The workshop will be available for viewing and CE on the NAN web page in the very near future.



***MARK YOUR CALENDARS NOW  
 FOR THIS YEAR'S NAN  
 CONFERENCE  
 OCTOBER 25-28, 2006  
 SAN ANTONIO, TEXAS***

*San Antonio's River Walk*



**NATIONAL ACADEMY OF NEUROPSYCHOLOGY**

**General Membership Business Meeting**

Tampa Marriott Waterside Hotel, Tampa, Florida

October 21, 2005

**President** (Bob Elliott)

Dr. Elliott thanked the Board members and Committee Chairs. He reviewed a number of accomplishments this year. He also noted implementation of a Town Hall meeting which was held earlier today to gather input from members and to answer questions.

Dr. Elliott introduced the 2006 NAN officers. Dr. Elliott gave special recognition to Dr. Cecil Reynolds who has been on the NAN Board for 25 year and Dr. Tony Puente has been on the NAN board for 20 years.

**Dr. Elliott thanked** committee chairs and members for their hard work. He recognized committee chairs who were leaving their respective committees and introduced incoming chairs.

**Treasurer** (Rosemarie Moser)

Dr. Moser thanked Heather Santos, NAN Office Manager for her efforts in making the transition to use of Quick Books and working with an accounting firm.

Dr. Moser reported on NAN's general financial status: 1) In the third quarter of 2005, our net profit is \$ 83,687.17; 2) Our total assets and liabilities are \$1,344,245; 3) The remainder of advocacy funds (PAIC) is \$173,003.23; 4) The NAN board approved a 2006 balanced budget of \$758,4000. The NAN Finance Committee has held five meetings this year to date. Some activities and accomplishments for the past year include: implementation of a new accountant, formalized reconciliation process, new invoice/bill paying process, establishment of an ad hoc Investment Committee, formalized board policy on investment strategy, review of stipended/contracted positions, budget vs. actual reporting, and more accountability by committee for their own individual budget lines.

**Program Committee** (Robin Hilsabeck and Bill Perry)

Dr. Hilsabeck reported the numbers for 2005 annual conference, noting a successful turnout especially in light of the natural disasters this season. Total registration was 1016. There were 1025 attendees. 57 courses were offered including the student and research lunches. There were 5,766 event registrations.

Dr. Perry thanked those people that made the conference possible, including the student volunteers, NAN office, and HPN, the professional management company. He announced that the annual conference will be in San Antonio next year and Dr. Judy O'Jile will serve as the 2006 Program Chair.

Dr. Elliott asked Heather Santos, Melinda Kohne, Angie Spearman and Dr. Robin Hilsabeck to be recognized for their work on the conference. He presented Dr. Hilsabeck with the NAN Program Chair pin.

**Policy and Planning Committee** (Ron Ruff and Alex Troster)

Under the leadership of Shane Bush, the Symptom Validity paper has been published in ACN. German colleagues asked to translate it and publish it in a German journal. The translation was reviewed by Drs. Troster, Zillmer and Ruff, and it will be published soon. Dr. Reynolds was instrumental in writing a NAN policy for the disbursement of the mailing list. Dr. Cheryl Silver took the lead on writing a paper entitled The Importance of Neuropsychological Assessment for the Evaluation of Childhood Learning Disorders, which has been approved by the Board and will be published in ACN. Dr. Puente has been instrumental in obtaining Medicare reimbursement for technicians. The Policy and Planning Committee is in the process of reviewing a paper titled the Use of Education and Training in Supervision of Neuropsychological Test Technicians in Clinical Practice. The committee is reviewing a paper by Ted Judd to promote diversity entitled The Neuropsychological Evaluation of Hispanics: Ethics and Regulations. Dr. Barth is updating the Policy and Procedure Manual, and Dr. Koffler is working on the bylaw changes.

**Membership Committee** (John Lucas)

Dr. Lucas reviewed the current membership statistics. There are 3,126 active paid members. There are 2,056 voting members (professional and fellows), 318 students and 189 new members in 2005. There has been a modest but steady increase over the last two years of 6%.

**Cultural Diversity Committee** (Ruben Echemendia)

Dr. Echemendia thanked the Board and the membership for passing a bylaw to make this ad hoc committee a standing committee, stating that it reflects the institution's dedication to issues of diversity. The committee has been reviewing papers for a special edition of ACN on cultural diversity and they are pleased with the quantity and quality of papers received. They are continuing to try to recruit students from diverse backgrounds into NAN as well as to increase their input. The Board has approved a special initiative waiving registration fees to attract more of these students to attend the NAN conference. Finally there are plans to add a component to the website which will serve as a resource for issues related to diversity.

**Education Committee** (Shane Bush)

In addition to the conference, NAN offers other opportunities to obtain CE primarily through the website. The distanCE program is offering two courses, Neuroanatomy and Ethics.

**Publications Committee** (John Bayless)

Dr. Antolin M. Llorente is the new NAN Bulletin Editor. Dr. Bayless acknowledged past Bulletin Editors. A new ACN Editor is in the process of being chosen. There is online back file access to ACN free to all NAN all members.

**Conflict of Interest Committee** (Tony Wong)

Chair Richard Berg was unable to be present and committee member Dr. Wong gave the committee report. The major work of the committee has been reviewing the 42 COI disclosure forms submitted by all Board members, Extended Board members, and candidates. No significant conflicts of interest were discerned, i.e., that were severe enough to prohibit someone being in office or running for office. Dr. Wong stated that in the case of minor possible conflicts, the committee suggests minor remedies or suggestions. He stated that there is a complaint review process in place, and suggested that members review the procedure on the website and use that if there are any future concerns.

**Professional Affairs and Information Committee**

(Tony Puente)

Drs. Lark and Dr. Peck were unable to be present. Dr. Puente thanked Dr. Leslie Rosenstein for getting PAIO started and for her hard work, much of which can be seen in reports on the website. He thanked Dr. Peck who has taken over for her, for fielding many questions on the phone and for tabulating members' concerns, which were presented earlier in the meeting.

PAIO, now known as PAIC, was funded for the first three years with a special dues assessment. Although there will be no new fee for the next few years, PAIC is continuing to be active in addressing practitioners' needs. Dr. Puente stated that new CPT codes will lead to increased reimbursement. PAIC is taking a proactive approach to educating NAN members about the new CPT codes, and this will occur in part through a web cast and also through free-standing CE courses to be presented throughout the country.

**Awards** (Peter Arnett)

Dr. Arnett introduced the new Early Career Service award which was approved by the Board and will be presented for the first time in 2006. He is stepping down this year and he introduced Dr. John Randolph who will be the new Awards Chair.

2005 Awards are as follows:

Distinguished Neuropsychologist: Jeff Barth, Ph.D.

Distinguished Service Award: C. Munro Cullum, Ph.D.

Early Career Award: Nancy Chiaravelotti, PhD

Nelson Butters Award: Krista Medina, Paula Shear, John Schafer, Tisha Gangopadhyay, and Patrick Dyer for Cognitive functioning and length of abstinence in polysubstance dependent men.

Student Awards: Joy Nichols, Greg Strauss, Christopher Bailey, Olga Gale, Mohan Krishna, Grand Weimer

Diversity Award: Liza San Miguel-Montes

**Fellows Committee** (Bob McCaffrey)

The Fellows Committee consists of the three Past Presidents of the Board. Next year the committee will consist of Drs. Elliot, McCaffrey, and Zillmer. Fifty-seven individuals were nominated for Fellow status, 22 individuals completed applications, and of those, 13 were accepted as Fellows. At present, there are 179 active NAN Fellows. By gender, 150 are male and 29 are female.

**NATIONAL ACADEMY NUROPSYCHOLOGY****Annual Board Meeting**

Tampa Marriott Waterside, Tampa Florida

Tuesday, October 18, 2005

Present: Elliott (Chair), Barth, Hom, Horton, Lark, Moser, McCaffrey, Reynolds, Zeifert, Zillmer, Arnett, Bayless, Berg, Bush, Echemendia, Hilsabeck, Hostetter, O'Jile, Koffler, Martin, Peck, Perry, Puente, Ruff, Schatz, Troster. Dorothy Shadrick of ACE Management, Steven Swartz, CPA.

**President's Report** (Elliott)

The President welcomed the Board and visitors and reviewed the logistics for the meeting.

Executive Director Recruitment Status: The NAN Personnel Committee recommended that NAN contract with an association management firm rather than hire an individual for the ED position. The Board contacted and reviewed three Denver firms that provide management services.

Attorney Status: NAN has been working with a law firm experienced with non-profits. NAN is pursuing using a smaller, less expensive firm for routine tasks. Some business functions currently performed by the NAN attorneys can be performed by an Executive Director.

Town Hall Meeting. Dr. Elliott informed the Board that he has set up a Town Hall meeting at the Annual Conference which will allow NAN members to directly pose questions of the Board. .

Recognition of Service to NAN: Dr. Elliott recognized Dr. Reynolds who has been on the NAN Board for 24 consecutive years, and Dr. Puente who has been on the Board for 20 consecutive years. Both are rotating off the Board this year.

**Secretary's report** (Zeifert)

The minutes were reviewed. Election Results: The three proposed bylaw changes passed. In 2006, Dr. Bill Perry will be President-Elect. Dr. Gayle Hostetter will be Secretary and Dr. Shane Bush will be Member-at-Large for 2006.

**Motion: Move to approve the 9-9-05 minutes with provision for review of the ACN Editor section.**

**Vote: Passed unanimously.**

**Motion Move to post the approved minutes on the NAN website. Vote: Passed unanimously.**

**Treasurers Report** (Moser)

Profit & Loss Comparison for 3<sup>rd</sup> quarter: Dr. Moser reviewed a profit and loss comparison between the third quarter, 2004 and 2005. To date, NAN's net income is \$83,687.17.

Finance Committee. Dr. Moser reviewed the proposed 2006 budget which includes the use of \$52,000 of PAIC reserve funds.

**Action item: The Finance Committee has two remaining stipends to review: PAIC and IT. They also need to review and clarify the non-monetary compensation policy with regard to the annual conference for the Extended Board.**

Accountant's Report: Steve Swartz, CPA handed out and presented his report regarding NAN's finances and investments. He stated that NAN is financially healthy with revenues in excess of expenses. Net assets are 1.3 million.

Revenue-generation Suggestions: Mr. Swartz presented a number of revenue-generating suggestions including increased advertising and increased continuing education opportunities.

Membership Benefits Ad hoc committee: Mr. Swartz elaborated on member benefit programs, which include forming partnerships with companies to enable members to receive savings/discounts on purchases. President Elliott will be setting up a new Ad hoc Membership Benefits Committee.

Reserve Adequacy: Organizations similar to NAN usually establish a reserve account of three months to a year. Mr. Swartz firm recommends a six month reserve.

**Motion Move to accept the Finance Committee's recommended budget of \$758,500 for 2006. Vote: Passed unanimously.**

Investment Risk Management: The NAN Board's primary interest is in steady growth while guarding against erosion of principal. The Board decided in the Spring meeting to continue with Merrill Lynch for another year.

**Motion: The investment philosophy of NAN shall be one of fiscal conservatism. To implement this policy, the NAN Investment Committee shall direct the investment of NAN's assets such that, following annual review, investment in equity positions shall not exceed 40% of NAN's total portfolio. Vote: Passed unanimously**

Strategic Planning Ad hoc Committee (Leark).

The committee has developed a proposal to direct NAN's planning for the next two years. Directives impact: education, accountability and organization, community, a self-sustaining Foundation, IT, membership, and advocacy. Dr. Leark requested that the Board provide feedback about these directives and suggest ways to enact them.

*Action item: Dr. Leark will summarize the strategic planning proposal on paper, and send it out to the Extended Board in the next few weeks to be addressed*

*Action item: Once the strategic plan is set, it will be submitted to the membership, placed on the website, and archived for the Board's future consideration.*

Policy and Planning (Ruff and Troster)

Updates on Position Papers: The Pediatric Neuropsychology paper, written by Dr. Silver with editing by Drs. Moser, Elliott, and Reynolds was reviewed.

**Motion: Move to accept the paper The Importance of Neuropsychological Assessment for the Evaluation of Childhood Learning Disorders, as amended.** Moved by Reynolds, seconded by Horton. **Vote: Passed unanimously**

*Action item: Send the paper The Importance of Neuropsychological Assessment for the Evaluation of Childhood Learning Disorders to the NAN attorney for review, then to ACN for publication.*

The Boxing paper is in its second revision and should be available by the end of the year. The Symptom Validity paper has been published in ACN. With the Board's permission, a German neuropsychologist translated the paper, with reviewers Drs. Troster, Zillmer and Ruff. NAN owns the copyright for the paper. Ted Judd's neuropsychological evaluation of Hispanics paper is being reviewed by the P&P committee.

*Action item: Send the neuropsychological evaluation of Hispanics paper to the Diversity Committee for input.*

Qualifications for Neuropsychology Technicians Paper

Dr. Russell Adams chaired a subcommittee on technician standards. The Board discussed this paper which incorporates the previous position papers by NAN and Division 40. Dr. Puente clarified that the goal is to be inclusive of this historical view regarding qualifications, and to incrementally establish the minimum level of education, training and supervision for a technician. Drs. Puente and Adams will be meeting with representatives from the National Institute of Psychometrists this week.

*Action item: Dr. Bush will ask the Board to provide commentary on the latest version of the technician paper which he will then collate and send back to Dr. Adams and the Ad hoc subcommittee.*

Medicare Primer: Dr. Puente gave an update on the Medicare Primer. The Board determined that revision was not feasible

**Motion: Move that the draft Medicare Primer will not be officially accepted as a NAN document or archived. Vote: Passed unanimously.**

Bylaws Review and Changes: As directed by the Board, Dr. Koffler has assigned different sections of the bylaws to the Past Presidents for review.

NAN Procedure Manual: Dr. Barth is updating the NAN Procedure Manual which was last revised in 1995. The manual has been placed in an electronic

form to be easily updated. Dr. Barth handed out a draft of the manual for revision and asked for changes.

**Action item:** *Using the current format, the Committee Chairs and Board members will review their own section of the Procedure Manual, making corrections and suggestions.*

**Action item:** *Once complete, the completed bound Procedure Manual will be sent to all extended Board Members.*

Membership Category for School Psychologists:

The P&P Committee had been asked to consult with the Membership Committee to define a membership category for school psychologists. This is currently on hold.

Program Committee (Hilsabeck and O’Jile)

Dr. Hilsabeck reported on the latest conference registration numbers and informed the Board that NAN has made its contracted room block. She stated that future site selectors need to increase space for exhibitors in order to meet the demand and take advantage of revenue opportunities. Dr. Hilsabeck introduced Dr. Judy O’Jile, 2006 Program Chair.

Executive Director Search

Dr. Moser introduced ED applicant Dorothy Shadrick, of ACE Management who discussed her background and qualifications, and presented her proposal to serve as NAN’s ED. She has a MBA and is a Certified Association Executive by the ASAE. She is experienced in advocacy, strategic planning, information technology, and legal requirements for non-profits. Ms. Shadrick made a proposal to work 65% of a 40-hour work week for NAN.

NAN Fellows (Zillmer)

There were 22 applicants. The Board agreed to accept the recommended 13 applicants. Six percent of NAN members are currently Fellows. 43% of NAN members are women but only 17% are Fellows. There is not a breakdown of Fellows who are ethnic minorities.

**Move that the BOD accept the 2005 slate of NAN Fellows. Vote: Passed Unanimously.**

**Action item:** *As of 2006, Fellows applicants will*

*be reviewed via conference call prior to the Annual meeting and informed by mail. Names of accepted Fellows will be presented in the Business meeting.*

**Action item:** *Per the NAN attorney, the Board needs to specify criteria for selecting Fellows and place them in the bylaws. The Fellows Committee will address this.*

**Action item:** *Dr. Echemendia will review the list of Fellows to determine the number of ethnic minorities.*

**Action item:** *The Culture and Diversity Committee will encourage NAN members of diversity who have made a contribution to the field to apply for Fellow status.*

Membership Committee (Lucas)

Dr. Lucas reviewed the membership statistics, noting that there are 3,126 active paid members which include 2,056 voting members, 318 students and 189 new members. There has been an increase in membership over the past two years (6%). Dr. Lucas reported on his committee’s response to a series of action items previously requested by the Board.

Upgrades in Membership Statistics: A reminder campaign to upgrade membership status resulted in a 50% increase during 2005 over 2004.

**Action item:** *The NAN office will annually send a reminder about membership upgrades with the dues renewal statement.*

Certificates for Professional Members: The Committee recommended against granting or selling membership certificates except to Fellows.  
Reduction of Student Dues: NAN’s student dues are comparable to student dues of other organizations. The Committee recommended increased marketing to students.

**Action item:** *To increase student membership and involvement, consider a student listserv, student organization, and student newsletter.*

Recruitment of School Psychologists: Although the NAN conference and NAN membership was advertised at the NASP Annual Convention, interest was low and no applications were completed. If the Board wishes to pursue the membership of other professional groups to join

NAN, the Committee recommends a more proactive method.

Reminder to Overdue Members: Members in eight states were sent an invitation to rejoin without penalty of a late fee. 31% reactivated. The Committee recommended that overdue members in all states be contacted and that Committee Chairs and Board members contact individuals from their own home states.

Sponsor Signatures Needed for Membership at the Associate and Professional Level: Signatures are not considered necessary because background can be assessed after a review of a CV.

**Action item:** *For student membership, consider allowing a faculty member to attest to student status rather than the current policy which requires a letter from a Department Chair, Dean or Dissertation Chair.*

Student Poster Award: The committee proposed offering a new annual competitive student research award for the best student poster.

**Action item:** *The Grants Committee, Awards Committee and Membership Committee will discuss and clarify the number of student prizes given and their criteria.*

**Action item:** *Publicize online the current student awards available including criteria and incentives. List the winners of the current and past student awards online.*

**Action item:** *The Board will review the Membership Committee report with Dr. Lucas in the next conference call, and consider his recommendations in conjunction with the goals of the Ad hoc Strategic Planning Committee.*

**Motion to accept the Membership report. Vote: Passed unanimously**

#### **Culture and Diversity Committee** (Echemendia)

Activities: The Committee recruited and is now reviewing manuscripts for a special edition of ACN on cultural diversity. They received a good number of posters this year on cultural diversity and will be offering a prize for the first time for the best poster.

Recruitment of Students of Diversity: The Committee informed undergraduate program directors in Florida of special opportunities for students of diversity to attend NAN's annual conference.

#### **Proposal to Extend Student Diversity Recruitment**

Program:

**Action item:** *Review a proposal to include graduate students as well as undergraduate students in the student diversity recruitment program.*

Website - Diversity Link: The Committee is working with Dr. Phil Schatz in IT to develop a component to the website which will serve as a resource for issues related to diversity.

**Motion to accept the Culture and Diversity Committee report. Vote: Passed unanimously**

#### **Convention Planners**

The Board heard presentations from two meeting management vendors interested in managing NAN's conferences in the future, Darrell Basham, President of Group Travel Resources and Julie Dunkle and Angie Spearman from Hospitality Performance Network. NAN has selected sites through 2010. If NAN uses a vendor for site selection in 2011, a percentage of the rebate could offset part of the cost of the vendor's services. The decision to hire a convention manager was tabled for future discussion.

#### **ED/Business Manager Selection**

Dr. Elliott announced that the Executive Board has offered Dorothy Shadrick of ACE Management the position of Executive Director.

**Action item:** *Dr. Elliott will review the needs of the central office with Dorothy Shadrick. He will elicit her recommendation to incorporate convention planning into the office or outsource it.*

#### **Publications Committee** (Bayless)

Committee Membership Additions: The Board left to Dr. Bayless' discretion whether it would be helpful to add someone with editorial experience to the Publications Committee. An additional student has been added to the committee.

NAN Book series: The NAN Book Series has been discontinued. NAN is interested in offering CE for established books. If an author expresses interest, this can be coordinated between the Publications and Education Committees.

Future ACN Publishers: Drs. Bayless, Reynolds, and Gouvier will be meeting to discuss future potential publishers for ACN who would need to be chosen one year prior to the present contract expiration date of January 1, 2009. Dr. Bayless hopes

to get competitive bids. Dr. Reynolds has volunteered to assist with contracting.

**Conflict of Interest Committee** (Berg)

The COI Committee reviewed the COI forms for the NAN Extended Board and election candidates. There were no significant conflicts of interests noted. Over the year, two concerns were raised by NAN members about conflicts of interest, but the Committee reviewed them and found no significant conflict of interest.

**Action item:** *The 2006 COI form is ready to be completed and should be done online.*

**Nominations Committee** (McCaffrey)

Dr. Elliott will be Chair of the Nominations Committee for 2006.

**IT Committee** (Schatz and Hom)

**Committee Chair:** Dr. Horton will appoint a new Chair for 2006.

**IT Status:** Determination about replacing or upgrading the current IT system was placed on hold.

**Action Item:** *Dorothy Shadrick, the new ED, will give input and help evaluate NAN's IT system.*

**PAIC** (Leark and Peck)

Dr. Peck reviewed the types of questions made to PAIC by NAN members (predominately related to insurance and CPT), and the procedure by which they are addressed.

**Change in CPT Codes:** Dr. Puente informed the Board that after extensive work by PAIC and the APA Practice Directorate, new CPT codes have been designated which will increase insurance payments. The changes will become effective January 1, 2006.

**Action item:** *PAIC will immediately begin implementing notification procedures and education of the NAN membership regarding the new CPT codes.*

**Grants Committee** (Golden)

**Grants Committee Chair:** Dr. Golden will continue as Chair of the Grants Committee for the present time. **Grants Program Update:** The grants program is on hold until the IRS grants a new tax status for

the NAN Foundation.

**Action item:** *Dr. Golden will draft a notice to be placed on the NAN website that the NAN Foundation is being restructured and the Grants Program is temporarily on hold.*

**Awards Committee** (Arnett)

**Early Career Service Award:** The Board reviewed and accepted the description of a new award granted for early career service to NAN: The award is designed for someone who is within 10 years of receiving a doctorate and who has made substantial early career service contributions to NAN and neuropsychology in general. Nominations will be received from the NAN general membership and evaluated by the Awards Committee. A recommendation will be made to the NAN Board of Directors. Dr. Arnett asked that the award name be the Early Career Service Award. The award will be granted for the first time in 2006.

**Move to change the name of the award previously approved as the Early Contribution to NAN Award to Early Career Service Award.**  
**Vote:** Passed Unanimously.

**Action item:** *Dr. Arnett will place the description of the new Early Career Service Award on the NAN website.*

**Past Presidents Representative** (Koffler)

The Board previously accepted the proposal that Past Presidents be allowed to sit on various committees as non-voting advisors. The Past Presidents are an informal group and are not listed in the bylaws or the Procedure Manual. Dr. Koffler stated the Past Presidents have periodic conference calls, and she recommended the Board make use of these to get feedback from the Past Presidents on pertinent issues.

**Action item:** *Ask the Past Presidents to consider formalizing the Past Presidents group, to be known as the Past Presidents Council.*  
**Action item:** *Define the term and role of the Past Presidents' Representative and place this information in the NAN Procedure Manual.*

**New Business**

**Parliamentarian Procedure:** The Board discussed the pros and cons of using a parliamentary procedure. The NAN attorneys advises against using Roberts Rules or other formal procedures. The ED should be familiar with Roberts Rules and as a non-voting member, will be a resource for the Board on meeting procedures.

**New Business:** There was no further new business.

**Motion: The Board recognizes that Dr. Reynolds, Dr. Hom and Dr. Zeifert have served with distinction. Vote: Passed unanimously.**

**Motion: Move to close the meeting. Vote: Passed unanimously.**

Meeting adjourned.

***Continued from page 14 (Business Meeting)*****New Business** (Bob Elliott)

There was a Call for New Business. No new business was introduced.

A vote on a motion to adjourn the meeting was unanimous.

## Tacoma, WA Pediatric Neuropsychology

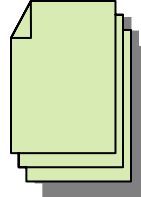
Mary Bridge Children's Hospital & Health Center, part of MultiCare Health System, is seeking a full-time pediatric neuropsychologist to be part of a multidisciplinary team in our new neuroscience center. Primary position responsibilities include: providing outpatient neuropsychological evaluations for, and consultation to, pediatric sub-specialists based in the community and our medical center. The position will involve provision of assessment services to a wide range of children presenting with documented or suspected neurologic involvement, as well as children at risk for cognitive impairment due to a medical condition and/or medical intervention. The position offers an outstanding opportunity to be part of a multidisciplinary team at a level II Pediatric Trauma Center, adjoining the only Level III NICU and Neurodevelopmental Center in SW Washington. Qualifications include: a Ph.D. in clinical psychology from an APA –accredited program; completion of an APA-accredited clinical psychology internship; at least 2 years of supervised postdoctoral training in pediatric neuropsychology; current license or license eligibility in the state of Washington. Qualified applicants must be certified, flexible, self-motivated, and committed to program development and patient care. As a MultiCare employee, you will enjoy excellent compensation, benefits and system-wide support. *Interested applicants should submit a letter of interest, CV, to MultiCare Health System Provider Services at [providerservices@multicare.org](mailto:providerservices@multicare.org) or fax your CV to 866-264-2818. Please call with questions: 1-800-621-0301 Website: [www.multicare.org](http://www.multicare.org).*

“MultiCare Health System is proud to be a drug free workplace”

### *Continuing Education Credit Opportunities*

NAN distanCE offers continuing education credits for psychologist via home and online study. Learn more about the NAN distanCE program at our website at [distance@nanonline.org](mailto:distance@nanonline.org). Be sure to carefully read the [Policy and Procedure](#) page for general information about course policies and expectations including student cost and workload, assessment of student performance, resolution of student concerns, and our incomplete policy.

The National Academy of Neuropsychology Distance Continuing Education Program is approved by the American Psychological Association to offer continuing education for psychologists. The National Academy of Neuropsychology maintains responsibility for the program. The distanCE project is supported by the National Academy of Neuropsychology as a service to its membership.



---

### *A Message from the Editor*

The NAN Board of Directors and the NAN Bulletin Editor would like to extend our sincere gratitude to David J. Williamson, Ph.D. and Daniel L. Drane, Ph.D. for their contributions to NAN and its membership as editors of the Bulletin for the past few years. Drs. Williamson and Drane maintained the membership well- informed, they were responsible for a smooth transition to the online-only NAN Bulletin, and their commitment to the Bulletin will be a hard act to follow by future editors. Future volumes of the NAN Bulletin will carry new features, and readers are encourage to participate in the Bulletin's evolving process through their comments and ideas. Please send information to the NAN Bulletin editor at [allorete@mwph.org](mailto:allorete@mwph.org).

---

### *Quotable Quote*

"If there exist in human cerebral action, processes which seem fundamentally different or inexplicable in terms of our present construct of the elementary physiology of integration, then it is probable that that construct is incomplete or mistaken, even for the levels of behavior to which it is applied"

*Karl Lashley*

***Annual Meeting News***

Despite the impending threat of a hurricane, a wonderful time was had by most participants in beautiful and sunny Orlando at NAN's October 2005 Meeting. Award Winners included:

Nelson Butters Award:

2005 - Medina, K.L., Shear, P.K., Schafer, J., Armstrong, T.G., & Dyer, P. (2005). Cognitive functioning and length of abstinence in polysubstance dependent men. *Archives of Clinical Neuropsychology, 19*, 245-258.

Distinguished Neuropsychologist Award:

2005 - Jeffrey T. Barth, Ph.D.

Distinguished Service Award:

2005 - C. Munro Cullum, Ph.D.

Early Career Award:

2005 - Nancy Chiaravellotti, Ph.D.

Student Research Award:

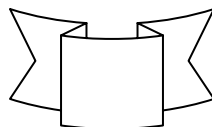
2005 - Mohan Krishnan: *Increased Intra-Subtest Scatter on the Wechsler Abbreviated Scale Intelligence as a Characteristic of Mild Cognitive Impairment*

Olga Gale: *The Effect of Pain on Neuropsychological Test Performance in Patients with Cervicogenic Headache*

Christopher Bailey: *Assessment of Effort in Baseline MTBI Neuropsychological Testing*

Greg Strauss: *Neuropsychological Subtypes Predict Functional Outcome in Pediatric Brain injury*

Joy Nichols: *Proton spectroscopy and neuropsychological outcome following neonatal asphyxia*



The NAN Bulletin is published twice each year by the National Academy of Neuropsychology. The information contained in this publication is for the interest and convenience of NAN members and does not imply endorsement by the National Academy of Neuropsychology or the Bulletin Editor. Advertisement specifications are available from the editor, the NAN central office, and online at [www.nanonline.org](http://www.nanonline.org).

Correspondence regarding this issue and ideas for future issues of the NAN Bulletin should be addressed to: Antolin M. Llorente, Ph.D., University of Maryland School of Medicine (Mount Washington Pediatric Hospital), 1708 West Rogers Avenue, Baltimore, MD 21209 or by telephone at (410) 578-5080. Submissions for future issues should be sent electronically to: [allorete@mwph.org](mailto:allorete@mwph.org).

Address changes should be sent to:  
Administrative Assistant, National Academy of Neuropsychology  
2121 South Oneida Street, Suite 550  
Denver, CO 80224-2594  
[email: [office@nanonline.org](mailto:office@nanonline.org)].

---

### **Board of Directors of the National Academy of Neuropsychology:**

President: Arthur MacNeill Horton, Jr., Ed.D      President Elect: William Perry, Ph.D.  
Executive Director: Dorothy J. Shadrick, MBA      Secretary: Gayle Hostetter, Ph.D.  
Immediate Past President: Robert W. Elliot, Ph.D.      Treasurer: Rosemarie Scolaro Moser, PhD  
Past Presidents: Robert J. McCaffrey, Ph.D.; Eric Zillmer, Psy.D.  
Members-at-Large: Shane Bush, Ph.D.; Jeffrey Barth, Ph.D.; Robert Leark, Ph.D.

Antolin M. Llorente, Ph.D.  
Editor  
NAN Bulletin  
National Academy Neuropsychology  
2121 South Oneida Street, Suite 550  
Denver, CO 80224-2594