Neuropsychological Practice: A Clinician’s Way Forward

#NANBOSTON

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Welcome from the Program Chair  4
Board of Directors  6
Conference Committees  7
Exhibitors & Sponsors  8
Schedule-at-a-Glance  10
General Information  12
Workshop Information  16
Membership Application  32
Registration Form  36
Arrive early, as we have two outstanding keynote speakers on our first night! Dr. Morton Ann Gernsbacher will give the first keynote. She is a world-renowned psycholinguist. She holds the position of the Vilas Research Professor as well as the Sir Frederic C. Bartlett Professor of Psychology at the University of Wisconsin in Madison. Recently, Dr. Gernsbacher has focused her work on investigating the assessment, diagnosis, and treatment of Autism. Her research methods include functional neuroimaging and constructing indices of developmental verbal dyspraxia (DVD) through genetic designs.

Dr. Kathleen Welsh-Bohmer will give the second keynote address which will focus on advances in the pharmacological treatment of Alzheimer’s disease. Dr. Welsh-Bohmer holds appointments in the Departments of Psychiatry and Neurology at the Duke Medical Center. She serves as the Director of the Joseph and Kathleen Bryan Alzheimer’s Center and currently oversees the TOMMOROW study, a Phase III clinical trial focused on slowing the disease process.

Given the changing marketplace of health care and the evolving role clinical neuropsychologists play, we have assembled a timely series of workshops led by well-known researchers, practitioners, policy makers, and health care leaders. They will discuss intersections between clinical neuropsychology and integrated health care. Dr. Mark Herceg will present on health care redesign, specifically addressing interdisciplinary issues associated with integrated health services. Dr. Robert Barth will speak on revisions to the AMA’s manual for the rating of cognitive disability. Two workshops related to using technology in clinical practice are scheduled. Dr. Justin Miller will present on incorporating technology into research and practice. In a second workshop, practitioners will be helped to stay abreast of ethical and legal compliance issues by keeping their databases secure (Drs. Darcy Cox & Rob Davis).

Other topics covered by the 2017 NAN Conference include workshops on hot clinical topics, such as the association between sports-related concussions and the degenerative neurological diseases (Dr. Gary Solomon); the cognitive effects of marijuana use (Dr. Staci Gruber); chronic mental illness (Dr. Katherine Burdick); and neuroimaging advances (Dr. L. Stephen Miller). Other timely workshops focus on assessing performance validity (Dr. Glenn Larrabee), rising concerns over excessive anxiety of cognitive dysfunction (Dr. Julie Suhr), and the assessment of Spanish-speaking children (Drs. Juan Arango-Lasprilla and Christine Salinas).

Our host this year is The Westin Boston Waterfront Hotel, which is in the South Boston Waterfront District. The hotel is a short distance from well-known historical Boston attractions (i.e., Faneuil Hall, Boston Public Garden, and the Boston Tea Party Museum). The nearby Boston North End offers exceptional dining and incredible shopping! Specific information about the hotel can be found at www.westinbostonwaterfront.com. Conference registration information and travel details are provided at www.nanonline.org.

This year’s program would not be possible without the 2017 Program Committee and the support of NAN President John Meyers, Executive Director William Perry, the Board of Directors, Poster Chair Sara Lippa, the Student Committee, and Student Volunteers (led by Dmitriy Kazakov and Kristin Wilmoth). I would also like to extend my deepest appreciation to the dedicated staff at the NAN Office.

We look forward to seeing you in Boston in October!

Martin L Rohling, Ph.D.
2017 Program Chair

George J. Demakis, Ph.D.
2017 Associate Program Chair
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(This is not a complete list of those who will be exhibiting, rather it is a list of those organizations who have signed up as of our print deadline.)
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Wednesday, October 25

CE Workshop (2 CE)
7:00 a.m. - 9:00 a.m.
1. Bieliauskas - ABCN Test Prep

Continental Breakfast
7:30 a.m. - 9:00 a.m.

CE Workshops (3 CE)
9:00 a.m. - 12:00 p.m.
2. Larrabee - Mild Traumatic Brain Injury
3. L. Miller - Neuroimaging & Neuropsychological Testing
4. Suhr - Health Beliefs Model

Student Luncheon
12:00 p.m. - 1:00 p.m.
5. Writing a Successful NAN Clinical Research Grant

CE Workshops (2 CE)
1:00 p.m. - 3:00 p.m.
6. Barth - Forensic Methods
7. Heaton - Biomarkers & Neurodevelopment
8. Naugle - Adult Grand Rounds

Paper Sessions (1 CE)
2:45 p.m. - 2:45 p.m.
17. Aging & Dementia
18. Neurological & Neuropsychiatric Disorders
19. Diversity
20. Traumatic Brain Injury

CE Workshops (1.5 CE)
3:30 p.m. - 5:00 p.m.
21. PAIC Update - Evolving Healthcare System
22. Arango-Lasprilla & Salinas - Assessing Spanish-Speaking Children

Paper Sessions (1 CE)
4:00 p.m. - 5:00 p.m.
23. Pediatrics
24. Assessment

Exhibit Hall Open
12:00 p.m. - 3:30 p.m.

Evening General Session
Welcome & NAN Business Meeting
3:30 p.m. - 4:30 p.m.
9. Gernsbacher - Diverse Brains

Keynote Address (1 CE)
5:30 p.m. - 6:30 p.m.
10. Welsh-Bohmer - Cognitive Aging & Dementia

Women in Leadership Networking Event
7:30 p.m. - 9:30 p.m.

Evening General Session
President’s Address (1 CE)
5:30 p.m. - 6:30 p.m.
25. Meyers - Future of Neuropsychology

President’s Reception
Poster Session B
Exhibit Hall Open
6:30 p.m. - 8:00 p.m.

Student & Post-Doc Social Event
8:00 p.m. - 9:00 p.m.

Thursday, October 26

CE Workshop (2 CE)
7:00 a.m. - 9:00 a.m.

Continental Breakfast
7:30 a.m. - 9:00 a.m.

CE Workshops (3 CE)
9:00 a.m. - 12:00 p.m.
12. Herceg - Health Care Redesign
13. Suhr, et al. - Gender Disparities
14. Grote - Clinical & Forensic Ethics

Poster Session A
12:00 p.m. - 1:30 p.m.

Exhibit Hall Open
12:00 p.m. - 3:30 p.m.

Paper Sessions (1 CE)
1:30 p.m. - 3:00 p.m.
17. Aging & Dementia
18. Neurological & Neuropsychiatric Disorders
19. Diversity
20. Traumatic Brain Injury

CE Workshops (1.5 CE)
3:30 p.m. - 5:00 p.m.
21. PAIC Update - Evolving Healthcare System
22. Arango-Lasprilla & Salinas - Assessing Spanish-Speaking Children

Paper Sessions (1 CE)
4:00 p.m. - 5:00 p.m.
23. Pediatrics
24. Assessment

Exhibit Hall Open
12:00 p.m. - 3:30 p.m.

Evening General Session
Awards Ceremony
4:30 p.m. - 5:00 p.m.
Naugle

Distinguished Lifetime Contribution to Neuropsychology Award Address (1 CE)
5:00 p.m. - 6:00 p.m.
33. Squire - Neuroscience of Memory

Saturday, October 28

Continental Breakfast
Exhibit Hall Open
7:30 a.m. - 9:00 a.m.

CE Workshops (2 CE)
8:30 a.m. - 10:30 a.m.
34. Boake & Puente - ICD-10 Coding
35. J. Miller - Biomedical Informatics
36. Burdick - Neurocognition in Bipolar Disorder

CE Workshop (1 CE)
11:00 a.m. - 12:00 p.m.
37. Puente - CPT Update

Friday, October 27

CE Workshop (2 CE)
7:00 a.m. - 9:00 a.m.
26. Dodzik - ABPdN Test Prep

Continental Breakfast
7:30 a.m. - 9:00 a.m.

CE Workshops (3 CE)
9:00 a.m. - 12:00 p.m.
27. Armistead-Jehle, et al. - Challenges with TBI
28. Solomon - CTE in Sports
29. Anderson - Concussion Recovery

Special Interest Group Meetings
12:00 p.m. - 1:30 p.m.

Poster Session C
12:00 p.m. - 1:30 p.m.

Exhibit Hall Open
12:00 p.m. - 3:30 p.m.

CE Workshops (2 CE)
2:00 p.m. - 4:00 p.m.
30. Cox & Davis - Ethics & Information Security
31. Gruber - Marijuana & Cognition
32. Fastenau - Pediatric Grand Rounds
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Continuing Education (CE)
The National Academy of Neuropsychology is approved by the American Psychological Association to sponsor continuing education for psychologists. NAN maintains responsibility for the program and its content. CE Credit will be awarded on the basis of one credit per one hour of instructional time. A maximum total of 29 CE credits may be earned. There will be no CE credits offered for participation in the Student Luncheon or the special interest group meetings. NAN is committed to providing educational programs of the highest quality. Participants who are dissatisfied with a NAN educational program are encouraged to seek an appropriate resolution as outlined in NAN’s Grievance Policy (available from the NAN Office). CE letters will be available electronically after the conference.

Ethics Content
The APA does not accredit CE sessions as ethics sessions per se, nor does NAN as an APA CE provider. Whether a CE session meets requirements for ethics training is a distinction made by state authorities regulating the practice of psychology who require on-going ethics training for license renewal. It is typical for such regulators to require that ethics training be received in a CE-accredited session (NAN is an APA CE provider) and then to examine the content of the specific CE session to make sure that it meets their requirements for ethics training. Consequently, NAN recommends that attendees consult with their individual regulatory authority in advance if ethics credit is desired.

Course Handouts
In an effort to be environmentally responsible, NAN is trying to reduce the amount of paper we use at our conferences. Again this year, course handouts will be distributed to attendees electronically prior to the conference. No printed course handouts will be distributed at course sessions.

Audio Recording
Audio recordings of many of the workshops will be available for purchase on-site, or they may be ordered at a later date from Convention CD’s, Inc. by calling toll free 1-800-747-6334.

President’s Reception
The President’s Reception will be held on Thursday, October 26, at 6:30 p.m. after the President’s Address. A variety of hot and cold appetizers will be provided. Soft drinks and cocktails will be offered at the cash bars.

Students
NAN values its commitment to the professional development of students, interns, and post-doctoral residents. Pre-doctoral student members with a letter verifying their student status will pay $150 for general registration, rather than the member conference registration fee of $475. Registration for verified non-member students is $200. NAN post-doctoral resident members with a letter of verification from a supervisor pay a reduced rate of $275. Please note that individuals registered as students will not receive credit for CE courses. NAN will offer its traditional Student Luncheon on Wednesday, October 25. Attendance is limited to student and post-doc attendees. The early registration fee is $20.

Conference Registration
Conference registration can be completed by going online to: www.nanonline.org, or by printing off the registration form enclosed in this booklet and mailing or faxing to the address provided on the form. Payment in full is required in order to process registrations. We welcome payments in the form of check, Visa, and MasterCard. We regret that we cannot accept purchase orders, Discover, or American Express.

Code of Conduct and Behavior Policies
We value the participation of each member of the NAN community and want all attendees to have an enjoyable and fulfilling experience. Accordingly, all attendees, guests, speakers, exhibitors, and volunteers are expected to show respect and courtesy to others at all times. All communication and behavior, verbal or otherwise, should be appropriate for a professional environment. Those violating these rules may be asked to leave the conference with or without a refund at the sole discretion of the conference organizers.

Guests of Attendees
Guest badges are available for purchase during the registration process. Badges for adults are $75 and children are $25. A guest badge permits access to the food and beverage functions at the Annual Conference, including continental breakfast on Wednesday, Thursday, Friday, and Saturday, as well as the President’s Reception on Thursday evening. Guest badges for adults and children do not permit access to conference sessions or the exhibit hall outside of the designated reception time. Guests without a badge will be asked to leave. Guests are also expected to abide by the Code of Conduct and Behavior Policies.

Photo Release and Consent Statement
Please note: Your registration for a National Academy of Neuropsychology program includes your acceptance and agreement to the following photo release and consent statement:

I give permission to the National Academy of Neuropsychology to take photographs of me while I am engaging in neuropsychology education workshops. I also grant the right to edit, use and re-use said products for any and all educational, public service, marketing and outreach purposes selected by the National Academy of Neuropsychology. I release any and all rights, titles and interest I may have in said photographs, movies, video tapes, web-site productions, finished pictures, reproductions, copies or negatives of the same in connection with such uses.
Cancellation Policy
A 50% refund is possible for written cancellation requests postmarked and mailed by September 22, 2017 to NAN at 7555 East Hampden Avenue; Suite 525; Denver, CO 80231. Cancellations will not be accepted by phone. **Refunds will not be issued for cancellations requested after September 22, 2017.** No refunds are given for cancellations on-site.

Hotel Information
This AAA Four Diamond award-winning hotel is located in Boston’s thriving Seaport District. The Westin Boston Waterfront is just a few miles away from Logan International Airport, the historic North End, the Financial District, and scenic Back Bay. With this central location, you will be able to explore the Seaport District neighborhood and enjoy a number of nearby waterfront dining options.

**Reservations:** Once you have registered for the Annual Conference, you will be provided with the necessary code to book your hotel reservation either online or by phone at the conference rate of $279 plus applicable taxes and fees. The deadline to make a reservation is **September 29, 2017.**

Booking a room in the room block at the Westin Boston Waterfront is an important way to support NAN and ultimately keep overall meeting costs and registration prices as low as possible. Staying “within the block” is also more convenient and helps you stay connected with the informal activities and networking opportunities that occur at the headquarters hotel during the conference.

Transportation Information
**Local Airport:** Boston Logan International Airport (BOS)
- Travel Distance from Hotel: Approximately 10 minutes

**Shuttle:** Go Boston Shuttle
- Please visit www.gobostonshuttle.com/hotels or call (617) 437-8800 to make reservations

**Taxis:** Taxi service is readily available at Boston Logan airport on the lower level of each arrival terminal. Please note that Uber and Lyft are not permitted to pick-up passengers from the airport.
- Approximately $25 USD each way

**Subway:**
- Fares average between $1.70 - $2.25 per ride
- Please visit www.mbta.com for more information about the Boston Subway

**Hotel Parking:**
- On-site parking, $36 USD daily
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Boston Common & Public Garden
The starting point of the Freedom Trail, Boston Common is the oldest park in the country with almost 50 acres in size. The Public Garden was the first public botanical garden in America. Admire the rich and unusual plants, the Lagoon, the monuments and fountains, and the Swan Boats floating peacefully by on the middle pond.

Boston Public Library
Established in 1848, the Boston Public Library was the first large free municipal library in the United States. The Boston Public Library holds several first edition folios by William Shakespeare, original music scores from Mozart to Prokofiev’s “Peter and the Wolf,” and the personal library of President John Adams.

Fenway Park
“America’s Most Beloved Ballpark” is uniquely nestled in the city of Boston. See the home of Red Sox legends and sit atop the world famous Green Monster which stands 37 feet high overlooking left field. Grab a ticket to a game, take a public tour, or just walk around the outside while exploring the city.

Cambridge
Home to two of the most prestigious universities in the country, Harvard and the Massachusetts Institute of Technology (MIT), Cambridge is worth the trip across the Charles River. With its stunning architecture and incredible diversity of restaurants and shopping attractions, Cambridge attracts a mix of students, locals and sightseers. Check out one of the many coffee shops or take a stroll through the historic Harvard Yard.

Faneuil Hall Marketplace
Built in 1742, Faneuil Hall was home to merchants, fishermen and meat and produce sellers. These days customers enjoy unique, locally loved, and nationally recognized shops while indulging in the worldwide cuisine at numerous restaurants.

Boston Public Market
The Boston Public Market opened in 2015 and features pushcart vendors and a new indoor, year-round 28,000 SF Public Market, with 45 permanent vendors and an exterior market, which can accommodate up to 20 additional vendors on the plaza outside. The Kitchen at Boston Public Market is a 3,200 square feet of space offering chef demonstrations, cooking classes, and year-round programming showcasing regionally sourced food.

The Freedom Trail
Take this red brick road and cover two-and-a-half centuries of America’s most significant past. Reconnect with 16 historical sites during the course of two or three hours, and check out many other things to do in Boston also found along the Freedom Trail.

Newbury Street
Indulge in retail therapy along one of Boston’s most enchanting streets. Newbury Street is famous for its chic and fashionable stores as well as world-class restaurants lining its eight blocks.
The American Board of Professional Neuropsychology (ABN) has been granting board certification in clinical neuropsychology since 1982. ABN encourages the pursuit of excellence and recognizes competence in skills relevant to the practice of clinical neuropsychology. The ABN’s credentialing process involves a credential review, written examination, work sample, and oral examination. Our mentors are available throughout this process to assist applicants and answer questions. ABN applicants are required to fulfill all core skills and knowledge competencies guidelines as defined by the Houston Conference, though they may be allowed specified areas of flexibility in methods and time frames of doing so. Diplomates enjoy a collegial, welcoming atmosphere, with ample opportunity to participate in leadership activities, including helping the Board of Directors advance the mission of the Board through sitting on a committee, or running for a position on the Board. There is also opportunity to help ABN in its collaborative efforts with other neuropsychology organizations.

Please visit us on the web at ABN-Board.com, or come by the ABN booth for additional information, and to meet members of the Board of Directors.

The Academy of the American Board of Professional Neuropsychology (AABN), a division of the ABN, is NOW RECRUITING post-doctoral neuropsychology training programs to join our consortium of other recognized training sites. Recognized programs have access to a large cache of didactic materials and information to augment the post-doctoral training experience, and to help fellowship programs meet the Houston Conference training guidelines. In addition to access to AABN’s archives of didactic materials, fellows in the program will be provided with support from AABN in the form of evaluation and monitoring of progress during training. The training experience is structured to prepare students for board certification in neuropsychology. The development and implementation of AABN was designed to strengthen the field of clinical neuropsychology by setting standards for post-doctoral training thereby fostering education, and the public’s confidence in the field of clinical neuropsychology. AABN is helping to fill the gap in number of available training programs in comparison to the number of applicants seeking fellowships.

The AABN Postdoctoral Residency Programs in Neuropsychology Training are structured to closely follow Houston Conference Guidelines on training and education in neuropsychology, the American Psychological Association’s Society for Clinical Neuropsychology (SCN), and the Association of Psychology Postdoctoral Internship Centers (APPIC) postdoctoral membership.

For more information, or to talk to a current AABN post-doctoral fellow or faculty member please visit us at the American Board of Professional Neuropsychology booth, or visit us on the web at www.aabnonline.com
Course 1
American Board of Clinical Neuropsychology: Policies and Procedures
Linas Bieliauskas, Ph.D.
Ann Arbor VA Healthcare System / University of Michigan Health System

Specialty board certification in Clinical Neuropsychology through the American Board of Clinical Neuropsychology (ABCN) for all practicing and teaching clinical neuropsychologists, including those who work with children and those who work with adults, is a major goal of the American Academy of Clinical Neuropsychology (AACN). This workshop is designed to familiarize the potential candidate with the policies and procedures of the ABCN examination and to provide advice on study and preparation. The history of the development of board certification is reviewed, current procedures are described, and the process of examination is explained. The extensive resources available for exam preparation through AACN will be described, and access to them explained. At the end of this workshop, participants should be thoroughly familiar with the ABCN process and understand how to submit their credentials, prepare for the written examination, and become ready for submitting their work for peer review and examination.

As a result of attending this presentation, the participant will be able to:
1. Explain the rationale and development of the board certification process in Clinical Neuropsychology.
2. Compare and contrast ABCN procedures with parallel board certification procedures in relevant medical specialties.
3. Discuss the value of board certification for assuring quality of services for patients, establishing personal competency, and strengthening the profession.
4. Describe the background for the written exam and explain how to access resources to assist with study.
5. Analyze the critique of submitted work samples, and utilize approaches to improving submission.
6. List appropriate strategies to facilitate readiness for all parts of the oral examination.
7. Use available resources to prepare for the exam and maintain optimal clinical competency.

Course 2
Mild Traumatic Brain Injury: Outcome, Postconcussion Syndrome, and Forensic Assessment
Glenn J. Larrabee, Ph.D.
Independent Practice

This presentation reviews VA/DOD diagnostic criteria for mild traumatic brain injury (mTBI) which emphasize consideration of acute, day-of-injury variables including Glasgow Coma Scale and post-traumatic amnesia. Outcome from mTBI is reviewed from a meta-analytic perspective, including discussion of effect sizes for mTBI and other neurologic, developmental, and psychiatric disorders. The use of orthopedic trauma groups for comparison is emphasized to control for pre- and post-injury neuropsychological and psychological factors that are unrelated to the occurrence of mTBI. Clinical features known to moderate recovery are reviewed, including complicated mTBI and effects of multiple mTBIs, with brief discussion of chronic traumatic encephalopathy (CTE). Post-concussion syndrome (PCS) is considered as being moderated by neurologic factors acutely, and psychological factors chronically. The high base rate of purported PCS symptoms in non-concussed persons, increasing in persons experiencing depression or chronic pain, show a lack of specificity for the association of PCS with mTBI. The lack of specificity for PCS symptoms can lead to misattribution of these complaints to brain trauma. Symptom misattribution accompanied by diagnosis threat (reduced neuropsychological test performance when testing is viewed as related to history of mTBI) can have iatrogenic effects. Cognitive behavioral treatment involving education about outcome of mTBI and reframing of PCS symptoms as common everyday phenomena exacerbated by stress can be an effective manner of treatment of PCS. The workshop concludes by considering differential diagnosis in the forensic assessment of the individual mTBI case based upon record review, direct interview, and direct testing of neuropsychological abilities.

As a result of attending this presentation, the participant will be able to:
1. Describe the typical outcome of a single, uncomplicated mTBI.
2. Discuss the importance of using orthopedic trauma control groups in research on mTBI.
3. Explain the different factors related to acute versus chronic post-concussive complaints, and the non-specificity of complaints as evidence for acquired brain injury.
4. Describe the components of the evidentiary tripod for forensic assessment of mTBI.
Course 3
Integrating Neuroimaging Data with Neuropsychological Testing in Aging Populations

L. Stephen Miller, Ph.D.
Bio-Imaging Research Center, University of Georgia

Cutter Lindbergh, M.A.
Bio-Imaging Research Center, University of Georgia

The tools of neuropsychology are expanding beyond traditional paper-and-pencil measures of cognitive domains linked to areas of potential lesions or other brain impairment. Neuroimaging techniques, including EEG, PET, and in particular structural and functional MRI, are becoming more widely available to the neuropsychologist, and are particularly relevant in the assessment of age-related brain processes. This workshop will provide a background on basic methods of neuroimaging with older adults. This will be followed by a review of the neuroimaging evidence for brain changes in the aging process, in both normal and pathological brains. From there, we will discuss ways in which the neuropsychologist can integrate these neuroimaging findings as additional diagnostic and prediction tools in the cognitive assessment of older adults, particularly those with concerns about neurodegenerative and dementia-related illnesses. We will also review the neuropsychological and neuroimaging evidence of brain plasticity, with a focus on possible intervention techniques including cognitive training.

As a result of attending this presentation, the participant will be able to:
1. Discuss the usefulness of multiple methods of neuroimaging, with an emphasis on magnetic resonance imaging (MRI).
2. Describe the evidence from neuroimaging literature supporting how neuroimaging data can enhance neuropsychological assessment.
3. Utilize methods to incorporate and integrate neuroimaging data into the overall neuropsychological assessment of older adult clients.

Course 4
Illness Identity: Expanding the Health Beliefs Model to Neuropsychological Presentations

Julie A. Suhr, Ph.D.
Ohio University

The Common Sense Model of Illness describes how various sources of information from one’s sociocultural environment can lead to a personal representation of an illness, which then affects coping strategies and, ultimately, illness outcomes. While this model has been repeatedly supported in various health conditions, including cardiovascular disease, cancer, and chronic fatigue/pain, it has recently gained attention with regard to its application to Postconcussion Syndrome. An expanded Common Sense Model of Illness will be presented, which includes attentional, emotional, and motivational reinforcements for the initial development of an Illness Identity, as well as response expectancies and other internal and external reinforcements for illness behaviors. Evidence for aspects of the model as it applies to neuropsychological presentations will be presented, including mild Traumatic Brain Injury/Postconcussion Syndrome, Attention-Deficit/Hyperactivity Disorder, and Mild Cognitive Impairment. Potential expansions of the model to childhood presentations will also be discussed.

As a result of attending this presentation, the participant will be able to:
1. Discuss research findings consistent with viewing some neuropsychological presentations as functional somatic disorders.
2. Apply these findings to an expanded health beliefs model of illness.
3. Explain how these research findings apply to clinical practice.
4. Apply this knowledge to case examples.

12:00 p.m. - 1:00 p.m.
Student Luncheon
*Attendance is limited to students and post-docs only

Course 5
Writing a Successful NAN Clinical Research Grant

Maureen Schmitter-Edgecombe, Ph.D.
Washington State University

Robert Roth, Ph.D.
Geisel School of Medicine at Dartmouth / DHMC

Christopher Benjamin, Ph.D.
Yale Medical School

Michael Horner, Ph.D.
Ralph H. Johnson Department of Veterans Affairs Medical Center / Medical University of South Carolina

In this one-hour session hosted by the NAN Student Committee, the NAN Clinical Research Grants mechanism will be discussed. The NAN Clinical Research Grants program was initiated to promote research that addresses important clinical and empirical issues in the field of neuropsychology. One important goal of the program since its inception has been to encourage and support early career neuropsychologists in their development of a program of research. In this session, Clinical Research Grants committee members will discuss the history of the grants program, including outcomes for those who have been funded (e.g., publications, other grants), proposal requirements, timelines, tips for preparing a competitive proposal, and characteristic of competitive proposals. Former grant recipients will also discuss their experiences with the grants program, including describing their funded projects and how the NAN research grant was used in career development. This is designed to be an interactive session so that students and prospective applicants can have their questions about the NAN Clinical Research Grants mechanism answered.
Forensic Methods: Causation Analysis, Work Ability Evaluation, And Impairment Rating (for Cognitive Impairment, Mental Disorders, and Chronic Pain), as Published in the American Medical Association’s Guides Library

Robert J. Barth, Ph.D.
Independent Practice

Over the past few decades, there has been an explosion in requests from legal systems for neuropsychologists to provide expert witness work. Neuropsychologists who accept such work must be aware of the relevant standards. According to the US Supreme Court, expertise (and expert witness work) is rooted in methods. Those methods listed in the title of this presentation have all been published in the American Medical Association’s Guides Library. The presenter has repeatedly been invited by the AMA to contribute to that Library, and this presentation incorporates all of the following from the presenter’s work with that Library:

• The causation analysis method
• The work ability evaluation method
• The impairment rating methods for claims of cognitive impairment, mental illness, and chronic pain

As a result of attending this presentation, the participant will be able to:
1. Describe the method for causation analysis.
2. Explain the method for evaluating work ability.
3. Discuss the methods for impairment rating for cognitive impairment, mental disorders, and chronic pain.

The Use of Biomarkers to Predict Neurodevelopmental Outcomes of Infants Receiving Hypothermia for Hypoxic-Ischemic Encephalopathy (HIE)

Shelley C. Heaton, Ph.D.
University of Florida

Hypoxic-ischemic encephalopathy (HIE) is a serious birth complication that occurs in about 20 of 1,000 full-term infants. Between 10-60% of asphyxiated babies who exhibit HIE die during the newborn period, and up to 25% have permanent neurodevelopmental handicaps in the form of cerebral palsy, mental retardation, learning disabilities, or epilepsy. Until recently, treatment of HIE consisted of supportive care, including respiratory support, treatment of hypotension, careful monitoring of fluid and electrolytes, and treatment of seizures. In the last decade, the use of therapeutic hypothermia for treatment of HIE has been shown to improve the neurological and neurodevelopmental outcomes of one in eight neonates with moderate to severe HIE. To be effective, hypothermia should be initiated as soon as possible and no later than six hours after the initial insult. Thus, rapid and accurate classification of injury severity and early identification of the subgroup of infants likely to respond favorably to treatment is essential in order for treatment decisions to be made in the hours following injury. However, the bedside clinician is not currently able to accurately identify the neonate who will respond versus the non-responder, because accurate clinical indicators cannot be assessed during treatment due to sedatives and the effects of hypothermia itself. Several brain-specific biomarker proteins of injury severity show promise for rapidly informing hypothermia treatment decisions by predicting developmental outcomes of those treated. Data will be presented highlighting the relationship between target biomarkers and developmental outcomes at 18 months of age in a sample of neonates with severe HIE who were treated with hypothermia. The role of neuropsychology in outcome assessments will be discussed, along with measurement challenges for research being conducted in this area.

As a result of attending this presentation, the participant will be able to:
1. Describe the etiology and diagnostic criteria of hypoxic-ischemic encephalopathy (HIE).
2. Describe the brain damage and developmental outcomes associated with HIE.
3. Explain current medical treatment options for HIE and list some of the challenges faced by clinicians making treatment decisions.
4. List specific biomarker proteins of HIE brain injury that predict favorable developmental outcomes among infants treated with hypothermia.
5. Explain measurement concerns associated with a widely-used developmental test which may pose a challenge to accurate outcome assessment of toddlers treated for HIE at birth.
6. Discuss the role of neuropsychology in medical treatment studies.

Adult Grand Rounds

Moderator:
Richard Naugle, Ph.D.

Discussants:
Clea Evans, Ph.D.
Methodist Rehabilitation Center

Gregory Lee, Ph.D.
Barrow Neurological Institute

Robin Hilsabeck, Ph.D.
INC Research

Neuropsychological evaluation and intervention for adults necessitates knowledge of developmental history, the effects of aging on nervous system function, and the potential impact of other systemic medical illness, psychiatric conditions, and environmental, educational, and cultural effects on known or suspected neurologic dysfunction. It is critical in evidence-based neuropsychological practice for the clinician to integrate the best clinical research to guide assessment and interpretation to maximize patient outcomes. Adult Grand Rounds is a presentation designed to provide information about the necessary components of assessment...
and treatment planning via the format of case studies. These cases were selected to represent varied neuropsychological issues, and presentations will be followed by an opportunity for questions and discussion.

As a result of attending this presentation, the participant will be able to:

1. Describe an evidence-based neuropsychological assessment approach for assessing cognitive problems following cardiopulmonary failure in the setting of opioid overdose, and discuss treatment planning with such patient populations.
2. List the neuropsychological features of Acute Myeloid Leukemia (AML), and identify variables affecting progression or stability in neurologic pathology in adults over the course of the disease.
3. Describe the evidence base for neuropsychological assessment among patients with frontotemporal dementia variants with respect to differential diagnosis, and discuss how neuropsychological services can benefit patients’ treatment and quality of life.

3:30 p.m. - 4:30 p.m.
Welcome & NAN Business Meeting

4:30 p.m. – 5:30 p.m.
CE Workshop (1 CE)

Course 9
Diverse Brains
Morton Ann Gernsbacher, Ph.D.
University of Wisconsin-Madison

Humans differ. Most read with their eyes, but some read with their fingertips. The majority communicates by speaking and listening, but a minority communicates by signing. Humans are diverse, and so are our brains. In this presentation, I will answer the question of when neuroscientists should accentuate brain differences - and when they probably shouldn’t. To answer this question, I will review contrasting bodies of scientific literature in which differences between neurologically different groups have been claimed, but the differences are quite small. The question of why individuals, themselves, should accept their brain differences will also be examined. In addition, I will review a bevy of studies that overwhelmingly demonstrates that acceptance of disability is positively associated with positive psychological states. Lastly, I will discuss how we, as a society, can accommodate brain differences.

As a result of attending this presentation, the participant will be able to:

1. Compare two contexts in which group differences have been claimed.
2. List three empirically-supported findings that support acceptance of disability.
3. Identify three accommodations that society can make for persons with diverse brains.

5:30 p.m. – 6:30 p.m.
Opening Keynote Address (1 CE)

Course 10
Neuropsychology of Cognitive Aging and Dementia: Advances in Clinical Diagnosis and Treatment
Kathleen A. Welsh-Bohmer, Ph.D.
Department of Psychiatry and Behavioral Sciences
Joseph and Kathleen Bryan Alzheimer’s Disease Research Center
Department of Neurology
Duke University

Considerable advances have been made in the neuropsychological understanding of normal cognitive aging and brain diseases such as Alzheimer’s disease. In addition, the development of imaging and fluid biomarkers of Alzheimer’s disease makes it possible to diagnose the disorder early in its course, well before the neuropathology underlying it has become entrenched. This ability to identify disease early and distinguish it from the more benign effects of aging presents care advantages but also poses some clinical challenges. This workshop will begin by discussing the clinical neuropsychological distinctions between cognitive aging and early neurodegenerative disease. We then will consider the advances in brain imaging and fluid biomarkers that can be used to augment diagnosis and guide current management decisions. We will conclude by discussing treatments for memory disorders and current research efforts to accelerate therapeutic compound development to prevent the onset of AD and related memory disorders.

As a result of attending this presentation, the participant will be able to:

1. State the key neuropsychological differences between cognitive aging and Alzheimer’s disease.
2. Discuss the genetic risk factors for developing late onset AD.
3. Describe the fluid and imaging biomarkers available to facilitate early diagnosis of AD, including limitations and current guidelines for practice.
4. Identify current treatment strategies, both pharmacological and non-pharmacological, for optimizing cognitive function at the individual level.
5. Discuss research strategies to accelerate development of therapeutic compounds to delay AD onset.
3. Describe the application and boarding process of The Neuropsychology certification with the American Board of Professional Neuropsychology.

2. List the qualifications needed to apply for board certification with ABN.

1. Recite the mission of the American Board of Professional Neuropsychology and discuss the benefits of being boarded with ABN.

As a result of attending this presentation, the participant will be able to:

1. Recite the mission of the American Board of Professional Neuropsychology and discuss the benefits of being boarded with ABN.

2. List the qualifications needed to apply for board certification with the American Board of Professional Neuropsychology.

3. Describe the application and boarding process of The American Board of Professional Neuropsychology.

Behavioral health conditions are extremely common, affecting nearly one in five Americans and leading to health care costs of $577 billion a year, on par with cancer. Conditions such as depression can be very disruptive, occurring among younger as well as older Americans and leading to significant disability and lost income. In spite of this, behavioral health care is mostly separated from the primary care system. Evidence has continued to mount that having two, mostly independent systems of care leads to worse health outcomes and higher total spending, particularly for patients with comorbid physical and behavioral health conditions ranging from depression and anxiety, which often accompany physical health conditions, to substance abuse and more serious and persistent mental illnesses.

Part of the problem is that the majority of patients with behavioral health problems - as many as 80 percent - present in emergency departments and primary care clinics, where providers often lack the time, training, and staff resources to recognize and treat behavioral health conditions that have a neurological component. This includes conditions such as brain injury, stroke, dementia, or intellectual disabilities. By some estimates, 60 to 70 percent of these patients leave medical settings without receiving treatment for neurologically-based behavioral health conditions, even though this increases the odds that they will have difficulty recovering from their medical conditions. Some patients do enter the behavioral health system, where the vast majority of clinical social workers, psychologists, and psychiatrists work, either in independent practice or in clinics and hospitals that treat mental health and substance abuse problems exclusively. Many patients who are referred for behavioral health treatment do not follow through since the provider is not able to adequately identify the underlying neuropsychological issues. This ultimately adds to the cohort of patients who receive no care. Additionally, behavioral integration into primary medicine today is focusing mostly on two major areas: mood disorders and substance abuse. Prisons and jails continue to see an increase in inmates incarcerated with conditions such as TBI, which, if not identified, can lead to mismanagement post-release and eventual recidivism. As such, it is vital to integrate the important role neuropsychology plays in diagnosis and treatment into a new behavioral transformation process in order to address successful outcome.
NAN’s Women in Leadership Committee invites you to the

2017 Annual Networking Event

Wednesday, October 25, 2017
7:30 p.m. to 9:30 p.m.
The Westin Boston Waterfront

The WIL Networking Event is a wonderful opportunity for conference attendees to network as we continue to support women who have become leaders within our profession and encourage those who are seeking greater opportunities for leadership. Heavy hors d’oeuvres and a cash bar featuring wine, beer, and non-alcoholic beverages will be served. Reduced fees are available for student members. Purchase your tickets early as space is limited!
As a result of attending this presentation, the participant will be able to:

1. Identify the role neuropsychology can play in behavioral health integration and responding to the complex healthcare needs of high-risk populations.
2. List the critical elements neuropsychology can offer in providing effective integrated behavioral health care in a primary care setting.
3. Explain how to partner with other specialty behavioral health and medical providers and apply this to clinical practice.

Course 13
The Changing Face of Neuropsychology: Gender Disparities and Strategies for Addressing Them
Julie A. Suhr, Ph.D.
Ohio University
Rebecca Ready, Ph.D.
University of Massachusetts
Wilma G. Rosen, Ph.D.
Private Practice
Robin C. Hilsabeck, Ph.D.
INC Research
Danielle M. Ploetz, Ph.D.
Kennedy Krieger Institute

The number of women in clinical psychology and clinical neuropsychology has changed over time, with many resulting important implications for our field. This workshop will identify positive strategies to address gender disparities in neuropsychology. The threefold aims are to: 1) present and discuss data on changes in gender composition in neuropsychology at all professional levels, including students, early career professionals, board certified professionals, and those holding leadership roles; 2) discuss the effects of these changes on the field at large and identify areas where conscious and unconscious gender bias exists by both men and women; and 3) present proactive steps that all neuropsychologists can take to reduce gender disparities, including mentorship and sponsorship, negotiating salaries, networking, and handling microaggressions. Workshop presenters represent multiple levels of experience in the field, and will use existing research in neuropsychology as well as other fields to present a proactive approach to supporting the advancement of both genders for the betterment of the field of neuropsychology as a whole.

As a result of attending this presentation, the participant will be able to:

1. Summarize the changing demographics of neuropsychology with respect to women at all professional levels.
2. Describe potential implications of these changes for the field at large and for women advancing in the field.
3. Discuss effective strategies to empower all neuropsychologists to promote gender equality in the field of neuropsychology.
As a result of attending this presentation, the participant will be able to:
1. Diagnose unusual disorders that can mimic Alzheimer’s disease.
2. Discuss the use of new diagnostic imaging techniques.
3. List the types of diet and exercise that have been proven beneficial for older adults with and without cognitive disorders.

Course 17
Paper Session: Aging and Dementia

This session will present research that investigates aging and dementia. First, the relationship between traumatic brain injury history and age of onset of Alzheimer’s disease will be explored. Next, the relationship between anticholinergic/sedative medications and self-reported cognitive decline in an elderly population at risk for Alzheimer’s disease will be presented. A literature review examining cognitive functioning in aging physicians undergoing competency assessments will then be discussed. Finally, the moderating effect of cognitive reserve on the relationship between age and inter-network connectivity will be explored.

As a result of attending this presentation, the participant will be able to:
1. Discuss how TBI impacts age of onset of Alzheimer’s disease.
2. Explain the relationship between anticholinergic/sedative medication use and subjective cognitive decline in an elderly population at risk for Alzheimer’s disease.
3. Describe the utility of neuropsychological assessments for detecting cognitive impairment in physicians.
4. Discuss how age and cognitive reserve impact inter-network connectivity.

Course 18
Paper Session: Neurological and Neuropsychiatric Disorders

This session will present research on various neurological and neuropsychiatric diagnoses, including Parkinson’s disease, Autoimmune Encephalitis, non-epileptic seizures, and mild Traumatic Brain Injury.

As a result of attending this presentation, the participant will be able to:
1. Discuss the relationship between plasma lipid levels and cognition in Parkinson’s disease patients.
2. Identify neuropsychological correlates of Autoimmune Encephalitis.
3. Describe the relationship between PTSD and psychogenic non-epileptic seizures.
4. Explain the relationship between anger and aggression in service members with mild TBI.
WoRksHoP infoRMation

2:45 p.m. – 3:45 p.m.
Paper Sessions (1 CE)

Course 19
Paper Session: Diversity

This session will focus on assessment and treatment of minority cultures. First, differences in rates of conversion to Alzheimer’s disease between Caucasian and African Americans will be explored. Second, an intervention for Spanish-speaking patients will be described. Third, available assessments for Spanish-speaking patients will be reviewed. Finally, a systematic review on acculturation in neuropsychology will be discussed.

As a result of attending this presentation, the participant will be able to:
1. Discuss differences in clinical presentation and rates of conversion to Alzheimer’s disease in Caucasians compared to African Americans.
2. Describe the Spanish version of the modified Story Memory Technique and its effectiveness in patients with multiple sclerosis.
3. Identify the best neuropsychological assessments to use with Spanish-speaking populations based on normative data and psychometric properties.
4. Explain how acculturation is conceptualized in neuropsychological assessment.

Course 20
Paper Session: Traumatic Brain Injury

This session will present research on measurement issues in traumatic brain injury (TBI). First, authors will discuss the association between APOE e4 and psychiatric distress in veterans with mild to moderate TBI. Next, accuracy of self-report questionnaires in the diagnosis of TBI will be reviewed. A comparison of four computerized assessments will then be presented. Finally, subjective and objective memory will be compared in elderly veterans with a history of TBI only and in those with TBI and PTSD.

As a result of attending this presentation, the participant will be able to:
1. Describe how APOE e4 genotype is related to psychiatric distress in veterans with a TBI history.
2. Explain the use of self-report questionnaires in the diagnosis of TBI.
3. Discuss four computerized assessments used with TBI patients.
4. Describe how PTSD may influence the relationship between TBI history and memory.

3:30 p.m. – 5:00 p.m.
CE Workshops (1.5 CE)

Course 21
Neuropsychology and the Evolving Healthcare System: A PAIC Update

In the United States, we find ourselves in the midst of a reform of the healthcare system. While such changes may elicit anxiety for some, these shifts have created a tremendous opportunity in which the field of neuropsychology, by taking a proactive stance, can not only ensure our survival but promote our growth. However, this requires us to be educated about movements away from traditional fee-for-service reimbursement models to fee-for-performance and quality-based reimbursement. As a field, we may capitalize on these systemic changes, using them as a means of shifting into new practice models rooted in a collaborative care mindset and expanding into non-traditional arenas such as direct partnership with primary care entities. This workshop will provide an update to attendees on the activities of the PAIC Committee, with a focus on those issues directly relevant to neuropsychology practice such as billing and clinical growth. Insights from an insurance representative will also be shared.

As a result of attending this presentation, the participant will be able to:
1. Discuss the changing dynamics of the healthcare system and the impact of this on neuropsychology.
2. Explain the transition to the Merit-based Incentive Payment System/Medicare Access and CHIP Reauthorization Act (MIPS/MACRA) system, including relevant timelines and penalties.
3. Identify ways to expand neuropsychology clinical practice into non-traditional arenas.

Course 22

Hispanics/Latinos are the largest and fastest growing linguistic and ethnic minority group in the United States. Healthcare disparities place Hispanic/Latino children at increased risk for diseases and poorer developmental outcomes. Therefore, cultural responsiveness is a key
Course 24

Paper Session: Assessment

This session will cover issues relevant to assessment. The first paper employed machine learning algorithms to predict epilepsy lateralization and localization from neuropsychological test results. The second paper discusses how the ecological validity of executive functioning assessments has changed over time. The third paper describes factors associated with test performance validity in veterans with PTSD. The fourth paper investigates psychometric properties of the ADHD Symptom Infrequency Scale.

As a result of attending this presentation, the participant will be able to:
1. Discuss an advantage of using kernel support vector machine analysis over linear regression.
2. Discuss the importance of ecologically valid assessment of executive functions and the evolution of such measures over time.
3. Explain how symptom severity and distress tolerance are related to test performance validity.
4. Describe the reliability and validity of the ADHD Symptom Infrequency Scale.

competency for neuropsychological practice with children. In this course, several factors that influence neuropsychological assessment and performance with Hispanic/Latino children, such as culture, bilingualism, acculturation, education, and the use of interpreters, will be discussed. Participants will learn about practical resources and clinical methods that are essential for the evaluation of Spanish-speaking children across various settings. An overview of the available Spanish pediatric tests and the process of both test selection and determining language dominance in bilinguals will be highlighted. Participants will become familiar with the results of a large multinational normative study, which included 10 neuropsychological tests in over 5,300 healthy participants from 28 cities across 11 Latin American countries, the United States, and Spain. This course will teach participants the necessary skills to appropriately and reliably choose and utilize normative data for a Spanish-speaking child. Case illustrations will be provided to help participants translate this knowledge into clinical practice.

As a result of attending this presentation, the participant will be able to:
1. Identify and evaluate the cultural factors that influence neuropsychological assessment of Spanish-speaking children.
3. Discuss factors to consider when choosing and using normative data.
4. Utilize new norms that have resulted from a large, multinational study of healthy Spanish-speaking children from 11 Latin American countries, the United States, and Spain.

4:00 p.m. – 5:00 p.m.

Paper Sessions (1 CE)

Course 23

Paper Session: Pediatrics

This session will present research focused on pediatric neuropsychology. First, the prevalence of impaired processing speed in pediatric patients will be discussed. Next, a performance validity test appropriate for use with children and adolescents with seizure disorders will be reviewed. Finally, the impact of teacher warmth on teacher assessments of student cognitive functioning will be described.

As a result of attending this presentation, the participant will be able to:
1. Explain a potential mechanism through which processing speed impacts academic functioning.
2. Describe the Memory Validity Profile and its appropriateness for use with pediatric patients with seizure disorders.
3. Discuss how teacher warmth impacts teacher assessments of student’s cognitive abilities.
WoRkSHOp infoRMation

5:30 p.m. – 6:30 p.m.
President’s Address (1 CE)

Course 25
Integrating into the Future Role of Neuropsychology: What Will Practice Be Like in 5 + Years?
John E. Meyers, Psy.D.
Neuro Cognitive Assessment Branch, Rehabilitation and Reintegration Division, HQDA Office of the Surgeon General of the Army

In these changing times, neuropsychology must compete for service dollars. With large populations in need of neuropsychological services, how does neuropsychology prove its worth in improving the lives of our patients? This lecture will center on the prediction of the future path of neuropsychology as integrating into large health care models. Through the use of population trend data, neuropsychologists can see the emerging areas of future needs for neuropsychological services. By examining medical trend data, neuropsychologists can anticipate how to position neuropsychological services to fit within the medical care models. Through the application of sound evidence-based neuropsychological practices, neuropsychology can improve patient care and patient outcomes while promoting cost savings to the medical field in general and to patients specifically. The future neuropsychologist will be an integral part of health services.

As a result of attending this presentation, the participant will be able to:
1. Discuss the need for expanding services beyond the traditional private practice.
2. Analyze population trends to help target future needs for neuropsychological services.
3. Describe the trends in health care and utilize this information to anticipate future neuropsychological service needs within the medical care models.

6:30 p.m. – 8:00 p.m.
President’s Reception
Poster Session B
Exhibit Hall Open

7:00 a.m. – 9:00 a.m.
CE Workshop (2 CE)

Course 26
American Board of Pediatric Neuropsychology: Examination Preparation
Peter Dodzik, Psy.D.
Fort Wayne Neurological Center

The American Board of Pediatric Neuropsychology (ABPdN) is the only board certifying body devoted exclusively to assessing competence to practice pediatric neuropsychology. In this workshop, current officers of ABPdN will discuss details regarding the board certification process. This workshop is designed to familiarize the potential candidate with policies and procedures of the ABPdN examination and to provide advice on study and preparation. The history of the development of board certification in pediatric neuropsychology is reviewed, current procedures are described, and the process of examination is explained. Attendees will be provided details regarding each stage of the process, including the application, threshold training requirements, the written examination, and the professional work sample. Suggestions regarding preparation for the written examination, including a recommended reading list, will be provided. Workshop attendees will be provided with details regarding oral examination, which comprises an examination of scope of training, professional work sample, and fact-finding cases. Presenters will also discuss strategies for selecting a case for the professional work sample. In order to aid prospective applicants in understanding the specific scoring criteria, the workshop presenters will discuss the scoring criteria for each segment of the ABPdN examination. The workshop will review the establishment of the American Academy of Pediatric Neuropsychology, Journal of Pediatric Neuropsychology, and the national conference. Audience members will be encouraged to provide comments and ask questions of the presenters.

As a result of attending this presentation, the participants will be able to:
1. Explain the inception, rationale, and maturation of the American Board of Pediatric Neuropsychology (ABPdN), the American Academy of Pediatric Neuropsychology, and the benefits of membership.
2. Describe the application process for board certification with ABPdN, including specific information regarding qualifications in training, scope of practice, and professional development.
3. List the requirements of the practice sample submission process to assist with case selection, report style, and format.
4. Discuss the development, validation, and revision of the Written Examination, as well as item content and study resources.
5. Prepare for the oral examination process and explain the roles of the examiners, ethical code of conduct, and structure of the evaluation.

*Attendance is limited to students & post-docs only
Course 27
Challenges Associated with TBI Research and Clinical Practice in the DoD and VA: Diagnostics, Pathology, & Ethics

Patrick Armistead-Jehle, Ph.D.
Munson Army Health Center

Wesley R. Cole, Ph.D.
Defense and Veterans Brain Injury Center / General Dynamics Health Systems

Robert D. Shura, Psy.D.
W.G. (Bill) Hefner VA Medical Center / Wake Forest School of Medicine / Edward Via College of Osteopathic Medicine

This workshop will cover various topics related to clinical care and empirical investigation with active duty service members (SM) and veterans who have experienced mild traumatic brain injuries (mTBI). The presentation will be broken down into three sections, with each section including discussion of recent research, applied clinical guidance, and ethical considerations. The first section will cover screening and initial assessment of mTBI, and will include discussions on the potential iatrogenic effects of system-wide screenings, use of computerized neurocognitive assessment tools (NCAT) such as the Automated Neuropsychological Assessment Metrics (ANAM), and the consistency of self-reported injuries across the active duty and veteran cycle of care. The second section will highlight aspects of the pathophysiology of concussion due to blast injury, an injury mechanism relatively unique to SMs and veterans, by presenting preliminary data from a Chronic Effects of Neurotrauma Consortium (CENC)-funded study on primary blast injury. The final section of this workshop will cover topics relating to clinical guidelines for the treatment of mTBI, with recent research on return-to-duty protocols discussed as well as the potential consequences of misdiagnosed postconcussive symptoms in VA disability evaluations. The audience will obtain an understanding of the unique challenges and ethical considerations that exist in research and clinical practice with service members with mTBI.

As a result of attending this presentation, the participant will be able to:

1. Explain the potential iatrogenic effects of mass screening for mTBI in the DoD and VA systems of care.
2. Describe the limitations and potential uses of NCATs in screening for mTBI.
3. Discuss the research related to consistency of self-reported concussions within service members and veterans.
4. Describe existing research on the neuropathology of blast injury and the initial data on outcomes following blast mTBI with post-deployed veterans.
5. Explain the DoD’s clinical guidance on treatment of postconcussive symptoms and related issues.

6. Discuss the emerging research on return-to-duty protocols and the associated ethical principles within the military environment.

Course 28
Chronic Traumatic Encephalopathy in Sports: What is the Evidence?

Gary Solomon, Ph.D.
Vanderbilt Sports Concussion Center / Vanderbilt University School of Medicine

The potential long-term effects of sport-related concussion, subconcussive impacts, and repetitive brain trauma have become a topic of keen public and scientific interest over the past decade, especially as they may relate to Chronic Traumatic Encephalopathy (CTE). This evidence-based presentation will review the history of CTE in sports, with particular attention paid to the evolution of CTE in American football. A summary of studies related to the effects of sport-related head trauma on psychiatric illness, suicide, and long-term neurocognitive disease (including Mild Cognitive Impairment, Amyotrophic Lateral Sclerosis, Parkinson’s Disease, and CTE) will be reviewed and synthesized, with in-depth attention given to two studies on the relationship between early exposure to sport-related head trauma and long-term neurocognitive factors. Data regarding the neurocognitive effects of heading the ball in soccer will be discussed. The published literature on CTE in sports, as well as the NINDS/NIH/NIH neuropathological criteria for the diagnosis of CTE, will be critically reviewed.

As a result of attending this presentation, the participant will be able to:

1. Discuss the history of CTE in sports.
2. Describe the evidence related to the relationship between sport-related concussion and psychiatric illness.
3. Explain the evidence related to the relationship between sport-related concussion and suicide.
4. Discuss the evidence related to published cases of sport-related CTE.

Course 29
Recovery from Child and Youth Concussion: What’s the Evidence?

Vicki Anderson, Ph.D.
Murdoch Children’s Research Institute / Royal Children’s Hospital

Over recent years, in the context of wide media focus, the field of child concussion has become highly controversial, resulting in public concern for the safety of children participating in contact sports. Surprisingly, the evidence base documenting the consequences of these concussive injuries sustained in children has been slow to develop, with available reports often hindered by methodological flaws. As a result, there are few robust data to support the development of guidelines for diagnosis, treatment, and clinical management.

This presentation will:

• explore mechanisms of child concussion;
• consider child-specific assessment models and their validity with this population;
• describe case examples which inform clinical research;
• report research findings from a prospective, longitudinal study following children and adolescents with concussive injuries, followed from presentation to Emergency Medical Services to symptom resolution; and
• review current evidence-based interventions for children with delayed recovery post-concussion.

As a result of attending this presentation, the participant will be able to:

1. Delineate the multiple mechanisms thought to underpin child concussion.
2. Explain the evidence-based clinical guidelines for child concussion.
3. Describe age-appropriate and validated assessment and intervention approaches to child concussion.

12:00 p.m. – 1:30 p.m.
Special Interest Group Meetings
(all registrants welcome)
* Aviation Psychology
* Hispanic Neuropsychological Society
* VA Neuropsychology Group
* Post-Doc/Internship Conversation Hour

12:00 p.m. – 1:30 p.m.
Poster Session C

12:00 p.m. – 3:30 p.m.
Exhibit Hall Open

2:00 p.m. – 4:00 p.m.
CE Workshops (2 CE)

Course 30
Practical and Ethical Issues in Information Security for Neuropsychologists
Darcy R. Cox, Psy.D.
Private Practice / University of British Columbia
Robert N. Davis, Ph.D.
Houston Neuropsychology Associates, PLLC

Novel technology offers unprecedented benefits for the business and practice of neuropsychology, but also poses some new ethical challenges. A thorough understanding of best practices in information security and their ethical correlates is necessary to maintain the confidentiality, integrity, and availability of patient data. Maintaining information security protects you and your business from “accidental” threats like a lost phone or failed hard drive, as well as more targeted threats like a stolen laptop, ransomware, or angry ex-employee. By taking a number of simple steps that do not adversely impinge upon your practice’s workflow, you can keep yourself and your practice safe from the costs in money and time associated with data breaches and data losses and from the threat posed by HIPAA/FIPPA violations. Maintaining information security is also necessary to keep you from becoming a victim of identity theft as a result of threats that you cannot control, like the recent large hacks against US government agencies, hospitals, and universities.

As a result of attending this presentation, the participant will be able to:

1. Describe how to encrypt, lock, and install a remote “wipe” function on Apple and Android devices.
2. Explain how to encrypt drives, including locking and encrypting laptops and flash drives as well as selecting and using encrypted cloud storage providers.
3. Discuss how to create good passwords, effectively manage multiple passwords, and effectively use two-factor authentication.

Course 31
Clearing the Smoke: Assessing the Impact of Marijuana Use on Cognition and Related Variables
Staci A. Gruber, Ph.D.
McLean Hospital / Harvard Medical School

Marijuana (MJ) remains the most widely used illicit substance across the world. Despite evidence demonstrating cognitive changes as well as structural and functional brain alterations among recreational MJ users, 22.2 million people report past-month MJ use. Current deliberations over legalizing MJ often highlight the potential benefits of medical marijuana (MMJ), and, with the majority of states allowing the use of MMJ, it is not surprising that perceived risk related to MJ use is at an all-time low. This shift in national attitudes is occurring despite the potentially deleterious effects of MJ, particularly on the developing brain. Although once thought to be complete by early adolescence, studies have demonstrated that the brain continues to develop into adulthood, leaving adolescents and emerging adults particularly vulnerable to the effects of MJ. This is especially concerning as average potency of conventional MJ flower has increased exponentially over the last several decades, and new products, designed specifically to be high in Δ-9 tetrahydrocannabinol (THC), the main psychoactive constituent of the plant, are increasingly popular. While the term ‘marijuana’ is used to describe any constituent from the plant cannabis sativa, individual cannabinoids, including THC and cannabidiol (CBD), a primary non-intoxicating cannabinoid often touted for its therapeutic potential, exert different effects. This presentation highlights data from neurocognitive and multimodal imaging studies underscoring the impact of early onset MJ use. In addition, while MJ users have historically used for recreational purposes, a growing number are exploring MJ for medical indications. Despite the number of studies focused on the neurocognitive effects of recreational MJ, few have investigated the specific effects of MMJ on cognition or related domains. Data from the first phase of the newly launched Marijuana Investigations for Neuroscientific Discovery (MIND) program, a longitudinal study designed to assess the impact of MMJ on cognitive and clinical variables as well as sleep, medication use, and quality of life at baseline (prior to any MMJ treatment) and over the course of two years, will be presented.
As a result of attending this presentation, the participant will be able to:

1. Summarize the role of age-of-onset of MJ use on cognitive performance, brain structure, and brain function in chronic, heavy recreational marijuana users.
2. Describe the differences between two of the main constituents of marijuana, THC and CBD, and recognize why ‘not all marijuana is the same.’
3. Discuss changes exhibited by medical marijuana (MMJ) patients after three months of treatment with MMJ.

Course 32
Pediatric Grand Rounds

Moderator:
Philip S. Fastenau, Ph.D.
University Hospitals / Case Western Reserve University
School of Medicine

Discussants:
Vicki A. Anderson, Ph.D.
Murdoch Children’s Research Institute
Shelley C. Heaton, Ph.D.
University of Florida
Wilma G. Rosen, Ph.D.
Private Practice

Neuropsychological evaluation and intervention with children necessitates knowledge of the developing central nervous system as well as an understanding of potential sequelae of developmental disorders, brain disease, and traumatic injury. Another critical component is the choice of valid assessment instruments for children and adolescents. Pediatric Grand Rounds is a presentation designed to provide information about these components of assessment via the format of case studies. These cases were selected to represent varied neuropsychological issues, including autoimmune encephalitis, pediatric acute-onset neuropsychiatric syndrome, and 17p13.3 duplications. Presentations will be followed by an opportunity for questions and discussion.

As a result of attending this presentation, the participant will be able to:

1. Integrate developmental history, psychosocial history, medical history, and neuropsychological data in complex pediatric cases.
2. Analyze the validity of assessment instruments for child and adolescent populations.
3. Discuss the impact of autoimmune encephalitis on cognition and behavior, and describe the anticipated response to immunotherapy.
4. List the psychiatric manifestations of pediatric acute-onset neuropsychiatric syndrome, describe the anticipated course with therapy, and identify potential residual neuropsychological challenges after recovery.
5. Discuss the complexity of 17p13.3 duplications, and describe how current neuropsychological assessment and therapy practices can contribute to the management in these rare conditions and in more common conditions with similar features.

4:30 p.m. – 5:00 p.m.
Awards Ceremony

5:00 p.m. – 6:00 p.m.
Distinguished Lifetime Contribution to Neuropsychology Award Address (1 CE)

Course 33
The Cognitive Neuroscience of Memory Since H.M.
Larry R. Squire, Ph.D.
University of California, San Diego

The medial temporal lobe includes a system of anatomically related structures that are essential for declarative memory (conscious memory for facts and events). Brain systems outside the medial temporal lobe support a heterogeneous collection of nondeclarative, unconscious learning abilities including skill learning, habit learning, and the phenomenon of priming. The medial temporal lobe memory system is needed for the formation of long-term memory but is not needed for immediate memory, for the maintenance of information in working memory, or for memory of the remote past. Recent work, inspired by studies in rodents, has raised the possibility that this system might also be needed for certain on-line spatial computations that support navigation and other forms of spatial cognition. However, studies of path integration, spatial mental imagery, and episodic recollection in humans find no evidence for a special role of this system in spatial abilities.

The primary aims of this presentation are: 1) to review the brain systems supporting different kinds of memory; and 2) to present the role of the medial temporal lobe in memory and a posited role in spatial cognition.

As a result of attending this presentation, the participant will be able to:

1. Identify the brain systems supporting different kinds of memory.
2. Describe the role of the medial temporal lobe in memory function, and discuss research suggesting a role in spatial cognition.
Technology-Driven Data Collection: The Role of Biomedical Informatics

Justin B. Miller, Ph.D.
Lou Ruvo Center for Brain Health

The field of neuropsychology is poised for a fundamental shift towards greater utilization of technology in clinical and research practices, particularly with regard to measurement of human behavior. As the prevalence of technology-driven measurement increases, the amount and complexity of data generated will be exponentially greater than what is created by currently used analog measures. Critical to the successful integration of technology will be adequate preparation to manage the influx of data via engineered systems that are scalable, adaptive, and highly accessible. Taking a passive approach to data management would increase the risk that development efforts will fail, and the lack of an adequate infrastructure to support the increase in data would be a significant barrier to knowledge generation and an impediment to translational research. Drawing upon information technology, mathematics and statistics, computer science and engineering, biology, and medicine, the field of biomedical informatics has evolved from its early days in computational biology to a burgeoning independent discipline. The primary aims of this presentation are: 1) to provide an overview of biomedical informatics and the relevance of related concepts to neuropsychology and the measurement of human behavior; and 2) to describe how biomedical informatics principles can be practically applied to integrate existing cognitive and behavioral data from multiple sources and create an evidence base into which new data derived from novel, technologically-driven measurement methods can be integrated. Practical applications using currently available resources, as well as the potential utility of these applications, will be a central component of discussion. Potential targets for future development will also be considered.

As a result of attending this presentation, the participant will be able to:

1. Describe the basic principles and define the core concepts of biomedical informatics and the relevance of related concepts to neuropsychology and the measurement of human behavior.
2. Identify potential opportunities in current clinical practice to incorporate biomedical informatics tools.
3. Describe the utility of informatics tools in evidence-based practice.

ICD-10 Coding Update for Practicing Neuropsychologists

Corwin Boake, Ph.D.
Baylor College of Medicine / TIRR Memorial Hermann

Antonio E. Puente, Ph.D.
University of North Carolina Wilmington / President, American Psychological Association

This workshop will cover basic coding and reimbursement issues related to the 10th edition of the International Classification of Diseases (ICD-10), focusing on questions relevant to practicing neuropsychologists. The relationship of ICD-10 and DSM-5 will be clarified. Crosswalks of common diagnoses from DSM-5/ICD-9 to ICD-10 will be explained, emphasizing diagnoses (e.g., autism spectrum, neurocognitive disorders) that are handled differently in the two systems. Recent updates to the ICD-10 Clinical Modification (ICD-10-CM) diagnoses, requested by the American Psychiatric Association in order to improve correspondence with DSM-5, will be reviewed. The workshop will review Local Coverage Determinations used by payers in the USA to list the ICD-10 diagnoses for which neuropsychological services are designated as medically necessary. Attendees will receive detailed information about online resources for ICD-10 and ICD-10-CM.

As a result of attending this presentation, the participant will be able to:

1. Describe the relationship and distinctions between diagnostic codes in ICD-10-CM and DSM-5.
2. Explain coding crosswalks between DSM-5 and ICD-10-CM, with a focus on diagnoses (e.g., autism spectrum, neurocognitive disorders) that are handled differently in the two systems.
3. List ICD-10-CM diagnosis codes relevant to billing of neuropsychological services, with a focus on payer coverage policies.
4. Utilize sources of online documentation about ICD-10-CM coding.

Neurocognition in Bipolar Disorder: Evidence for Heterogeneity and its Associated Correlates

Katherine E. Burdick, Ph.D.
Harvard Medical School / Brigham and Women’s Hospital

Converging data suggest that different and potentially biologically meaningful cognitive subtypes exist within bipolar disorder (BD). Analyses in BD using cognition as a classifying variable may account for the considerable heterogeneity in both course of the illness and level of functional disability within BD. Furthermore, results suggest that subgroups may be impaired for different reasons (e.g., some with a neurodevelopmental and/or genetic etiology; others with later decline consistent with neurodegenerative processes). Moreover, the presence of a globally-impaired subgroup supports a dimensional continuum of BD with other severe psychiatric disorders, such as schizophrenia, at least with regard to cognitive factors. Our data from discordant sibling pairs support the presence of a globally-impaired cognitive subgroup of BD patients who share more of the genetic risk factors with schizophrenia than do other BD subtypes, thereby likely sharing a similar...
neurodevelopmental trajectory. Although speculative, we would further hypothesize that the deficits noted in the selectively-impaired subgroup may be more closely related to a cognitive course marked by normal premorbid functioning with a decline after the onset of the disorder, which is in line with recent models of neuroprogression in BD. As more is learned about the underlying causes of cognitive impairment in BD, we can begin to use this information to suggest differential strategies for optimizing cognitive interventions.

As a result of this presentation, the participant will be able to:

1. Discuss the cognitive profile common to bipolar disorder and compare it with that seen in schizophrenia.
2. Identify the clinical correlates and biomarkers of cognitive impairment in patients with bipolar disorder.
3. Describe the cognitive trajectory in bipolar disorder, including both neurodevelopmental and neurodegenerative processes.

11:00 a.m. – 12:00 p.m.
CE Workshop (1 CE)

Course 37
Current Procedural Terminology and Health Care Law and Regulation Changes Affecting the Practice of Clinical Neuropsychology

Antonio E. Puente, Ph.D.
University of North Carolina Wilmington / President, American Psychological Association

Recent changes to CPT and health care law and regulations will significantly impact the practice of clinical neuropsychology, especially testing. A different conceptual framework significantly revamps not only how to understand the process of testing but how to bill and be reimbursed accordingly; additional changes in the health care law and their associated revised regulations will similarly interpret the practice of neuropsychology. During this presentation, the important changes will be introduced, and their possible impact on professional neuropsychology will be considered.

As a result of attending this presentation, the participant will be able to:

1. Explain the new changes in the CPT codes, especially the neuropsychological testing codes.
2. Compare and contrast the prior codes with the new ones.
3. Discuss those complexities surrounding changing health care laws and regulations.
The National Academy of Neuropsychology (NAN) seeks to advance neuropsychology as a science and health profession, to promote human welfare, and to generate and disseminate knowledge of brain-behavior relationships through:

- Professional Development
- Diversity
- Research
- Ethical Standards
- Education & Training
- Student Support
- Legislative Action

**Benefits of Membership**

- Subscription to the *Archives of Clinical Neuropsychology*
- Reduced rates for NAN APA-approved continuing education workshops and programs
- Networking with others interested in brain-behavior relationships
- Updates on CPT Codes, CMS requirements, HIPAA and relevant legislation efforts
- Handouts and brochures for patients and physicians
- Discounts at annual meetings that include workshops, poster sessions, and symposia
- 20% member-only discount on Oxford University Press books
- Sample letters and forms for use in private practice settings & insurance primers

**Fee Schedule**

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<th>Membership Level</th>
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<tr>
<td>Professional, Associate, and Affiliate Membership</td>
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<tr>
<td>Post-doctoral Resident Membership</td>
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<tr>
<td>Student Membership</td>
<td>$50</td>
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</tbody>
</table>

*If accepted for membership, the non-refundable fee is applied to the first year membership dues.*

**Requirements for Membership**

All applicants shall submit ONE completed and signed application form and ONE curriculum vitae. Applicants for membership at the Professional, Associate or Post-Doctoral levels require sponsorship by two individuals with expertise in neuropsychology, one of whom must be a member in good standing with the National Academy of Neuropsychology, Division 40 of the American Psychological Association, or the International Neuropsychological Society. Applicants for membership at the student level must obtain a signature from a training director, advisor, faculty member or university registrar who can attest to student status.

**Professional Members** shall have completed academic coursework and training in the assessment or remediation of neuropsychological conditions and hold a doctoral degree from an accredited university. While it is expected that the primary area of focus of training and experience falls in the general discipline of psychology, individuals with doctoral degrees in related disciplines with relevant experience and training in neuropsychology at the doctoral or postdoctoral level may also be considered for membership. Applicants shall have worked in settings where such knowledge is applied for a minimum of three years, two of which must be postdoctoral.

**Associate Members** are required to hold a master’s degree in psychology or a related discipline, or hold a doctoral degree in psychology or a related discipline with less than three years of experience in Neuropsychology. Associate members do not have voting privileges, may not hold office; but they may be members of committees.

**Affiliate Membership** is open to those individuals who are interested in clinical neuropsychology and wish to maintain continuing contact with the field, but whose training may preclude them from membership at other levels. Affiliates do not have voting privileges, may not hold office and can be members of committees.

**Post-Doctoral Resident Membership** is available for two years after completion of a doctoral degree in psychology for those who are completing post-doctoral supervision/studies leading to psychology licensure. Student members who meet the eligibility requirements for Post-Doctoral Resident status may make application to the Membership Committee by written request and verification that the aforementioned criterion has been met. Post-Doctoral Resident members are eligible to serve on NAN Committees, although voting privileges and holding office is reserved for Professional and Fellow level members.

**Student Membership** is open to individuals attending full-time programs leading to an undergraduate or graduate degree from a regionally accredited college or University. Individuals who have completed related doctoral programs, are refocusing their completed doctoral training with additional coursework or certification in neuropsychology, and/or are currently completing post-doctoral training may instead apply for post-doctoral resident, affiliate, or associate membership, as relevant. Student members are eligible to serve on NAN committees, although voting privileges and holding office is reserved for Professional and Fellow level members.
THE NATIONAL ACADEMY OF NEUROPSYCHOLOGY
Application for Membership

Name: ___________________________________  Degree:  _______ Program: ____________  Year Awarded:  ______

If applying for Student membership, please indicate anticipated graduation date:  _____________________________________

If applying for Post-Doctoral Resident membership, please indicate date of post doc completion: _________________________

Birthdate ________ Gender: M  F  Ethnicity (Optional)  ____________ Non-English Assessment (Specify):  __________

Preferred Mailing Address __________________________________________________________________________
_______________________________________________________________________________________________

Telephone (Work): _______________________ FAX: ___________________ e-mail: ____________________

Academic Affiliation: Institution:  ____________________________ Dept.: _______________ Rank: ____________

Licensed in State(s): _____________________________________ Lic. Number(s)  ____________________________

Adult _____ Pediatric ________ Specialties: _________________________________________________________

Diplomate Status (specify)__________________________ Include in Directory   Y □   N □

Membership Category for which you are applying. (Membership applicants are required to apply for the highest level for which they qualify). Check one:

□ Professional Membership
□ Associate Membership
□ Affiliate Membership
□ Post-Doctoral Resident Membership
□ Student Membership

All levels must submit a Curriculum Vitae with their application. Applications for Affiliate membership do not require sponsorship. However, Student applicants must submit the name and contact information (e-mail address and/or phone number) of a training director, advisor, faculty member or university registrar to attest to student status. If applying for membership at the Professional, Associate or Post-Doctoral level, please obtain the names and contact information (e-mail address and/or phone number) of two sponsors who have expertise in neuropsychology and can be contacted to attest to your training and experience in this specialty. At least one of your sponsors must be a member in good standing with the National Academy of Neuropsychology, Division 40 of the American Psychological Association, or the International Neuropsychological Society. Post-Doctoral applicants must provide documentation of post-doc status. Please provide detailed information regarding your neuropsychology training and practice if applying for the professional level.

FACULTY SIGNATURE/SPONSOR INFORMATION:
Print Name: _____________________________________
Telephone #: _____________________________________
E-Mail: _____________________________________
Affiliation: _____________________________________

Member of: □ NAN  □ INS  □ APA Div. 40

I certify: 1) I have not committed any violations of The Ethical Principles of Psychologists and Code of Conduct (American Psychological Association, 2002); 2) My license to practice psychology has not been revoked in any state and, 3) I have not been convicted of a felony.

Applicant Signature _____________________________________ Date ____________________________

Rev 11/16
Committee Interest – Please select the NAN Committee(s) you would be interested in joining, if applicable. This information will be forwarded on to the relevant Committee Chair(s) for follow up.

For committee descriptions, please visit: [http://www.nanonline.org/NAN/AboutNAN/BoardCommittees.aspx](http://www.nanonline.org/NAN/AboutNAN/BoardCommittees.aspx)

- Awards Committee
- Culture & Diversity Committee
- Legislative Action & Advocacy Committee
- Professional Affairs & Information Committee
- Social Media Committee
- Clinical Research Grants Committee
- DistanCE E-Learning Committee
- Membership Committee
- Program Committee
- Student Committee
- Conflict of Interest Committee
- Education Committee
- Policy & Planning Committee
- Publications Committee
- Women in Leadership Committee

Summary of Enclosed Payments

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<th>Application Fees (non-refundable)</th>
<th>Donation (voluntary)</th>
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<td>☐ Advocacy – to support the efforts of PAIC &amp; LAAC $</td>
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<td>☐ Research – to support the NAN Clinical Research Grants Fund $</td>
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<td>☐ NAN Foundation (tax deductible) Please make separate check out to NAN Foundation $</td>
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TOTAL $

* Donations to the NAN Foundation are tax deductible.

☐ Check ☐ CC (Visa and MasterCard only)

Name on Card (Please Print)

Amount

Credit Card Number

Expiration Date

CSC

Authorization Signature

Mail/Fax this completed form, curriculum vitae, verification (if applicable), and application fee in U.S. funds to:

National Academy of Neuropsychology
7555 East Hampden Avenue, Ste. 525
Denver, Colorado 80231
TEL (303) 691-3694/ FAX (303) 691-5983
Static Course Offerings:
Audio recordings from previous NAN course offerings. Listen at your own pace, complete the short exam, and earn 3 CE credits.

- Lifespan Issues in Moderate-Severe Traumatic Brain Injury
- Understanding Autism Spectrum Disorders from a Neuropsychological Perspective
- An MMPI-2-RF Update for Neuropsychologists

NAN Distance E-Learning Opportunities

Fall Online Course Offerings:
Intensive, instructor-led courses completed over 12 to 15 weeks broken into manageable modules featuring lectures, case studies, discussion, and short exams.

- Behavioral & Cognitive Neurology (24 CE Credits)
- Clinical Neuroanatomy (30 CE Credits)

Upcoming Live Webinars:
Convenient 1.5 CE credit presentations addressing current trends in neuropsychology with the opportunity for Q&A with the presenter.

- Clinical Trials Research: What’s in it for Neuropsychologists?
- Orientation to the Legal Profession: A Primer On the Consulting Relationship
- Driving and Neuropsychology: New Directions for Improved Assessment and Re-training
- Civil Capacities in Neuropsychological Assessment

Recorded Webinars:
Miss one of the live webinars? The webinar recording will be available with the audio and PowerPoint presentation. Complete the short exam for 1.5 CE credits.

- Alzheimer’s Disease vs. Alzheimer’s Diseases
- Neuropsychology in Sports-Related Concussion
- Neuroimaging for Neuropsychologists
- Sleep, Cognition and Affect
- Neuropsychological Validity Testing
- Medically Unexplained Illnesses
- Effects of Alcohol on Cognitive Functioning
- DSM-5 and its Impact on Neuropsychological Assessment
- More topics to choose from online!

Book Series:
You can earn 7 CE credits per book in the NAN Book Series by reading one of the designated books and completing an online quiz.

- Civil Capacities in Clinical Neuropsychology: Research Findings and Practical Applications, Edited by George Demakis
- Secondary Influences on Neuropsychological Test Performance, Edited by Peter Arnett
- Neuropsychological Aspects of Substance Use Disorders: Evidence-Based Perspectives, Edited by Daniel N. Allen and Steven Paul Woods

Static Course Offerings:
Audio recordings from previous NAN course offerings. Listen at your own pace, complete the short exam, and earn 3 CE credits.

- Lifespan Issues in Moderate-Severe Traumatic Brain Injury
- Understanding Autism Spectrum Disorders from a Neuropsychological Perspective
- An MMPI-2-RF Update for Neuropsychologists

Visit www.nanonline.org for more information

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Personal Information: This information will appear on your name badge exactly as you provide it. Please print legibly or type.

Name: ____________________________________________________________________________________________________________  ☑ M or ☑ F

Institution: _____________________________________________________________________________________________________________________________________

Address: _______________________________________________________________________________________________________________________________________

City, State, Zip: ________________________________________________________________________________________________________________________________

Phone: ________________________________________________________________   Fax: __________________________________________________________________

E-mail: ________________________________________________________________________________________________________________________________________

Conference Category
☐ NAN Member
☐ NAN Applicant
☐ Non-Member

☐ Conference Exhibitor
☐ Committee Chair
☐ Board Member

Are you a licensed psychologist?
☑ Yes
☐ No

General Registration Fee: Please select the appropriate option below. After October 18, you must register online.

NAN Member or Applicant (Fellow, Professional, Associate, Affiliate)
☐ Early or Postmarked by September 29 $475
☐ After September 29 Onsite or Online $525

NAN Post-Doctoral Member or Applicant (enclose verification of status)
☐ $275
☐ $315

NAN Student Member or Applicant (enclose verification of status)
☐ $150
☐ $180

Non-Member
☐ $625
☐ $675

Non-Member Student (enclose verification of status)
☐ $200
☐ $230

Adult Companion Attending Continental Breakfast & Reception
☐ $75
☐ $75

Child Attending Continental Breakfast & Reception
☐ $25
☐ $25

Companions’ Names: ________________________________________________________

5. Student Luncheon (STUDENTS & POST-DOCS ONLY)
☐ Early or Postmarked by September 29 Student $20
☐ After September 29 Onsite or Online $30

Women in Leadership Networking Event
☐ Student $35

Companions’ Names: ________________________________________________________

Please note: While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities & fire code regulations. To receive CE credit, you must be scanned in and out of a course and have attended at least 75% of the session. You cannot register in advance for more than one course in competing timeslots.

Wednesday, October 25

CE Workshop (2 CE) 7:00 a.m. - 9:00 a.m.
☐ 1. Bieliauskas - ABCN Test Prep

CE Workshops (3 CE) 9:00 a.m. - 12:00 p.m.
☐ 2. Larrabee - Mild Traumatic Brain Injury
☐ 3. L. Miller - Neuroimaging & Neuropsychological Testing
☐ 4. Suhr - Health Beliefs Model

CE Workshops (2 CE) 1:00 p.m. - 3:00 p.m.
☐ 6. Barth - Forensic Methods
☐ 7. Heaton - Biomarkers & Neurodevelopment
☐ 8. Naugle - Adult Grand Rounds

Welcome & NAN Business Meeting 3:30 p.m. - 4:30 p.m.
CE Workshop (1 CE) 4:30 p.m. - 5:30 p.m.
☐ 9. Gernsbacher - Diverse Brains

Keynote Address (1 CE) 5:30 p.m. - 6:30 p.m.
☐ 10. Welsh-Bohmer - Cognitive Aging & Dementia
Please note: While there is no charge for these programs, we do require those wishing to attend to register, due to room capacities & fire code regulations. To receive CE credit, you must be scanned in and out of a course and have attended at least 75% of the session. You cannot register in advance for more than one course in competing timeslots.

Thursday, October 26

CE Workshop (2 CE) 7:00 a.m. - 9:00 a.m.

CE Workshops (3 CE) 9:00 a.m. - 12:00 p.m.
- 12. Herceg - Health Care Redesign
- 14. Grote - Clinical & Forensic Ethics

CE Workshops (1.5 CE) 1:30 p.m. - 3:00 p.m.
- 15. Williamson & Hilsabeck - Pharmaceutical Practice
- 16. Budson - Cognitive Aging: Unusual Cases

Paper Sessions (1 CE) 1:30 p.m. - 2:30 p.m.
- 17. Aging & Dementia
- 18. Neurological & Neuropsychiatric Disorders

Paper Sessions (1 CE) 2:45 p.m. - 3:45 p.m.
- 19. Diversity
- 20. Traumatic Brain Injury

CE Workshops (1.5 CE) 3:30 p.m. - 5:00 p.m.
- 21. PAIC Update - Evolving Healthcare System

Paper Sessions (1 CE) 4:00 p.m. - 5:00 p.m.
- 23. Pediatrics
- 24. Assessment

President’s Address (1 CE) 5:30 p.m. - 6:30 p.m.
- 25. Meyers - Future of Neuropsychology

President’s Reception 6:30 p.m. - 8:00 p.m.
- 26. Student & Post-Doc Social Event 8:00 p.m. - 9:00 p.m.

Friday, October 27

CE Workshop (2 CE) 7:00 a.m. - 9:00 a.m.
- 26. Dodzik - ABPdN Test Prep

CE Workshops (3 CE) 9:00 a.m. - 12:00 p.m.
- 27. Armistead-Jehle, et al. - Challenges with TBI
- 28. Solomon - CTE in Sports
- 29. Anderson - Concussion Recovery

CE Workshops (2 CE) 2:00 p.m. - 4:00 p.m.
- 30. Cox & Davis - Ethics & Information Security
- 32. Fastenau - Pediatric Grand Rounds

Awards Ceremony 4:30 p.m. - 5:00 p.m.

Distinguished Lifetime Contribution to Neuropsychology Award Address (1 CE) 5:00 p.m. - 6:00 p.m.
- 33. Squire - Neuroscience of Memory

Saturday, October 28

CE Workshops (2 CE) 8:30 a.m. - 10:30 a.m.
- 34. Boake & Puente - ICD-10 Coding
- 35. J. Miller - Biomedical Informatics
- 36. Burdick - Neurocognition in Bipolar Disorder

CE Workshop (1 CE) 11:00 a.m. - 12:00 p.m.
- 37. Puente - CPT Update

Fee Summary:

<table>
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<td>Adult/Child Companion Fee</td>
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<td>Student Luncheon (Students &amp; Post-Docs ONLY)</td>
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<tr>
<td>Women in Leadership Event</td>
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<td>New Member Application Fee (Student - $50, Post-Doc - $75, all others - $150)</td>
<td>$____</td>
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<td>*Enclose Application</td>
<td></td>
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<tr>
<td>Membership Dues</td>
<td>$____</td>
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<tr>
<td>2017</td>
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</tr>
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<tr>
<td>TOTAL ENCLOSED</td>
<td>$____</td>
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</tbody>
</table>

Payment Method:

NAN does not accept purchase orders, Discover, or American Express

- Check (Please make check payable to NAN)
- Visa    MasterCard

Credit Card #: ____________________________
Exp. Date: _____ / _____  Card Security Code (on back of card): _________

Name of Cardholder: ____________________________
Signature: ____________________________

Cancellation Policy:

A 50% refund is possible for written cancellation requests postmarked and mailed by September 22, 2017 to NAN at 7555 East Hampden Avenue; Suite 525; Denver, CO 80231. Cancellations will not be accepted by phone. Refunds will not be issued for cancellations requested after September 22, 2017. No refunds are given for cancellations on-site.

Send Completed Registration Form and Payment to:
National Academy of Neuropsychology  |  7555 E Hampden Ave, Suite 525  |  Denver, CO 80231
Phone: (303) 691-3694  |  Fax: (303) 691-5983  |  www.nanonline.org  |  Questions? Contact office@nanonline.org
38TH ANNUAL CONFERENCE
National Academy of Neuropsychology

Save the Date
October 17 - 20, 2018
Sheraton New Orleans
New Orleans, LA