

***American Board of Professional Psychology  
American Board of Rehabilitation Psychology***

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***Certification Guidelines and Procedures***

***Candidate's Manual***

***2019***

## TABLE OF CONTENTS

1. INTRODUCTION / DEFINITION OF REHABILITATION PSYCHOLOGY	4
2. COMPETENCIES OF THE SPECIALTY OF REHABILITATION PSYCHOLOGY	8
A. BEHAVIORAL ANCHORS OF COMPETENCY	8
3. ELIGIBILITY REQUIREMENTS FOR CANDIDACY	20
A. GENERIC REQUIREMENTS	20
B. SPECIALTY SPECIFIC REQUIREMENTS	21
4. APPLICATION PROCESS	22
A. EXAM OVERVIEW	22
B. APPLICATION	23
C. ACCOMMODATIONS	29
5. PRACTICE SAMPLE	30
A. SELECTION OF PRACTICE SAMPLE MATERIALS	30
B. WRITING THE PRACTICE SAMPLE CASES	32
C. PRACTICE SAMPLE REVIEW GUIDELINES	37
D. OUTCOME OF THE PRACTICE SAMPLE REVIEW	39
6. ORAL EXAMINATION	42
A. ORAL EXAMINATION PROCEDURES	43
B. POST EXAMINATION DELIBERATION AND VOTING	45
C. COMMUNICATION OF EXAMINATION OUTCOME	46
7. APPEALS PROCESS	47
8. STUDY/PREPARATION RESOURCES	49
9. CONTACT INFORMATION	50

10. APPENDICES/FORMS

APPENDIX A APPLICATION INSTRUCTIONS FOR INDIVIDUALS APPLYING FOR TESTING	
ACCOMMODATIONS	52
APPENDIX B STATEMENT OF CONFIDENTIALITY	57
APPENDIX C ORAL EXAMINATION FEEDBACK FORM	58
APPENDIX D CANDIDATE APPEAL GUIDE	61
APPENDIX E AGREEMENT FOR 2-PERSON ORAL EXAM PANEL	64
APPENDIX F EXAMPLE TEMPLATE FOR PRACTICE SAMPLE	65

# INTRODUCTION

## DEFINITION OF REHABILITATION PSYCHOLOGY

“Rehabilitation Psychology is the application of psychological knowledge and understanding in activities such as research, practice, teaching, public education, and advocacy on behalf of individuals and disability related health care and social policy. Rehabilitation Psychologists consider psychological, biological, cognitive, social, environmental, political, and economic factors that affect the well-being of people with disabilities.<sup>1</sup>”

“Rehabilitation psychology is the study and application of psychological principles on behalf of persons who have disability due to injury or illness. Rehabilitation psychologists, often within teams, assess and treat cognitive, emotional, and functional difficulties, and help people to overcome barriers to participation in life activities. Rehabilitation psychologists are involved in practice, research, and advocacy, with the broad goal of fostering independence and opportunity for people with disabilities.<sup>2</sup>”

Rehabilitation Psychologists provide services with the goal of increasing function and reducing disability, activity limitations, and restrictions on societal participation. The person served is viewed as an active partner in the treatment process, and thus, the services provided consider the person's preferences, needs, and resources. Rehabilitation psychologists consider the influence of culture, ethnicity, gender, identity, residence and location, visibility of the disability, the assumption of disability on attitudes, and available services when planning psychological services and interventions. Rehabilitation psychologists explore with the individual, environmental barriers to their participation and activity performance and how best to address these barriers, including accommodations and adaptations in existing structures or materials, the use of assistive technology, the use of personal assistance services, and beneficial community referrals.

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<sup>1</sup> Stiers, W (2014). *Petition for the Recognition of a Specialty in Professional Psychology – Rehabilitation Psychology*. Approved by the American Psychological Association, August 19, 2015.

<sup>2</sup> American Psychological Association (n.d.). Retrieved from: <https://www.apa.org/ed/graduate/specialize/rehabilitation5>.

As a specialty board that values diversity, the American Board of Rehabilitation Psychology (ABRP) works to ensure that it provides equal treatment and access to resources and decisions for all ABRP community members representing all aspects of individual and cultural diversity. These aspects include, but are not limited to: race, ethnicity, gender, identity, age, sexual orientation, disability status, and special populations.

The Rehabilitation Psychologist recognizes the value of extending services to families and primary caregivers as well as other significant people in the individual's social-community circle (e.g., teachers, employers, clergy, and friends) as befits the individual's needs and with their consent. Rehabilitation Psychologists work as part of an interdisciplinary team. Rehabilitation Psychologists provide consultation to and closely interact with other rehabilitation team members (e.g. physicians, nurses, physical therapists, speech therapists, occupational therapists, chaplains and recreation therapists). In other circumstances, Rehabilitation Psychologists may provide consultations to other professionals working on behalf of the client such as attorneys, life planning specialists, vocational rehabilitation, school personnel, and worker's compensation specialists. By assisting other team members in achieving the client's goals, a synergy of support to both the patient and their rehabilitation providers is pursued. The goal of Rehabilitation Psychology is to assist the individual (and significant others who are involved in treatment planning and ongoing provision of support) in achieving optimal physical, cognitive, psychological, and interpersonal functioning by addressing the obstacles preventing the highest level of personal and social functioning. Rehabilitation Psychologists view persons as served holistically and they seek to broaden opportunities for maximum individual functioning as well as functioning and participation in relationships, social activities, education, employment, recreation and the community.

The services provided by Rehabilitation Psychologist typically include:

- Assessment (evaluation, diagnosis)
- Intervention (treatment, prevention)
- Consultation with other professionals
- Consumer protection and advocacy
- Supervision, teaching, and management activities (e.g., program development, administration)
- Research on rehabilitation and disability related topics

It is expected that Rehabilitation Psychologists will demonstrate sensitivity to and skills in dealing with multicultural/diverse populations. In this manual, we will use the terms “multicultural” and “individual and cultural diversity” interchangeably. Individual and cultural diversity recognizes the broad scope of such factors as race, ethnicity, language, sexual orientation, gender, age, disability, class status, education, religion/spiritual orientation, and other cultural dimensions.<sup>3</sup> Preparation for the practice of Rehabilitation Psychology at the specialty level of competency characteristically entails some combination of pre-doctoral internship and post-doctoral education and training experience. Specialized competency presumes the establishment of both a basic and applied generic core knowledge base in psychology and in disability-related issues.

The Candidate is expected to demonstrate more than a narrow or circumscribed adjunctive skill in order to meet competency criteria, though he or she may declare an adult or child emphasis for examination purposes. In addition to the basic and applied generic core courses that all applied psychologists must have, competency in Rehabilitation Psychology requires a foundation in core medical issues frequently encountered in Rehabilitation Psychology and the impact of the environment on disability. Most importantly, Rehabilitation Psychologists are uniquely aware of the specific social psychological factors (e.g., Wright’s *Value-Laden Beliefs*) that influence an individual’s adjustment to disability. To be eligible for the examination in

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<sup>3</sup> American Psychological Association. 2017. Multicultural Guidelines: An Ecological Approach to Context, Identity, and Intersectionality. Retrieved from: <http://www.apa.org/about/policy/multicultural-guidelines.pdf>

Rehabilitation Psychology, the Candidate must have three years of overall experience in Rehabilitation Psychology, including two years of supervised training in Rehabilitation Psychology (one of which must be postdoctoral). The specific experience requirements are detailed later in this manual. Also detailed are exceptions to these requirements for Candidates who have practiced in the field for many years but do not meet the specific training requirements.

# COMPETENCIES OF THE SPECIALTY OF REHABILITATION PSYCHOLOGY

The ABRP Examination is a test of the Candidate's command of clinical and scientific knowledge and the ability to integrate this information in the context of specific cases. Attention is paid to the foundational competencies of interpersonal interactions, individual and cultural diversity, ethics and legal foundations, consultation, and professional identification throughout all portions of the Examination.

A successful Candidate demonstrates the knowledge, skills, and experience necessary to provide specialty level services in the practice of Rehabilitation Psychology through presentation of credentials, and successful completion of a practice sample and an oral examination. The oral examination includes three components (i.e., Clinical Vignettes, Practice Sample, and Ethics).

If the Candidate is primarily involved in Teaching, Supervision or Management, the Candidate must demonstrate the ability to communicate and apply theory and evidence-based knowledge to these activities.

## **A. Behavioral Anchors of Competency**

The following behavioral anchors of the foundational and functional Rehabilitation Psychology competencies were adopted by the ABRP board on June 8<sup>th</sup>, 2017

### **Foundational Competencies**

#### 1) *Specialty Identification* (2 of 2 required)

Candidate demonstrates identification with the specialty of Rehabilitation Psychology as evidenced by both of the following two behavioral anchors:

- The articulation of a working knowledge of the history of Rehabilitation Psychology and shows an incorporation of the bio-psycho-social foundations of Rehabilitation Psychology in practice as evidenced by a reference to the influence of any model, study, or leader in the Rehabilitation Psychology field.
- The demonstration of clinical skills that are reflective of a Rehabilitation Psychologist as evidenced by a work history or experience congruent with this specialized field.



2) Professionalism (2 of 2 required)

Candidate demonstrates competency in professionalism as evidenced by both of the following two behavioral anchors:

- The candidate's comportment reflects integrity and demonstrates concern for the welfare of others as evidenced by a reference to standards of care, client well-being or social justice.
- The demonstration of knowledge and understanding of current issues in the field of Rehabilitation Psychology as evidenced by a reference to one or more of those issues in the exam process.

3) Reflective Practice/Self-Assessment/Self-Care (3 of 4 required)

Candidate demonstrates competency in reflective practice, self-assessment and self-care as evidenced by any three of the following four behavioral anchors:

- The articulation of the ability to self-assess competencies relevant to practice and professional activities as evidenced by description of their own specific strengths and weaknesses.
- The demonstration of an awareness of the responsibility to address limits in their knowledge-base or skill-set as evidenced by the articulation of steps to resolve these clinical weaknesses.
- The description of a commitment to their continued professional development as evidenced by ongoing and long-term plan to enhance competencies, either through education, specific training and/or consultation.
- The demonstration of active self-reflection as evidenced by the demonstration of regular self-monitoring through consultation and/or supervision, when required.

4) Scientific Knowledge and Methods (2 of 4 required)

Candidate demonstrates competency in scientific knowledge and methods as evidenced by any two of the following four behavioral anchors:

- The description of the impact of a recognized model, standard of care, or approach on their case formulation.
- The reporting of the impact of a line of research, peer-reviewed articles, or expert consensus on their case formulation
- Reference to specific research methodologies, techniques of data collection, analysis, and interpretation, biological bases of behavior, cognitive-affective bases of behavior and development across the lifespan.
- The description of the strengths and weaknesses of at least one scientific study.

5) Relationships (2 of 2 required)

Candidate demonstrates their relational competence as evidenced by both of the following two behavioral anchors:

- The description of the development and maintenance of adaptive working relationships with a wide range of clients/patients, colleagues, organizations and communities.
- The provision of informative, accurate, and well-integrated communication skills in written documentation and narrative presentation.

6) Ethical and Legal Principles/Standards/Statutes and Policy (2 of 2 required)

Candidate demonstrates competency in ethical and legal principles, standards, statutes, and policy as evidenced by both of the following two behavioral anchors:

- The articulation of knowledge and application of the APA Ethical Principles and Code of Conduct, relevant legal statutes, standards of care, and professional activities as they apply to rehabilitation populations and settings by describing actions consistent with the code and referencing two or more elements of the Code.
- The description of effective integration of APA ethical principles in everyday practice as evidenced by the demonstration of ethical decision-making procedures to address at least three ethical dilemmas across the entire exam process.

7) Individual and Cultural Diversity (2 of 3 required)

Candidate demonstrates competency in individual and cultural diversity in rehabilitation psychology as evidenced by any two of the following three behavioral anchors:

- The articulation of an awareness of, sensitivity to and mastery of skills related to working with diverse individuals, groups, populations and communities as evidenced by reference to the impact of those differences in culture, personal background, or other characteristic (e.g., culture of disability).
- The description of self-awareness as a cultural being in assessment, treatment, consultation and advocacy/consumer protection as evidenced by a reference to the impact of their group membership in reference to a case or situation.
- The demonstration of their awareness, interest or knowledge of literature and resources available to enhance mastery of skills to work with diverse individuals, groups, populations, and communities.

8) Interdisciplinary Systems (1 of 3 required)

Candidate demonstrates competency in interdisciplinary systems as evidenced by any one of the following three behavioral anchors:

- The articulation of knowledge of fundamental concepts related to treatment team function within the context of rehabilitation team member identity and approach to care delivery as evidenced by referencing the impact of team treatment in a case or situation.
- The demonstration of consultation or collaboration with team colleagues with a reference to how the consultation or collaboration was utilized to benefit both persons served and treatment team function.
- Description of an active leadership within an interdisciplinary team.

9) Evidence-based Practice (4 of 5 required)

Candidate demonstrates competency in evidence-based practice as evidenced by any four of the following five behavioral anchors:

- The description of their integration of a line of research, peer-reviewed articles, or expert consensus in support of their decision to use specific assessment tools and intervention strategies (includes literature citations).
- The description of ongoing changes in the evidence related to rehabilitation populations and its impact on case formulation and treatment decisions.

- The articulation of the impact of a recognized model, standard of care, or approach on their decision to use specific assessment tools and intervention strategies (includes literature citations).
- The description of a clinical approach derived from supervised practice or consultation with a specific colleague.
- The description of the impact of knowledge gained from personal professional experience with similar cases.

### **Functional Competencies: Assessment/Evaluation**

#### 1) General Principles (4 of 6 required)

Candidate demonstrates competency in assessment as evidenced by any four of the following six behavioral anchors:

- The articulation of the rationale for assessment (e.g., who to assess, what to assess, why assess) in the context of the referral question.
- The articulation of the impact of demographic (e.g., age, education, culture, race) data and reliability/validity/clinical utility data on assessment outcomes.
- The articulation of recommendations for accommodations related to assessed conditions.
- A discussion of the rationale for specific assessment measures (to include: benefit of objective/subjective measures, limitations of the findings and validity of the data).
- A discussion of the impact of assessment data on treatment intervention choices and implementation.
- A reference to relevant current literature related to assessment in this specific population.

#### 2) Sensory-Perceptual, Motor, Language, Cognitive Function (2 of 2 required)

Candidate demonstrates competency in sensory-perceptual/motor/language/cognitive assessment as evidenced by both of the following behavioral anchors:

- The demonstration of knowledge of the impact of an injury or condition impact on anatomy, thinking, behavior, recovery, and outcomes.
- The demonstration of test interpretation, reporting and feedback relevant to the needs of the individual client/patient, family or the treatment team.

#### 3) Adjustment to Disability: Individual (2 of 2 required)

Candidate demonstrates competency in the assessment of emotional adjustment to disability as evidenced by both of following behavioral anchors:

- The discussion of the patient's emotional adjustment and methods of evaluation (e.g., self vs. other report).
- The discussion of the factors considered in evaluating emotional adjustment.

#### 4) Adjustment to Disability: Family (2 of 2 required)

Candidate demonstrates competency in evaluating the families' emotional adjustment to disability evidenced by both of the two following behavioral anchors:

- The discussion of client-specific variables (intrapersonal, family dynamics, environmental, etc.) included in evaluation.

- The discussion of a theoretical and/or evidence-based approach to evaluating family response to changes in role and function and discusses how findings/recommendations relate to the specific patient and family.

5) *Sexuality* (2 of 3 required)

Candidate demonstrates competency in the assessment of sexuality as evidenced by any two of the following three behavioral anchors:

- Discussion of how a person's sexual function could be impacted by the condition of interest or his/her status (to include: physiology, emotional impact, medication impact).
- A reference to theory and/or scientific literature regarding sexual adjustment in varied disabling conditions.
- The discussion of sexual health assessment and evaluative data in the context of individual client/patient needs and treatment planning.

6) *Substance Abuse* (2 of 4 required)

Candidate demonstrates competency in the assessment of substance abuse as evidenced by any two of the following four behavioral anchors:

- The inclusion of epidemiology data (e.g., incidence, prevalence, relapse risk) on substance abuse risk in the disability population of interest if/when appropriate.
- The documentation of the impact and effects of substance abuse upon person and condition of interest using examples.
- The demonstration of a specific rationale for selected method of assessing and evaluating substance use given the person and his/her condition of interest.
- The discussion of at least one substance abuse screening tool and the limitations of these tools.

7) *Pain* (2 of 3 required)

Candidate demonstrates competency in the assessment of pain as evidenced by any two of the following three behavioral anchors:

- The discussion of the incidence/prevalence and functional effects of acute/chronic pain upon varied disabling health conditions, including reference to any germane literature.
- The demonstration of knowledge of secondary factors that must be evaluated/assessed in the conceptualization of pain.
- The demonstration of a specific rationale for selected method of assessing and evaluating pain given the person and his/her condition of interest.

8) *Vocational/Educational Issues* (1 of 2 required)

Candidate demonstrates competency in the assessment of vocational/educational issues as evidenced by of one of the following two behavioral anchors:

- The demonstration of understanding of any vocational assessment model, approach, or tool.
- The demonstration of understanding of how condition of interest will impact education and work future.

## **Functional Competencies: Intervention**

### 1) General Principles (3 of 4 required)

Candidate demonstrates competency in intervention as evidenced by any three of the following four behavioral anchors (specific examples of Candidate intervention and patient response are preferred):

- The discussion of intervention in the context of the Rehabilitation Psychology consult referral question, patient/family goals, and assessment results.
- The selection of appropriate intervention in the contexts of client/patient needs, the rehabilitation treatment milieu, treatment plan implementation and discharge planning.
- The discussion of varied evidence-based intervention strategies, their strengths/limitations and appropriateness to client/patient and the psychosocial environment.
- The demonstration of serial evaluation and documentation of intervention effectiveness throughout the treatment course, and outcome post-treatment.

### 2) Behavior Management (4 of 6 required)

Candidate demonstrates competency in behavior management as evidenced by four of the following six behavioral anchors:

- The discussion of target behavior(s) that improve or hinder behavioral health management or facilitate or serve as a barrier to patient engagement in the rehabilitation process/outcome.
- The discussion of patient, family, team, and/or environmental or other factors, including probable antecedents, consequences, contingencies that impact behavior.
- The discussion of a plan for managing reinforcers, contingencies, patient education, team teaching approach, or managing the physical, social, and contextual environment to support attainment of behavioral goal(s).
- The demonstration of communication with all stakeholders regarding the behavior management plan and their willingness/objections to support it.
- The discussion of a system to measure the effectiveness of the behavior management plan.
- The citation of scientific literature pertinent to a specific behavioral problem or approach, and the integration of this literature into case conceptualization.

### 3) Adjustment to Disability: Individual (4 of 7 required)

Candidate demonstrates competency in the emotional adjustment to disability as evidenced by any four of the following seven behavioral anchors:

- The articulation of a rational link between assessment findings and intervention plan specific to the rehabilitation process or adaptation to disability
- The discussion of client-specific variables (intrapersonal, support system, environmental, etc.) influencing the intervention approach.
- The discussion of a theoretical and/or evidence-based approach to planning and implementing interventions.

- A reference to at least one peer reviewed journal article relevant to the Candidate's choice of intervention strategy, and discusses how findings/recommendations relate to the specific patient.
- The description the implementation of a theoretical/evidence-based approach to one of the client's problems.
- The discussion of the limitations in the use of an intervention approach with this particular client.
- The demonstration of their suggestions for resources (e.g. educational material, support groups, etc.) that may support ongoing adjustment.

4) *Adjustment to Disability: Family* (4 of 7 required)

Candidate demonstrates competency in addressing the families' emotional adjustment to disability evidenced by any four of the following seven behavioral anchors:

- The articulation of a rational link between assessment findings and intervention plan.
- The discussion of client-specific variables (intrapersonal, family dynamics, environmental, etc.) influencing the intervention approach.
- The discussion of a theoretical and/or evidence-based approach to planning and implementing interventions to enable family integration and support of person with disability
- The reference to at least one peer reviewed journal article relevant to the Candidate's choice of intervention strategy and discusses how findings/recommendations relate to the specific patient and their family.
- The discussion of at least one example of the Candidate's action implementing a theoretical/evidence-based approach to one of the family's problems.
- The discussion of the limitations of the use of the intervention approach with this particular family.
- The communication of suggestions for resources (e.g. educational material, support groups, etc.) that may support the family's ongoing adaptation to disability.

5) *Sexuality* (5 of 8 required)

Candidate demonstrates competency in sexuality interventions as evidenced by any five of the following eight behavioral anchors:

- The discussion of medical variables affecting sexual desire and sexual response.
- The assessment of a patient's willingness to discuss sexual issues and individualizes discussions according to patient's preferences.
- The discussion of a patient's emotional response to changes/limitations in sexual functioning.
- The discussion of the impact of changes in sexual functioning on patient's identity.
- The identification of sexual intercourse as one element of a person's sexual behavior and explores multiple ways to support sexual activity and sexual identity.
- The involvement of a patient's partner in treatment, based on patient's consent and goals (as appropriate).

- The suggestion of resources that can be helpful in addressing patient's sexual concerns and facilitates patient's access to those resources.
- The citation of relevant professional literature and integration of that literature into case conceptualization.

6) Substance Abuse (3 of 4 required)

Candidate demonstrates competency in intervention for substance abuse as evidenced by evidenced by any three of the following four behavioral anchors:

- The discussion of intervention approaches appropriate to the needs of the specific population and the assessed substance use history.
- The selection of appropriate evidence-based substance use intervention and prevention techniques integrated into a team treatment approach.
- The description of community resources and referrals related to substance use prevention and intervention.
- The demonstration of serial evaluation and documentation of intervention effectiveness of substance use intervention.

7) Pain (2 of 3 required)

Candidate demonstrates competency in the assessment of pain as evidenced by any two of the following three behavioral anchors:

- The discussion of how findings from pain assessment impact patient intervention, course, and outcome.
- The selection of evidence-based pain intervention strategies with attention to specific population-based needs integrated into the interprofessional team treatment context.
- The description of a comprehensive approach to pain management including non-pharmacological interventions and focus on participation and quality of life.

8) Vocational and Educational Issues (2 of 3 required)

Candidate demonstrates competency in vocational and educational interventions as evidenced by any two of the following three behavioral anchors:

- The discussion of the client/patient's vocational and education history, and the influence of disability upon current vocational and education status, as well as future goals.
- The demonstration of an awareness and utilization of community vocational resources (e.g., Vocational Rehabilitation) and educational resources (e.g., school-based disability services) as warranted.
- The demonstration of willingness to communicate with former employers, school personnel, university office of disability services, or managers of volunteer organizations to assist with disability education and encourage re-employment post recovery.

**Functional Competencies: Consultation**

1) Peer (1 of 2 required)

Candidate demonstrates competency in peer consultation as evidenced by one of the following two behavioral anchors:

- The demonstration of active consultation among treatment team and disciplinary peers to enhance treatment team function and client/patient treatment effectiveness.
- The discussion of the challenges involved in shared treatment planning, co-treatment, timely shared data related to treatment.

3) Community and Organizational (1 of 3 required)

Candidate demonstrates competency in community and organizational consultation as evidenced by one of the following three behavioral anchors:

- Description of the delivery of active consultation with community and organizational resources to enhance client/patient treatment outcomes.
- Articulation of expertise related to community resources (referral to patient advocacy organizations such as BIA, United Spinal, etc.).
- Description of participation in rehabilitation community organizations such as educational seminars and presentations to groups serving rehabilitation populations, serving on boards of directors and committees for relevant local community groups.

**Functional Competencies: Advocacy**

1) Client/Patient (2 of 2 required)

Candidate demonstrates competency in advocacy as evidenced by both of the following two behavioral anchors:

- The demonstration of a commitment to individual client/patient rights, equitable treatment, privacy/confidentiality and autonomy in all aspects of health care within the treatment team, with family-support system members, and in the community in the context of discharge planning and community re-integration.
- The discussion of at least one instance of participation in intervention, education or outreach in the service of client/patient rights, equitable treatment, privacy/confidentiality and/or autonomy (with the client/patient, other health care providers, family, social support system, employer, or health care facilities/systems).

2) Disability Issues (2 of 3 required)

Candidate demonstrates competency in disability issues as evidenced two of the following three behavioral anchors:

- The demonstration of active promotion of disability rights, recognition, equitable social opportunities, accommodations, cultural identity at individual client/patient, facility, local, state and/or national levels via intervention, education, legislative testimony, political activism, etc.
- The demonstration of at least one instance of intervention, education, or political action (at any level including patient, family, treatment team, healthcare facility, local, regional, state, or national levels or professional organizations) that promotes disability rights, recognition, equitable social opportunities, accommodations, and/or cultural identity.



- The demonstration of an awareness of current issues in disability by citing relevant literature, which may include foundational works on disability as an identity variable (such as: Beatrice Wright, Dana Dunn, etc.), case law, or issues/cases in the public domain.

### **Functional Competencies: Consumer Protection**

#### 1) Federal Legislative Statutes (2 of 4 required)

Candidate demonstrates competency in consumer protection in relation to federal legislation as evidenced by two of the following four behavioral anchors:

- The demonstration of working knowledge of disability-relevant federal laws (e.g., Disability Act, Americans with Disabilities Act - as Amended, Patient Protection and Affordable Care Act) as they apply to the individuals described in the practice samples, as well as the population of individuals with disabilities.
- The discussion of at least one federal statute or case law and its application the case (e.g., ADA, Rehabilitation Act, IDEA, Tarasoff case etc.).
- The discussion of at least one federal standard in practice (e.g. HIPAA, Patriot Act, etc.).
- The demonstration of awareness of the potential of a violation of patient privacy/confidentiality.

#### 2) State Legislative Statutes (2 of 3 required)

Candidate demonstrates competency in consumer protection in relation to state legislation as evidenced by two of the following three behavioral anchors:

- The demonstration of a working knowledge of state statutes regarding the practice of psychology, definitions of disability and standards of care.
- The discussion of at least one State statute or case law and its applications in the practice sample or chosen vignette case (e.g., duty to warn, mandatory reporting of abuse/neglect, competency standards, etc.).
- The discussion of the application of at least one state standard in practice (e.g. worker's compensation, motor vehicle license, consent for therapy, etc.).

#### 3) Community Health and Safety Resources (3 of 3 required)

Candidate demonstrates competency in consumer protection in relation to Community Health and Safety Resources as evidenced by all of the following three behavioral anchors:

- The demonstration of a working knowledge of community resources supporting client/patient safety and security (e.g., fire and police services, suicide hotline services, Public Health clinics, mental health services, Social Services, Abuse hotline, etc.)
- The discussion of at least one community program and its application to the case (e.g., vocational rehabilitation, adult protective services, etc.).
- The discussion of at least one aspect of client safety (e.g., consideration of abuse reporting).

## **ABRP Supplementary Competencies (2017)**

The following competency domains will only be addressed for those Candidates who engage in these areas of practice as part of their ongoing activity as a Rehabilitation Psychologist and have submitted a research, management/administration, supervision, or teaching case as a practice sample. A successful Candidate engages in effective, current, and well-supported activities in the supplementary areas they practice.

### 1) Research (4 of 5 required)

Candidate demonstrates competency in research as evidenced by any four of the following five behavioral anchors:

- The articulation of an awareness of research methodology, techniques of data collection and data analysis.
- The demonstration of engagement in research and contribution to the literature in Rehabilitation Psychology.
- The articulation of the application of the Candidate's own body of research to Rehabilitation Psychology.
- The description of behavior that comports with the ethical principles outlined by the Belmont Report (1979 and 1981) and all Federal Policies for the Protection of Human Subjects or the "Common Rule."
- The description of behavior that comports with the ethical principles outlined by the American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (2010).

### 2) Management / Administration (3 of 4 required)

Candidate demonstrates competency in management and administration as evidenced by any three of the following four behavioral anchors:

- The articulation of the Candidate's agency's approach to measuring rehabilitation outcomes and sharing with stakeholders.
- The description of state and federal regulatory bodies influencing facility and their role in meeting standards, as well as efforts to advocate for rehabilitation services.
- The description of an approach to hiring, supervising and evaluating direct hires and addresses their facility's approach to meeting core psychology ethical standards (confidentiality, record storage, for example).
- The articulation of a role in management and line of command for addressing critical clinical, ethical and personnel issues.

### 3) Supervision (3 of 4 required)

Candidate demonstrates competency in supervision as evidenced by any three of the following four behavioral anchors:

- The articulation of a model of supervision that considers the level of professional development of the supervisee.
- The demonstration of awareness of the impact of diversity in the supervisory relationship.
- The description of awareness of the importance of disability and rehabilitation psychology values in the conduct of clinical supervision.

- The implementation of a processes for establishing and maintaining ethical supervisory relationships and awareness of legal and institutional policies, and professional standards and guidelines relevant to supervision including adherence to the APA Guidelines for Clinical Supervision in Health Service Psychology (2014) and Ethical Principles and Code of Conduct (2010)

4) *Teaching* (3 of 4 required)

Candidate demonstrates competency in teaching as evidenced by any three of the following four behavioral anchors:

- The integration of current research and professional literature germane to rehabilitation psychology.
- The inclusion of diversity issues impacting the topic.
- The modification of presentation methods and materials to enhance students' engagement with and understanding of the material, including clinical examples in rehabilitation settings.
- The solicitation of feedback regarding teaching methods and materials and incorporates this information in ongoing course and presentation development.

## **ELIGIBILITY REQUIREMENTS FOR CANDIDACY**

To attain board certification in a specialty, an applicant must meet the general and the specialty eligibility requirements, which include:

### **A. Generic Requirements**

The generic requirements for board certification include a doctoral degree from a program in professional psychology offered in a regionally accredited institution of higher education. A program in professional psychology is defined as one that includes scientific discipline foundations, practice foundations, integrated practicum, and pre-doctoral internship supervised practice. Persons who obtain their doctoral degrees in 2018 or later from an institution in the United States or Canada must be awarded their doctoral degree from a doctoral program that was accredited by the American Psychological Association, the Canadian Psychological Association, or an accrediting agency recognized by the U.S. Department of Education at the time of their graduation. Applicants credentialed in the most recent directory of the National Register of Health Service Providers in Psychology, the Canadian Register of Health Service Providers in Psychology, or the Certificate of Professional Qualification in Psychology (CPQ) may qualify as meeting the doctoral degree requirements.

Applicants must demonstrate Licensure or Certification at the independent practice level as a psychologist in the United States, Canada or a U.S. Territory.

Note: Individuals practicing outside of the U.S., its territories or Canada may be eligible in some circumstances when training was completed in the U.S., its territories or Canada. Limited exceptions exist for doctoral training completed prior to 1983, degrees granted outside the U.S. or Canada, formal retraining, substantial equivalents to accreditation requirements, and licensure in jurisdiction of practice for some Federal employees. Exception criteria and procedures are available from Central Office and are reviewed on a case-by-case basis. More information about the generic requirements for

board certification is available in the FAQ section of the ABPP website at [http://legacy.abpp.org/files/page-specific/3361%20Rehab/05\\_ABRP\\_Frequently\\_Asked\\_Questions.pdf](http://legacy.abpp.org/files/page-specific/3361%20Rehab/05_ABRP_Frequently_Asked_Questions.pdf).

## **B. Specialty Specific Requirements**

Three years of experience in Rehabilitation Psychology:

- Two of the three years must be supervised.
- One year may be satisfied by a predoctoral internship with an emphasis in Rehabilitation Psychology.

Supervised experience in Rehabilitation Psychology which can be satisfied by:

- Two years of postdoctoral experience with an emphasis in Rehabilitation Psychology, or
- One year of pre- and one year of post-doctoral supervised experience in Rehabilitation Psychology
- Successful completion of a recognized postdoctoral program in Rehabilitation Psychology.

Many psychologists have entered the field of Rehabilitation Psychology from diverse training backgrounds. Psychologists who have been practicing in Rehabilitation Psychology for many years and believe that they can demonstrate the required competencies are encouraged to apply. Candidates will be considered for candidacy on an individual basis irrespective of their formal training.

## **APPLICATION PROCESS**

### **A. Exam Overview**

The American Board of Professional Psychology's (ABPP) certification in Rehabilitation Psychology is a three-stage process. The first stage is the application and credential review that assures that the Candidate has received appropriate education, training and supervised clinical experience in Rehabilitation Psychology. The second stage consists of submitting a Practice Sample of the Candidate's professional work. Candidates are permitted one NO PASS on their Practice Sample submissions with guidance on revising and resubmitting for a second review. If the Candidate does not pass the Practice Sample on the second review, the Candidate must pay the ABPP Practice Sample examination fee a second time. The third stage is the ABRP Oral Examination in Rehabilitation Psychology. ABPP requires completion of each stage within one year, however, extensions are typically granted by ABPP when justified. The total recommended timeline is 2 years from credential review to oral examination. Specifically, Candidates are encouraged to complete the application and credential review and submit the Practice Sample within one year, and once approved, sit for the Oral Examination within one more year.

#### **Fall Examination:**

June 1: Practice Sample must be submitted by to qualify for Oral Exam in the fall.

July 1: Deadline for candidate to get the results of their Practice Sample review.

July 15: Deadline for resubmission if minor changes are required.

August 1: Deadline for resubmission results.

#### **Winter Examination:**

October 1: Practice Sample must be submitted by to qualify for Oral Exam in the winter.

November 1: Deadline for candidates to get the results of their Practice Sample review.

November 15: Resubmission is due if minor changes are required.

December 1: Deadline for resubmission results.

## **B. Application**

### **The Applicant submits the SPECIALTY SPECIFIC REQUIREMENTS FOR APPLICATION IN REHABILITATION PSYCHOLOGY**

(retrieved from the American Board of Professional Psychology webpage at <https://www.abpp.org/i4a/pages/index.cfm?pageID=3474>), fee, and credential materials (an official copy of doctoral graduate school transcript[s], rating forms from supervisors and colleagues as well as endorsement forms from at least two colleagues who are aware of the scope of the Candidate's training and current functioning) to the ABPP Central Office. ABPP verifies the degree, the license, professional standing (disciplinary status), the internship and the generic post-doctoral requirements. If the applicant meets the generic requirements the materials are forwarded by ABPP Central Office to the ABRP Practice Sample Coordinator for evaluation of specialty requirements. If no decision can be reached, the applicant may be asked for additional information. Final determination regarding specialty requirements is communicated to ABPP Central Office and the applicant is notified of the result.

### **Senior Applicant Exam Criteria and Procedures**

The ABRP Board recognizes that special circumstances may be present for Rehabilitation Psychologists who have been practicing in the field for many years. Senior applicants are defined as a specialist applicant/Candidate who is 15 or more years post-licensure. The rationale of the Senior applicant category is to address the practical issues that might otherwise affect experienced practitioners' ability to qualify for Board certification. For example, "senior" applicants may not have access to their former professors/mentors for completion of an Endorsement Form. In this circumstance, the use of alternatives such as a greater number of endorsements from colleagues, employers or supervisors may suffice.

Senior rehabilitation psychologists may have reached a point in their careers where they no longer provide or supervise direct services to clients. Psychologists who are serving solely in an administrative, management, or research capacity may not be eligible for

board certification in Rehabilitation Psychology. Board certification is a reflection of *clinical competence* in the field, and thus all Candidates must demonstrate clinical competence through recent clinical work and examination. There is one level of certification resulting from the ABRP examination and there is no “distinguished” or “senior” descriptor. The criteria for a “pass” are the same for all Candidates. Senior applicants must meet the ABPP credential requirements (e.g., doctoral degree in psychology; license to practice psychology independently). Supervisor verification of training may be waived due to the length of time since training and the increased likelihood that supervisors may not be available, as noted above.

At least one portion of the practice sample must be clinically-focused (direct patient care, or supervision of direct patient care), and other evidence of competency in the specialty may be used for the second portion of the Practice Sample (e.g., documentation of program development, articles, chapter, books, syllabi, or consulting). The Oral Examination is required for the senior process and is identical to – and thus as rigorous as – the Oral Examination for any Candidate. There is no “senior examination” as such, but an option to flexibly apply past educational requirements. The application and examination timelines described under the Exam Overview section in the Candidate’s Manual also apply to senior Candidates.





## **Initial Application Checklist**

The following checklist will help you ensure that your application is complete and can be processed efficiently. Failure to include the following required application materials will potentially result in administrative delays.

\_\_\_\_\_ Read the enclosed Eligibility Criteria sheet prepared by the ABRP, and the ABPP general requirements for application.

\_\_\_\_\_ Arrange for official graduate transcripts (Master's and Doctoral training) to be sent directly from the university to: ABPP, 600 Market St, Suite G3, Chapel Hill, NC 27516.

\_\_\_\_\_ Send a copy of your current state or provincial license/certificate.

\_\_\_\_\_ Send a copy of your Curriculum Vita

\_\_\_\_\_ There are four required ONLINE endorsements. Two endorsements should be from professionals who have supervised your clinical work (preferably other psychologists). Two endorsements should be from colleagues, employers or professors (Fellows of APA or ABRP specialists preferred, but not required) as indicated on the application form. The endorsements are completed ONLINE by the person providing the endorsement. The web address of the form is provided on the Specialty Specific Application Form for Rehabilitation Psychology.

Enclose an application fee check for the amount of \$125, payable to the "American Board of Professional Psychology."

All correspondence (the application form, license, CV, endorsements) should be sent to the following address:

ABRP  
American Board of Rehabilitation Psychology / Central Office  
600 Market Street, Suite G3 / Chapel Hill, NC 27516



*American Board of Rehabilitation Psychology*

**Endorsement Form**

Applicant Name \_\_\_\_\_

Endorser \_\_\_\_\_

1. In what capacity and for what period of time have you been associated with the applicant?
  - Supervisor                 from \_\_\_\_\_ to \_\_\_\_\_
  - Employer                   from \_\_\_\_\_ to \_\_\_\_\_
  - Professor                   from \_\_\_\_\_ to \_\_\_\_\_
  - Colleague                   from \_\_\_\_\_ to \_\_\_\_\_
  - Other ( \_\_\_\_\_ )        from \_\_\_\_\_ to \_\_\_\_\_

specify

2. Indicate your knowledge of the applicant by checking the appropriate places:

	Little knowledge	General knowledge	Thorough knowledge
Work Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. I am ABPP certified \_\_\_\_ If yes, which Specialty? \_\_\_\_\_ Fellow, APA \_\_\_ Member, APA \_\_\_  
Other (specify) \_\_\_\_\_

4. Evaluate the applicant's professional competencies by placing one check mark for each item, based on your personal knowledge of the applicant.

	Unable to Rate	Below Average	Average	Above Average	Exceptional
Sensitivity to the welfare, rights, and dignity of others as a priority in the practice of Rehabilitation Psychology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to empathically relate to clients/patients and others including members of the rehabilitation team, in ways that enhance effectiveness of services provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of one's own interpersonal interactions on others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to maintain appropriate boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of diversity and multicultural issues especially in regard to disability and its influence on practice of Rehabilitation Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of current issues facing the profession and implications of these issues to functioning as a Rehabilitation Psychologist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to seek and utilize consultation/supervision when needed or appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active participation in professional activities relevant to professional growth and development in Rehabilitation Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall competence in the specialty of Rehabilitation Psychology, including constructive interventions based on a realistic assessment of the problems encountered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awareness of the ethical standards and principles of psychologists and their implications for professional practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of the responsibility to practice in the best interests of clients and of society	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PLEASE COMPLETE REVERSE SIDE OF THIS FORM**

5. Please use this space to comment on any of the items that you rated in the table. The American Board of Rehabilitation Psychology is especially interested in any personal observations on your part. These observations can help put your ratings in context: they also provide you the opportunity if you have any concerns regarding personal integrity or professional conduct.

6. I recommend that the applicant be admitted to candidacy:

Without reservation \_\_\_\_\_

With reservation \_\_\_\_\_

I do not recommend admission to candidacy \_\_\_\_\_ (Please state any reservations in item 5 or on a separate sheet)

Signature: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

Date: \_\_\_\_\_

On behalf of the candidate and the ABPP board certification process, thank you for completing this endorsement form. If you desire a copy of this endorsement form, please print a copy. Your completed endorsement form will be stored in the candidate's file at ABPP and is not shared with the candidate. This process ensures that you can provide a confidential review of the candidate's qualifications.

Board of Directors  
American Board of Rehabilitation Psychology

## **Outcome of Credential Review Process**

If the ABRP committee does not approve the application, it is returned to ABPP with the recommendation not to approve along with a description of weakness or non-acceptability of credentials as well as recommendations for strengthening the application, if any. On occasion, the Practice Sample Coordinator might contact the Candidate to obtain additional or clarifying information.

If the applicant wishes to reapply, he/she must demonstrate that their application has been improved. The application fee of \$125 must be paid again, and credentials review proceeds from the beginning.

If the ABRP committee approves the application, it is returned to ABPP with a recommendation to approve.

ABPP notifies the applicant of the results of the credential review procedure. Applicants whose credentials are approved become "Candidates" for ABPP certification in Rehabilitation Psychology. It is recommended that the candidate submit the Practice Sample within 12 months of having received notification of candidacy for ABPP certification in Rehabilitation Psychology and they are encouraged by their assigned mentors to complete the submission within that timeframe.

### **C. Accommodations**

The Board encourages all qualified individuals with disabilities to apply for Specialty Board certification. The Board recognizes that modifications may be required for individuals with disabilities as they demonstrate the Rehabilitation Psychology clinical competencies. The Board is committed to providing reasonable accommodations for applicants with disabilities (e.g., travel for personal care attendants, ASL interpreters, late-start examinations, braille materials, etc.) and all persons considering ABRP board certification are encouraged to contact a board member with questions and to formally request reasonable accommodations when needed. For the latter circumstance, the applicant should submit a specific request to the ABRP Board, along with documentation from a professional supporting the need for the accommodation(s) and the basis of the need. Applicants with disabilities may be asked to assist the Board in developing the accommodations necessary to support their participation. The ABRP Board will have the sole discretion to grant or deny the request for accommodations based on applicable guidelines.

The Board also recognizes that modifications to the exam format or schedule may be required for other individuals with special needs as they demonstrate the Rehabilitation Psychology clinical competencies (i.e., breastfeeding mothers, religious observances, limited English proficiency, etc.). The Board is committed to providing reasonable accommodations to these applicants (e.g., exam schedule allowances, interpreters, same-gender examiners, etc.) and all persons considering ABRP board certification are encouraged to contact a board member with questions and to formally request accommodations when needed.

## **PRACTICE SAMPLE**

The Practice Sample provides the opportunity for Candidates to demonstrate that their professional activity is based on the principles and practices of Rehabilitation Psychology and that they have the competencies required of a specialist in Rehabilitation Psychology. The Practice Sample also provides an opportunity for Candidates to articulate their identities as Rehabilitation Psychologists, positioning them to advance to the Oral Examination. Practice Sample instructions and Registration Form can be retrieved on the ABPP website.

Candidates are strongly encouraged to utilize a mentor. Once an Applicant passes the Credential Review phase, the Practice Sample Coordinator will contact the Candidate. If the Candidate agrees, the Practice Sample Coordinator will facilitate pairing the Candidate with a mentor who is an ABPP-RP psychologist. The Board makes every effort to match mentors with Candidates based on their practice backgrounds and likely areas of focus in the Practice Sample. The Candidate approves the mentor choice. The Candidate may request a specific mentor and this request will be honored if possible. Although mentors enhance the likelihood of successful completion of the process, the mentor's role is advisory only. The Candidate is solely responsible for the outcome of the Board certification process.

At times, a change in the mentor-Candidate pairing may be preferred or necessary. Requests by the Candidate for a different mentor will have no impact on the evaluation of the Candidate's Practice Sample or Oral Examination performance.

### **A. Selection of Practice Sample Materials**

The Practice Sample consists of two examples of the Candidate's recent work in Rehabilitation Psychology. Candidates are encouraged to select materials representing

their work within the past five years. This helps to ensure that their competencies are up to date. **Materials should be selected to give evidence of a variety of competencies and to reflect one's usual practice. At least one portion of the Practice Sample must be clinically-focused (the Candidate's own case [strongly recommended], or a case in which the Candidate was responsible for much of the clinical decision making in a supervisory relationship).** The two sections should be sufficiently different from each other to reflect breadth of expertise. The cases must represent the Candidate's work performed under the Candidate's psychology license after the completion of supervised training. Therefore, the Practice Sample shows independent clinical conceptualization and decision making for which the Candidate is legally responsible.

The Candidate is given options in selecting examples of their work. Possible case types include:

- Clinical case studies
- Supervision of a trainee's clinical case
- Consultation reports
- Teaching/training curricula
- Research programs
- Instrument development
- Program development

Candidates should consider the behavioral anchor competency list when selecting and writing the Practice Sample cases and include information that can demonstrate competence in several aspects of assessment, intervention, consultation, and consumer protection. It is not necessary to duplicate demonstration of specific competencies in each of the two cases. For example, one case might emphasize the Candidate's assessment skills, while the other focuses on intervention skills. Demonstrating these competencies may require more thought and creativity when presenting non-clinical work, but this is possible to accomplish. **A submission that allows for demonstration of a majority (e.g., greater than 2/3 of the competencies) is recommended for the Practice Sample portion of the ABRP examination.**

## **B. Writing the Practice Sample Cases**

The two portions of the Practice Sample should not exceed 50 double-spaced written pages, cumulatively. The Practice Sample consists of a written narrative as well as supplementary materials which are included in the 50-page limit. The following description is meant to provide helpful guidance but is not designed to be prescriptive or restrictive. A guide for writing samples is included as the last entry in the Appendix.

The practice sample should be written in the active voice, and the Candidate should clearly indicate who performed the work (e.g., “I performed a cognitive assessment,” “The team’s speech language pathologist performed a cognitive screen, and I consulted with her about the findings,” etc.) On the first portion (no need to duplicate on the second portion) of the Practice Sample, a brief description of the Candidate’s work setting and professional activities is recommended.

The narrative portion of the Practice Sample outlines the Candidate’s rationale for the work, and therefore includes statements that explain and support the Candidate’s clinical decision making. A suggested format for Case 1 could include: approach to assessment and application to the case; approach to intervention and application to case; discussion of consultation and teamwork; discussion of sensitivity to welfare, rights, and dignity of others; discussion of sensitivity to the welfare, rights, and dignity of others; consideration of multicultural factors; awareness of own interpersonal interaction on others; discussion of consumer protection/advocacy; ethical and legal foundations; and summary/disposition (emphasizing candidate’s role in outcome). This is followed by supporting materials for Case 1. Case 2 (presuming it is a clinically-focused case) follows the same format. Those Candidates who elect to present non-clinical work as a portion of the Practice Sample are advised to work with their mentors regarding formatting this work to demonstrate the competencies. The narrative portions of the Practice Sample provide an opportunity for the Candidate to demonstrate the application of Rehabilitation Psychology principles to the questions and decisions that are involved in the case. The narrative also provides an



opportunity for the Candidate to integrate, as applicable, pertinent medical, psychosocial, theoretical, and research information into the case conceptualization and decision-making. Citing pertinent research in the field is encouraged and helps the Candidate demonstrate their contemporary knowledge base. While there is no “right” number of references to cite, the idea is to cite references that reflect the “why” and “how” of what the Candidate does in practice.

The supplementary materials provide data that indicate that the patient or other work is “real,” and that the Candidate is using data in ways that are consistent with contemporary Rehabilitation Psychology practice. Supplementary materials should be carefully selected to assist the Candidate in demonstrating competencies. The supplementary materials alone, however well-constructed, do not constitute a Practice Sample case.

Supplementary materials **must be de-identified** and may include (but are not limited to):

- Brief components of test reports (such as selected pages) or test score summary sheets
- Chart, office or progress notes (include copies of original, if possible, and typewritten text with facility logo or letterhead on materials)
- Team conference summaries, or portions thereof
- Selective portions of medical documentation
- Correspondence related to Practice Sample case chosen
- Copies or selected portions thereof, of articles, grant proposals, curricula, program materials, etc.

Clinical Cases. Clinical cases should be selected and written in a way to demonstrate the “Rehabilitation” focus of the case and the Candidate’s actions. Cases in which the Candidate functioned solely in a diagnostic role, (for example, a neuropsychological/cognitive assessment to solely address the question of whether a patient has cognitive impairment, but without recommendations to enhance the patient’s functioning and family’s coping) would not typically be suitable for a Practice Sample. Clinical Practice Sample cases should demonstrate competent Rehabilitation Psychology

practice. **Any potentially identifying information should be eliminated.** The case should typically include information about patient characteristics, assessment strategies, diagnostic impressions, treatment recommendations, clinical interventions, recommended consultation with other professionals, follow-up care, and consumer protection issues. Medical, psychosocial, emotional, and mental and behavioral health information should be reported and integrated into the case conceptualization, as available. The rationale for the assessments, interventions, and recommendations should be clear and supported by data or scientific literature. The case must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA). If the case study involves the supervision of a trainee, the Candidate needs to clearly explain what work was the trainee's and what was their own. When possible, it is preferable to report on the Candidate's own clinical case material. However, in some cases the Candidate's current work role may preclude this possibility.

Consultation Reports. Like clinical cases, consultation reports should demonstrate the Rehabilitation Psychology principles and practices underlying the consultation and describe the Candidate's activities and rationale. The case should typically include information about patient characteristics, the setting and reason for the consultation, assessment strategies, diagnostic impressions, and treatment recommendations. The rationale for the assessments and interventions should be clear and supported by scientific literature. The consultation must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA).

Teaching/Training Curricula. Candidates who choose to use a teaching/training curricula example as a portion of their Practice Sample should describe the rationale for the curriculum and indicate how the curriculum relates to and includes the principles and practices of Rehabilitation Psychology. The example should be clear about the Candidate's role in designing and implementing the curriculum. Course or program outlines alone do not constitute an acceptable Practice Sample portion. The curriculum must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA).

Research-Based Sample Case. Candidates who choose to submit research-based work as one of their examples should provide a description of the research program and detail how it relates to the principles and practices of Rehabilitation Psychology. Abstracts may be used as supplementary material. **Submission of reprints alone or a grant proposal alone does not constitute an acceptable practice sample.** Candidates must discuss their rationale in planning and implementing the research, especially as it relates to Rehabilitation Psychology. The research program must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA).

Instrument Development. Candidates may describe the development of an instrument. The sample should discuss the rationale for developing the instrument, the Candidate's role in the conceptualization, development, validation, and how this instrument relates to the principles and practices of Rehabilitation Psychology. Submission of the instrument alone or articles about the instrument alone does not constitute an acceptable Practice Sample. The instrument development process must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA).

Program Development. Candidates who choose to use a program development example as a portion of their Practice Sample should describe the rationale for the program and indicate how the program relates to and includes the principles and practices of Rehabilitation Psychology. The example should describe clearly and in detail the Candidate's role in designing and implementing the program. Promotional materials, advertisements, or testimonials should ordinarily not be submitted as supplemental material. The program must conform to APA ethical standards, state laws of practice, and any other relevant standards (e.g., the ADA).

The Practice Sample should be carefully proofread for spelling, grammar, and clarity. Needless errors in writing reflect carelessness as a professional and errors may result in a negative impression of an otherwise acceptable Practice Sample. It is highly advised to

put your best product forward, helping to ensure the Reviewer focuses on your content, not your writing.

The narrative format must be presented in accordance with APA style. The entire practice sample must be no longer than 50 pages, using a size 12 font, with one-inch margins on all sides. Upon completion, an unalterable PDF format must be e-mailed to the Practice Sample Coordinator. A fee/registration form downloaded from the ABPP website along with \$250.00 should be sent to the ABPP Central Office.

### **C. Practice Sample Review Guidelines**

While there are no rigid criteria for awarding a “pass” on the Practice Sample, the following guidelines are suggested:

- 1) A general criterion is that the Candidate must demonstrate current and accurate knowledge of the psychological and rehabilitation issues associated with having the specific disability or chronic illness presented in the Practice Sample material. Accordingly, the Practice Sample must be primarily focused on adjustment to or management of a disabling condition, rather than on a secondary complication, such as depression or anxiety. The Candidate must demonstrate sufficient depth and breadth of understanding of the pertinent issues related to that specific disability with an emphasis on disability and other identity statuses.
  
- 2) The Candidate should be centrally involved in the case. If this is a Practice Sample that involves the direct supervision of a case, the Candidate must specify her/his clinical responsibilities and actions, versus what the supervisee did in terms of the required competencies. The Candidate must have responsibility for the case (e.g., clinical services provided under the Candidate’s license). No more than one of the two cases should reflect a supervisor/supervisee role.
  
- 3) The Candidate should aim to demonstrate more than two-thirds (67%) of the behavioral anchors reflecting the competencies (especially in the areas of assessment, intervention and consultation) of a Rehabilitation Psychologist in the Practice Sample. While this is not a rigidly fixed percentage, demonstrating less than 67% of the competencies places a heavier burden on the Candidate and Oral Examination team during the Oral Examination and could result in a “no pass” because the Candidate did not demonstrate a sufficient number of competencies within the time limits of the Oral Examination. Given the considerable financial, time, and emotional resources invested by a Candidate to participate in the Oral Examination, the ABRP Board has chosen to set a high bar at the Practice Sample phase to increase the pass rate at the Oral Examination phase.

4) Since assessment competencies can be challenging to demonstrate during the Oral Examination, Candidates are encouraged, but not required, to demonstrate assessment competencies in cognitive abilities, adjustment of patient and family, sexuality, substance abuse, pain, and vocational functioning in the Practice Sample portion of the examination

5) If the Candidate adequately demonstrates a competency at a specialty level of practice, on either the first or second portion of the Practice Sample, it is likely (but not guaranteed) that the competency “passed.” However, “passing” is a decision based upon the total examination results. Therefore, if in either the first or second portion of the Practice Sample, or in the Oral Examination responses, the Candidate’s discussion shows inadequate grasp of the competency, the Candidate may not be awarded credit for that competency, regardless of previous performance.

6) The Candidate is expected to support their professional actions by professional literature or clinical experience. This can include the description of the implementation of a known model, reference to a line of research or expert consensus in a relevant area, description of a clinical approach derived from supervised practice or consultation with a specific colleague, reference to a peer-reviewed article or study, or the description of knowledge gained from personal professional experience with similar cases/specific knowledge gained from the case covered in the sample. The last of these examples is considered the weakest form of support for clinical decision-making.

7) Regardless of the quality of the sample, there are critical errors that could lead to an automatic “no pass” decision. For example, a violation of Ethical Principles of Psychologists and Code of Conduct (2017) or the inclusion of personally identifiable patient information (even inadvertently) should result in a “no pass” for the submission. Another example of clinical errors that could result in a “no-pass” would be application of contraindicated or disproven assessment or treatment methods, or actions that could jeopardize patient/family safety.

#### **D. Outcome of the Practice Sample Review**

The Practice Sample Coordinator sends the Candidate's Practice Sample to three ABRP-certified psychologists who have been trained in the Practice Sample review process. One of the psychologists is identified as the Chair of the Practice Sample Review Committee. The three committee members independently review the Practice Sample and submit recommendations ("pass"/"no pass") and comments to the Practice Sample Chair. The Practice Sample Chair reviews these comments for the clarity and utility of feedback, and requests Reviewers to revise feedback if needed. If any of the Reviewers identifies a serious problem (e.g., ethical or legal violation, interpretation of clinical data not supported by literature or practice standards) that could yield a "no pass" decision regardless of the quality of the remainder of the Practice Sample, the Practice Sample Chair convenes a conference of the Practice Sample Evaluation team to discuss this issue and the decision about "pass/no pass". Team members may be asked to vote again on the Practice Sample. When all reviews are complete, the Practice Sample Chair submits the reviews to the Practice Sample Coordinator. Two "pass" decisions advance the Candidate to the Oral Examination phase.

Periodically, the Candidate's Practice Sample is distributed to a Practice Sample Examiner in training ("ghost reviewer"). The ghost reviewer has no input into the evaluation of the Candidate's Practice Sample. The ghost reviewer submits a review of the Practice Sample to the Chair of the Practice Sample Review Committee. The Chair reads the ghost review only after all Committee members have submitted their written reviews. The Committee Chair then provides feedback to the ghost reviewer about the ghost reviewer's work; the Committee Chair typically also shares the reviews of the Practice Sample Review Committee with the ghost reviewer.

The Practice Sample Examination Committee Chair notifies the ABRP Practice Sample Coordinator of the outcome of the Practice Sample Examination. If a "pass" decision is reached, the ABRP Practice Sample Coordinator notifies ABPP Central Office and the ABRP Oral Examination Coordinator. The Candidate is notified of the outcome of the Practice Sample review and their eligibility to sit for the Oral Examination. The

Candidate also receives a letter from the ABRP Practice Sample Coordinator containing the Practice Sample Reviewers' comments to help the Candidate prepare for the Oral Examination of their Practice Sample. After the Candidate communicates an intention to take the Oral Examination, the Candidate is directed to pay the Oral Examination fee to ABPP Central Office via the ABPP website ([www.abpp.org](http://www.abpp.org)).

The ABRP Board has chosen to set a "high bar" at the Practice Sample phase. This philosophy is consistent with a mentoring model, and also increases the likelihood of the Candidate passing at the Oral Examination phase (which typically requires a greater financial expenditure on the Candidate's part and in which the Candidate is highly emotionally invested). Thus, the Board encourages Candidates to interpret a "no pass" decision as an opportunity to further develop clinical skills. In developing and/or revising the Practice Sample, the Candidate receives consultation from skilled Rehabilitation Psychology clinicians. Much as anyone wishes to "pass" at the first try, the professional (and monetary) value of consultation should not be overlooked.

If the Committee's decision is "no pass," the Candidate will receive a letter from the ABRP Practice Sample Coordinator explaining the reasons for the decision and outlining the options available to the Candidate, including recommendations of the Review Committee. The recommendations from the Review Committee are designed to provide constructive input to the Candidate in revising the Practice Sample. For example, the Candidate may be advised to provide more detail about clinical decision making, to provide additional documentation, or perhaps to retain only 1 of the 2 portions of the Practice Sample and substitute a new case or other set of materials to address certain competencies that the Committee felt were not adequately demonstrated. The Candidate is encouraged to share the Review Committee's feedback with their Mentor (the Mentor will not independently receive this feedback) and work closely with their Mentor in responding to the Review Committee's comments.

Candidates are permitted one "no pass" at the Practice Sample phase without paying a resubmission fee. In the case of the first "no pass," the ABRP Practice Sample



Coordinator does not notify the ABPP Central Office, but rather contacts the Candidate directly with the decision. In the case of a “no pass,” the Candidate is requested to provide a cover letter when resubmitting the Practice Sample, outlining how the Review Committee’s concerns/issues were addressed. This letter is not included within the 50-page maximum. If a Candidate receives a “no pass” decision on the Practice Sample resubmission, the ABRP Practice Sample Coordinator notifies Central Office. In this situation (a “no pass” on the Practice Sample resubmission), ABPP notifies the Candidate that they have not passed this phase and that they will be required to pay a resubmission fee to ABPP in order to continue the Board Certification process.

As was true with the initial Practice Sample submission, in the case of a second “no pass,” the Candidate will receive a letter from the ABRP Practice Sample Coordinator, explaining the reasons for the decision and outlining recommendations from the Review Committee designed to help the Candidate successfully revise the Practice Sample. As was true with the first resubmission, the Candidate should provide a cover letter outlining how the Committee's concerns/issues were addressed.

## ORAL EXAMINATION

Once the Practice Sample is accepted, the Candidate is eligible for the Oral Examination, which is the final phase of the ABRP credentialing process. Registration forms for the Oral Examination can be accessed on the ABPP website after notification of acceptance of the Practice Sample. The fee for the Oral Examination is \$450 and must be paid prior to taking the oral examination.

The Oral Examination in Rehabilitation Psychology is the final step of the American Board of Professional Psychology's (ABPP) certification in Rehabilitation Psychology. An Examining Committee, consisting of trained Rehabilitation Psychology examiners, is assembled twice a year. The ABRP Board decides the date and location of the Oral Examination. After you have received notification of acceptance of the Practice Sample, you will be contacted by the Oral Examination Chair with Oral Examination schedule, location and instructions. Both Candidates and Examiners are required to report relationships that might present conflicts in the examination process. Examination team consists of psychologist certified in Rehabilitation Psychology and trained in the Oral Examination procedures who do not have reported conflicts of interest with the Candidate, and, to the degree possible, work with similar clinical populations as those seen by the Candidate.

During the Oral Examination, the Candidate will be presented with a variety of diagnostic clinical vignettes, of which the Candidate will select two, to demonstrate professional experience, knowledge, and skills in clinical and ethical decision-making. The Oral Examination process is designed to afford the Examiners an opportunity to evaluate both the breadth and the depth of the Candidate's professional knowledge and functioning. While "correct" answers are important, the Examiners will work to discover how the Candidate thinks about, evaluates, and manages the rehabilitation problems contained in the Candidate's Practice Sample and the Clinical Vignettes. The Examiner will also be interested in seeing how the Candidate acts in situations in which the case may challenge the boundaries of the Candidate's expertise.

The examination takes approximately five hours and consists of three exam sections, conducted by three different Examiners. The areas examined consist of two clinical case vignettes, review of the Practice Sample, and ethics. After spending the allotted examination time with the Candidate, each Examiner will record his/her ratings.

In the exceptionally rare instance that an emergency occurs which results in a 2-examiner panel, candidates will be given the option to reschedule (without penalty) to a later examination date or proceed after signing a waiver agreeing that a split decision will result in a no-pass.

### **A. Oral Examination Procedures**

All Candidates will be informed by the Oral Examination Chair the location and time prior to the examination. All candidates will meet at the specified time in a room that is reserved for the entire length of the examination. After the entire Examination Team is introduced, the Team is then excused and the Candidates are oriented to the Oral Examination process by the Oral Examination Chair and one or two ABRP officers. A final check is made to assure that no Candidate is examined by an Oral Examiner with whom the Candidate may have had a substantive relationship that could bias the outcome – either negatively or positively.

Before the examination begins Candidates will be required to sign an **Oral Exam Statement of Confidentiality** agreement. By signing this agreement Candidates affirm that (1) they will not discuss specifics of the Oral Examination or reveal its contents to others at any time either during or after the exam, (2) they will not reveal the identity of any other Candidate scheduled for examination, and (3) they will not remove any examination materials from the room. However, this agreement does not preclude discussion of the Oral Examination procedures, as they are outlined in this manual. During the examination cell phones must be turned off. Candidates are not permitted to receive or place calls until after all examination procedures have been completed. However, in the event that a Candidate has a situation in which receiving a call promptly is crucial, the Candidate should make arrangements with the Oral Examination Chair.

Each Candidate is examined by three different Examiners. The entire Oral Examination is typically conducted in a hotel. There is time allotted between examinations for travel to the next room and/or brief breaks. The time that is allotted for each clinical Oral Examination portion (vignette 1, vignette 2, Practice Sample) is 40 minutes with 10-minute breaks between examinations. Thirty minutes is allotted for the Ethics examination. For the purpose of maintaining a professional environment, Examiners refrain from social contact with the Candidates prior to and following the exam, apart from general greetings.

For both ongoing quality assurance processes and the training of new Examiners, an observer may be present during one or more portions of a Candidate's Oral Examination. There will be no more than one observer. The Candidate can decline to have an observer present without fault or penalty. In very rare circumstances, such as in re-examination subsequent to an appeal, there may be a requirement to have an observer present. The observer is there to watch how the Examiner conducts the Oral Examination and will be seated outside of the sight of the Candidate. Observers do not have any role in the examination or in post-examination deliberations regarding a Candidate's performance.

Candidates may bring a pen and paper to each examination exercise, along with notes made during the designated preparation period. At the end of each examination period, the Candidate should give notes pertinent to that examination to the Examiner. No other material may be brought to the Vignette, Practice Sample or Ethics portion of the Examination. However, the Candidate is recommended to bring a copy of their Practice Sample to the Practice Sample portion and a blank copy of the behavioral anchors to the Oral Examination.

During the Ethics examination, the Candidate will be asked to review a total of three paragraph-long ethical vignettes selected by the Examiner. The Candidate will identify the ethical principles, state laws, and ethical conflicts present in the vignette, along with steps the Candidate would take in addressing this dilemma. The Candidate will have

approximately 10 minutes for each vignette. The Candidate can write notes if they desire but must give the Examiner any notes at the end of the examination session.

At the end of the Oral Examination, all Candidates meet with the Oral Exam Chair and one or two Board members for approximately 15 minutes of debriefing. During this time, feedback is solicited related to their Oral Examination experience and the ABRP Examination Process and Candidates are given details about when and how the results of the examination will be communicated to them. Information is also provided to Candidates about the appeals process should the outcome be a “No Award.” The Candidates then leave following this final debriefing period.

## **B. Post Examination Deliberations and Voting**

The Examination teams meet and discuss each Candidate they have examined. Although each Examiner has rated the Candidate during his/her particular portion of the examination, the recommendation to “award” or “no award” Board certification is an overall decision of the Examination team, reached after a thorough discussion of the Candidate’s performance across all portions of the Examination. The Examination team may access and include information from the Credentials Review and the Practice Sample, in addition to the Oral Examination, as they decide whether the Candidate be credentialed (or not) in Rehabilitation Psychology. The Candidate does not pass or “no pass” the individual parts of the Practice Sample or Oral Examination. At this stage, the decision is made based on the totality of the Candidate’s performance. After deliberation and decision-making is complete, the ABRP records the recommendation of the Examination team.

### **C. Communication of Examination Outcome**

The names of Candidates who pass the Oral Examination are presented to ABPP Central Office along with the recommendation that these Candidates be awarded ABPP certification in Rehabilitation Psychology. If approved, ABPP then informs the Candidate and arranges for the award of the diploma in Rehabilitation Psychology. Candidates who pass the Oral Examination are awarded ABPP certification in Rehabilitation Psychology and become American Academy of Rehabilitation Psychology (AARP) members.

Candidates who do not pass the Oral Examination are sent a letter written by their Oral Examination Committee. This letter details the specific competencies that the Committee did not see demonstrated over the course of the entire process, including the Credential Review, Practice Sample and Oral Examination. Candidates who do not pass at the Oral Examination phase may retake the examination provided that the seven-year limit has not expired. A Candidate may take the Oral Examination no more than two times in the seven-year time period of their candidacy. Candidates who retake the Oral Exam must pay another oral examination fee to ABPP Central Office.

Communication regarding the outcome of the Oral Examination will occur by, no later than, 10-business days. Candidates will be contacted via email by Central Office.

## APPEALS PROCESS

Candidates can appeal an unfavorable decision they believe has been made on the basis of procedural error. Unfavorable decisions that were not the product of procedural errors cannot be appealed. Appeal can be made at any stage of the ABRP process (see **CANDIDATE APPEAL GUIDE**). The following decisions of the Specialty Board may be appealed if the candidate believes a procedural error has been made:

- Denial of meeting specialty specific qualifications (Credential Review/Candidacy Determination)
- Non-approval of Practice (work) Sample (Examination: Practice Sample Component)
- Failure of the oral examination (Examination: Oral Component)

An appealable decision shall not be final until the appeal process has been completed.

The Candidate may challenge an appealable decision they believe was based on a procedural error within 30 days of the receipt of written notice of that exam result. The appeal cannot exceed 750 words. The appeal must first be directed to the Oral Examination Coordinator and ABRP Board President who will convene with at least one other board officer as an Appeals Committee of three people. Each of those three Appeals Committee designees can appoint another board officer in the event of a conflict or recusal. The Appeals Committee will convene within 30 days after receipt of completed materials to review the procedural error purported to have occurred and will respond directly to the examinee/petitioner within 30 days of their meeting. The appeal has no impact on the outcome of the Practice Sample or Oral Examination result that is under appeal; the Appeal Committee cannot “pass” a Candidate. The decisions available to the Appeals Committee are to uphold or negate the “Fail” (Practice Sample) or “No Award” (oral exam) decision of the examination committee. If the appeal is upheld in the favor of the examinee, the Candidate is typically allowed to resubmit the Practice Sample or

retake the Oral Examination without paying a second fee, although other remedies may be recommended.

In the event that the petitioner/examinee disagrees with the Appeals Committee written response, the examinee can appeal that decision to the ABPP Board of Trustees Standards Committee. Only decisions purported to have been based on procedural errors will be reviewed by the ABPP Board of Trustees Standards Committee. That appeal should be made in writing to the ABPP Board of Trustees Standards Committee within 30 days of receipt of the ABRP Appeals Committee decision.



## STUDY/PREPARATION RESOURCES

The ABRP Board does not recommend or endorse specific study preparation resources. However, Candidates may consider utilizing the following resources as they are engaged in the Board certification process. The newest edition of *The Handbook of Rehabilitation Psychology* (Frank, Rosenthal & Caplan, 2010) contains the latest information related to specialty foci, modalities of care, research outcomes, and professional standards. The Rehabilitation Psychology Listserv, the Rehabilitation Psychology website ([www.Division22.org](http://www.Division22.org)) and the Rehab Riff Raff group (<http://rehabriffraff.squarespace.com>) are considered by Candidates to be quite helpful. *Rehabilitation Psychology* (<https://www.apa.org/pubs/journals/rep>) is the journal of the Division of Rehabilitation Psychology. Review of recent issues of *Rehabilitation Psychology* may be particularly helpful. As previously noted, the Candidate is encouraged to carefully review the Practice Sample examples that are located on the ABRP website. Finally, as noted in the “Writing the Practice Sample Cases” section, familiarity with the **Value Laden Beliefs** of the field that are enumerated in the preface of *Physical Disability: A Psychosocial Approach* by Beatrice Wright or, more recently, *The Social Psychology of Disability* by Dana Dunn, is recommended. The **Value Laden Beliefs** are available on the ABRP website as a PDF document titled **Rehabilitation Psychology Value Laden Beliefs**. The Candidate’s Mentor may recommend additional review materials of potential value. The Candidate is encouraged to review and know the APA Ethical principles and standards and be conversant on key components of the ADA and potentially applicable areas within their state’s licensing statutes and regulations.

## CONTACT INFORMATION

If there are any questions concerning the application, feel free to contact the following individuals:

For questions related specifically to ABRP requirements or issues, please contact the Secretary at the address provided on the ABPP-Rehabilitation Psychology web site (Officers Page: <https://www.abpp.org/i4a/pages/index.cfm?pageid=3473>).

Regarding questions related more generally to ABPP requirements or issues:

ABPP Central Office:

600 Market Street, Suite G3

Chapel Hill, NC 27516

Phone: 919 537 8031

Fax: 919 537 8034

E-mail [office@abpp.org](mailto:office@abpp.org)

## **APPENDICES/FORMS**



**APPLICATION INSTRUCTIONS FOR INDIVIDUALS APPLYING  
FOR TESTING ACCOMMODATIONS**

The ABRP Board recognizes that psychologists with disabilities may wish to take the board certification examinations and will attempt to make accommodations for applicants with verified disabilities. The Board supports the intent of the American with Disabilities Act (ADA).

ABRP, in conjunction with the American Board of Professional Psychology (ABPP), will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Applicants are reminded, however, that “auxiliary aids (and services) can only be offered if they do not fundamentally alter the measurement of skills or knowledge the examination is intended to test” (Americans with Disabilities Act, Public Law 101-336 § 309 [b] [3]). To this extent, the Board will provide reasonable accommodations during testing to provide equal opportunity for persons with disabilities. Documentation requesting reasonable accommodations must identify a disability and provide a rationale for specified modifications to standard testing procedures.

**Applicants who request accommodations because of a disability must advise the Board in writing no later than the deadline for submitting applications for examination.** All documentation and other evidence substantiating the disability must be submitted to the Board at least 30 days before the examination in question is conducted. Required documentation includes completion of the *Application for Testing Accommodations* and appropriate diagnostic letters or reports. All information and documentation provided regarding the disability and need for accommodation in testing will be treated in strict confidence.

**Candidates seeking disability accommodations should download the appropriate application from the ABRP web site, [www.theABRP.org](http://www.theABRP.org) or should contact the Board office for an application.**

Documentation on file for the applicant must:

- ***clearly state the diagnosed disability or disabilities;***
- ***describe the functional limitations*** resulting from the disability or disabilities;
- ***be current*** - i.e., completed within the last 5 years for a learning disability, last 6 months for psychiatric disabilities, or last 3 years for attention deficit hyperactivity disorder and all other disabilities (NOTE: this requirement does not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***include complete educational, developmental, and medical history*** relevant to the disability for which testing accommodations are being requested;
- ***include a list of all test instruments*** used in the evaluation report and relevant scores used to document the stated disability (this requirement may not apply to physical or sensory disabilities of a permanent or unchanging nature);
- ***describe the specific accommodations requested;***
- ***adequately support each of the requested testing accommodation(s);***
- ***be typed or printed on official letterhead and be signed*** by an evaluator qualified to make the diagnosis (include information about license or certification and area of specialization).

#### Review of Documentation

A letter detailing the specific accommodations requested because of disability must be submitted for each examination or re-examination. Documentation should be marked “ADA Materials” and mailed to the attention of the Rehabilitation Secretary listed on the website. Each report is reviewed carefully before accommodations are provided. If the Board does not find appropriate and sufficient evidence to grant accommodations, the applicant will be informed that the request has been denied.

### Appeals

Any applicant who is denied accommodations may appeal this decision by submitting the following materials to the ABRP Board Secretary listed on the website:

- A written request for a formal appeal of the denial of accommodations.
- Additional written information in support of the appeal.

The appeal materials must be sent together in a single mailing envelope that is postmarked within 60 days of the date indicated on the letter of denial of accommodations. The appeal materials will be sent to the Appeals Committee, which will review the materials, deliberate, and make a determination. In all events, the Appeal Committee’s determination is final and binding on both the Board and the applicant.



APPLICATION FOR TESTING ACCOMMODATIONS

Please type or print.

1. Accommodations are requested for the following examination(s):
Written Oral Both

2. Name: Last First Middle

3. Address: Street City State/Province Country Postal Code Daytime Telephone Number

4. Social Security #: 5. Date of Birth

6. Nature of Disability: Hearing Visual Physical Learning Attention-Deficit/Hyperactivity Other (specify):

7. In order to document your need for accommodation as completely as possible, please attach, in addition to the professional documentation detailed in ABRP's Qualifications for Testing Accommodations, a personal statement describing your disability and its impact on your daily life and professional practice.

8. How long ago was your disability first professionally diagnosed? < 1 year 1-2 years 3-4 years > 4 years

9. What accommodation(s) are you requesting? Accommodation(s) must be appropriate to the disability.

10. If you are requesting additional time, please indicate the amount of time supported by your documentation. Double time Other (specify)

11. Do you require wheelchair access to the examination facility? Yes No

12. Prior test accommodations that you have received on

**STANDARDIZED EXAMINATIONS:**

1. Scholastic Aptitude Test (SAT): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

2. Graduate Record Examination (GRE): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

3. National Licensing Examination (EPPP): Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

4. State Licensing Examination:

State \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

5. Graduate School:

Name of School \_\_\_\_\_ Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

6. American Board of Professional Psychology (ABPP):

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

7. Other Board Certification:

Specialty Board \_\_\_\_\_

Month/Year \_\_\_\_\_ / \_\_\_\_\_

Accommodations received \_\_\_\_\_

13. I certify that the above information is true and accurate. If test accommodations provided to me include a deviation from the standard testing schedule, I agree that, from the time I begin the examination until I have completed it, I will not communicate in any way, to the extent possible, with any other individuals taking the examination, and I will not communicate in any way to others about the content of the examination.

If clarification of further information regarding the documentation provided is needed, I authorize the ABRP to contact the professional(s) who diagnosed the disability and/or those entities which have provided me test accommodations. I authorize such professional(s) and entities to communicate with the ABRP in this regard and to provide the ABRP with such clarification and/or further information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Unauthorized information or aid, as evidenced by observation or subsequent analysis, may result in termination of my participation, invalidation of the results of my examination, or other appropriate action. I understand that if I violate this agreement, that violation will result in adjudication with the Ethics Committees of the American Board of Professional Psychology which may cause the loss of my own board certification status. I understand that if I violate this agreement, complaints in regard to this violation may be lodged against me in other venues.

Printed Name

Signature

Date

Please indicate "ADA Materials" on the envelope, and return complete application and attachments to the ABRP Board Secretary listed on the website: <https://www.abpp.org/i4a/pages/index.cfm?pageid=3473>





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**STATEMENT OF CONFIDENTIALITY**

The American Board of Rehabilitation Psychology (ABRP) conducts examinations with the understanding that Candidates and Examiners alike hold the material used in the examination in strict confidence.

ABRP hopes to make the process of obtaining board certification a user-friendly one. Thus, the procedure and process of the examinations, as described in the Candidate's Manual for the Oral Examination and other ABRP/ABPP publicly disseminated materials, is not confidential and may be shared with others who may have interest in it.

*Specific details of the examination*, however (e.g., material contained in the Clinical Vignettes or Ethics Vignettes) are to be held in strict confidence. Disclosure of such material or information contained in that material is prohibited and may result in disciplinary action by ABRP.

By signing this form, I understand and agree that all content and materials are the intellectual and physical property of ABRP, Inc. Any Examiner or designated representative is authorized to secure said property at any point during the exam process.

Failure to return materials at the request of a Board member or Board designee will be considered an ethical violation and will result in the Candidate's immediate disqualification from the Oral Examination.

Any questions regarding this policy are to be expressed prior to beginning the examination. By signing this document and proceeding with the examination process, I understand and agree to the above conditions.

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Printed Name

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Oral Exam Coordinator or Proctor

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Signature

---

Date

---

Signature

---

Date



**ABRP Candidate Examination Feedback Form**

ABRP is committed to conducting our exam operations with the highest integrity. Please rate and share your experience (below)

Name (Optional): \_\_\_\_\_

Date: \_\_\_\_\_

Accommodations:

	Poor	Fair	Good	Very Good	Excellent
Location	_____	_____	_____	_____	_____
Hotel Room	_____	_____	_____	_____	_____
Exam Rooms	_____	_____	_____	_____	_____
Dining Facilities	_____	_____	_____	_____	_____

Additional Comments on Accommodations:

Content of Oral Exam:

	Poor	Fair	Good	Very Good	Excellent
Clinical vignettes	_____	_____	_____	_____	_____
Ethical vignettes	_____	_____	_____	_____	_____
Practice Sample	_____	_____	_____	_____	_____
Reflected the field of Rehabilitation Psychology	_____	_____	_____	_____	_____
Content of exam met your expectations	_____	_____	_____	_____	_____

Additional Comments on *Content* of Oral Exam:

Process of Oral Exam:

	Poor	Fair	Good	Very Good	Excellent
Organization	_____	_____	_____	_____	_____
Test materials	_____	_____	_____	_____	_____
		Too little	Appropriate	Too much	
Time for selection of vignettes		_____	_____	_____	
Time for preparation of vignettes		_____	_____	_____	
Time for vignette exams		_____	_____	_____	
Time for ethics exam		_____	_____	_____	
Time for practice sample exam		_____	_____	_____	
Number of Examiners		_____	_____	_____	

Additional comments on the process of the examination:

Quality of Exam:

	Poor	Fair	Good	Very Good	Excellent
Attitude of Examiners	_____	_____	_____	_____	_____
Competency of Examiners	_____	_____	_____	_____	_____

Additional comments on quality of exam:

Application Process:

	Poor	Fair	Good	Very Good	Excellent
Instructions	_____	_____	_____	_____	_____
Application materials	_____	_____	_____	_____	_____
Practice Sample materials	_____	_____	_____	_____	_____

Additional comments on the application process:

Mentorship Process:

	Poor	Fair	Good	Very Good	Excellent
Availability of Mentor	_____	_____	_____	_____	_____
Approachability of Mentor	_____	_____	_____	_____	_____
Reliability of Mentor	_____	_____	_____	_____	_____

Additional comments on any aspect of the ABRP process:

Thank you very much for taking the time to provide us with this feedback. Please return this form via fax or regular mail to the ABRP Oral Examination Coordinator on the envelope or the ABRP Board Secretary listed on the website:

<https://www.abpp.org/i4a/pages/index.cfm?pageid=3473>

If you had an experience that was aversive in any way, please contact the ABRP Oral Examination Coordinator or the ABRP President directly (<https://www.abpp.org/i4a/pages/index.cfm?pageid=3473>). Your confidentiality will be maintained to the fullest extent possible. All reports of unprofessional and unethical behavior will be reviewed by appropriate investigation and brought to full closure using systematic processes.



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## CANDIDATE APPEAL GUIDE

Candidates can only appeal an unfavorable decision they believe has been made on the basis of procedural error. Unfavorable decisions that were not the product of procedural errors cannot be appealed. An appeal can be made at any stage of the ABRP process within 30 days of the notice of the decision. The following decisions of the Specialty Board may be appealed if the candidate believes a procedural error has been made:

- Denial of meeting specialty specific qualifications (Credential Review/Candidacy Determination)
- Non-approval of Practice (work) Sample (Examination: Practice Sample Component)
- Failure of the oral examination (Examination: Oral Component)

An appealable decision shall not be final until the appeal process has been completed.

**Filing an Appeal:** The Candidate may challenge an appealable decision within 30 days of the receipt of written notice of that decision. The Candidate must specify the procedural grounds on which the appeal is made. The alleged grounds must be a violation of the Specialty Board's procedures.

The appeal should be addressed to the President of the Specialty Board and Oral Examination Coordinator and cannot exceed 750 words (see <https://www.abpp.org/i4a/pages/index.cfm?pageid=3473>). The board president will appoint a third executive committee member to form the 3-person Appeals Committee. The Appeals Committee reviewing the appeal must convene within 30 days of receipt of the completed appeal material and must provide written notice of their decision to the petitioner within 30 days of their meeting.

Appeals related to the denial of meeting general requirements for candidacy shall be reviewed by the Appeals Committee and returned to the petitioner without comment.

**Score and Conduct of Appeal.** The procedural issues addressed by the Appeals Committee shall be limited to those stated in the appeal request letter and which meet the requirement of an appealable procedural issue. If legal issues appear to be involved, the Appeals Committee may consult with the ABPP legal counsel.

The Appeals Committee shall implement a process of review primarily based upon information before the specialty board at the time of the decision. The Appeals Committee may seek further information from the Chair and members of the Examination Committee, the Credentials Review Committee, the Candidate, or others as appropriate to the issues raised. The process is not a de novo review, but a review of the challenge to the Specialty Board decision.

The Appeals Committee shall confer as soon as possible upon the Specialty Board's receipt of the Candidate's letter requesting an appeal and shall complete its review and communicate its decision addressing each issue(s) raised by the appellant, within 60 days. Failure to complete the review in the 60-day period shall move the appeal to the ABPP Board of Trustees Standards Committee for resolution.

**Decision and Report of Appeal Committee.** The decision of the examination team should be affirmed unless there was a failure by the Specialty Board to adhere to its procedures. In any case, the procedural error would have to be such that it may substantially affect the decision.

If the Candidate demonstrates by clear and convincing evidence that there was a procedural error that harmed the Candidate in a material way, the Committee shall provide a remedy.

The remedy will ordinarily be to void an oral examination, or Practice Sample review, and offer a new examination, or Practice Sample review with no additional fee assessed to the Candidate, or to refer the matter back to the Examination Committee. In extraordinary circumstances, another remedy may be provided. The Appeals Committee however, may not “pass” a Candidate or re-grade an examination.

The report of the Appeals Committee shall address each issue raised by the Candidate and its decision related thereto and the basis for that decision. The report shall be forwarded to the Candidate under the Executive Officer’s signature on the ABPP stationary. Editing for format and for legal considerations on advice of the ABPP legal counsel may be undertaken by the Executive Officer if necessary.

**Appealing the decision of the ABRP Appeals Committee.** In the event that the petitioner/examinee disagrees with the ABRP Appeals Committee written response, the examinee can appeal that decision to the ABPP Board of Trustees Standards Committee. Only decisions purported to have been based on procedural errors will be reviewed by the ABPP Board of Trustees Standards Committee That appeal should be made in writing to the ABPP Board of Trustees Standards Committee within 30 days of receipt of the ABRP Appeals Committee decision

**AGREEMENT TO TWO-PERSON  
ORAL EXAMINATION COMMITTEE**

BOARD CERTIFICATION EXAMINATION IN  
REHABILITATION PSYCHOLOGY  
AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY

Under rare extraordinary circumstances, one member of the examination committee may be unable to attend the oral examination, due to weather, illness, or other unplanned events.

Reason for loss of examiner:    Weather    Illness    Other: please specify:

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If this examiner was chairing the committee, who is the alternate qualified chairperson?

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Informed consent includes the following conditions:

\*The decision to continue with a two-person committee rests entirely with the Candidate, with no requirement to do so. Because of the loss of a committee member, the examination may be rescheduled at a later date with no penalty to the Candidate.

\*In the case of a two-person examination committee, a **split decision** (1 to pass, 1 to no-pass) will be considered a **no-pass** of the examination.

I, \_\_\_\_\_, agree to an Oral Examination with only two  
Candidate  
examiners. This decision is made with awareness of the conditions above.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date of Examination

Oral Examination Coordinator will archive form



## **PRACTICE SETTING AND PROFESSIONAL DESCRIPTION**

[Description of candidate's position, including roles and the practice setting and current national/international involvement in the field.]

Example content for the candidate to consider:

*I am employed as a rehabilitation psychologist at ....*

*My hospital/institution/clinic/practice....*

*My current roles and responsibilities include....*

*In addition to the above noted roles and responsibilities in my current position, my identity as a rehabilitation psychologist extends to my involvement in professional organizations .....*

*I pursue further education and training in the field of rehabilitation psychology through...*

*The issues that the field of rehabilitation psychology is current grappling with are...*

## **OVERVIEW OF MY APPROACH TO CLINICAL CARE**

[Overview of candidate's theoretical and methodological approach to assessment and intervention when working with rehabilitation psychology populations with appropriate referencing of the scientific literature.]

Example content for the candidate to consider:

*When approaching individuals who are experiencing the effects of an illness, injury, disease process, or disability, I consider the theoretical model of .... (citation)*

*Given that the most common presenting problems for rehabilitation populations are X, Y, Z (citations), my assessment approach always includes...*

*My approach to intervention is based in....*

*My most commonly intervention approaches integrated into my work with patients are ...*

### **CASE 1: MR/MS X**

[Brief background history of Case 1]

*History of injury, illness, disability, symptoms that lead to referral*

*Reason for referral*

### **Competencies Highlighted with Case 1**

[Brief summary listing of competencies that the candidate will present in the work sample that are highlighted by his/her approach to Case 1.]

### **Approach to Assessment of Individual's with X and Application in the Case of Mr/Ms X**

[Summary of approach to assessment of individuals with presenting injury, illness, disability and key presenting problems/symptoms and application of this approach with Case 1 with appropriate referencing of the scientific literature. Key de-identified assessment reports from Case 1 that exemplify application of knowledge to the case should be included in appendix.]

Example content for the candidate to consider:

*For individuals who have incurred X injury, I typically assess...*

*Given the literature on X injury, the key symptoms that need be assessed are...(citations)*

*X percent of individuals in Y phase of recovery present with....(citations)*

*In the current case, my assessment included...*

*Given his/her [cultural background, age, sex] of X, I also included....*

*Based upon the referral questions, assessment of X and Y were also included in the comprehensive evaluation.*

*Given that he/she is in X phase of the recovery process, my assessment focused on...*

[The candidate may choose to use subsections for each area of competency highlighted by the case, which would allow for provision of an overview of the scientific basis for the assessment approach for the sub-area (e.g., pain, sexual functioning, adjustment, etc) and then a description of how this was applied in Case 1.]

### **Approach to Intervention of Individuals with X and Application in the Case of Mr/Ms X**

[Summary of approach to intervention of individuals with presenting injury, illness, disability and key presenting problems/symptoms and application of this approach with Case 1 with appropriate referencing of the scientific literature. Key de-identified intervention notes from Case 1 that exemplify application of knowledge to the case should be included in appendix.]

Example content for the candidate to consider:

*As an overarching and basic guiding structure to provision of interventions in rehabilitation, I typically approach my work with patients within the context of the X model....(citations)*

*For individuals who have incurred X injury, interventions based in...(citations)*

*Given the literature on X injury, interventions should focus on addressing ... (citations)*

*Given his/her [cultural background, age, sex] of X, I also considered....*

*Based upon the findings from the assessment, interventions were focused on the following goals:.... (see Appendix A)*

*Given that he/she is in X phase of the recovery process, my interventions focused on...*

[The candidate may choose to use subsections for each area of competency highlighted by the case, which would allow for provision of an overview of the scientific basis for the intervention approach for the sub-area (e.g., pain, sexual functioning, adjustment, etc) and then a description of how this was applied in the Case.]

### **Consultation and Teamwork**

[Candidate to summarize the scientific basis for consultation and teamwork (Interdisciplinary Systems) and the specific approach to consultation with other professionals and the role of teamwork as applied in Case 1. The candidate should remember to summarize both consultation provided to other professionals by the candidate as well as consultation sought out by the candidate to gain information from others for the candidate's edification.]

### **Sensitivity to the Welfare, Rights and Dignity of Others as a Priority of Practice**

[Candidate to summarize his/her approach to maintaining sensitivity to the welfare, rights, and dignity of others as a priority of practice and how this was accomplished in Case 1 (with patient, patient's family, and/or with colleagues). Any relevant literature should be referenced in discussion.]



### **Aware of diversity and multicultural factors**

[Candidate to summarize the how diversity and multicultural factors relate to disability and the influence within practice of Rehabilitation Psychology given the characteristics of Case 1. Any relevant literature should be referenced in discussion.]

### **Awareness of One's Own Interpersonal Interactions on Others**

[Candidate to summarize how he/she is mindful of his/her own interpersonal interactions with others and how this was applied in Case 1 (with patient, patient's family, and/or with colleagues). Any relevant literature should be referenced in discussion.]

### **Consumer Protection and Advocacy**

[Candidate to summarize the scientific basis for consumer protection as applied to clinical practice as relevant in Case 1.]

### **Ethical and Legal Foundation for the Case 1**

[Candidate to summarize the relevant State and national laws and ethical principles and standards as applied to Case 1.]

### **Summary of Interventions across the Course of Treatment and Final Disposition of Case**

[Candidate to summarize course of interventions, highlighting any evolution in the focus of treatment, and stating the final disposition of Case 1. Candidate should highlight any limitations to the approach to the case as an opportunity to explain approach and ways he/she may have approached case differently if had opportunity.]

## **CASE 2: MR/MS Y**

[Brief background history of Case 2]

*History of injury, illness, disability, symptoms that lead to referral*

*Reason for referral*

### **Competencies Highlighted with Case 2**

[Brief summary listing of competencies that the candidate will present in the work sample that are highlighted by his/her approach to Case 2.]

### **Approach to Assessment of Individual's with Y and Application in the Case of Mr/Ms Y**

[Summary of approach to assessment of individuals with presenting injury, illness, disability and key presenting problems/symptoms and application of this approach with Case 2 with appropriate referencing of the scientific literature. Key de-identified assessment reports from Case 2 that exemplify application of knowledge to the case should be included in appendix. ]

Example content for the candidate to consider:

*For individuals who have incurred X injury, I typically assess...*

*Given the literature on X injury, the key symptoms that need be assessed are...(citations)*

*X percent of individuals in Y phase of recovery present with....(citations)*

*In the current case, my assessment included...(see Appendix C)*

*Given his/her [cultural background, age, sex] of X, I also included....*

*Based upon the referral questions, assessment of X and Y were also included in the comprehensive evaluation.*

*Given that he/she is in X phase of the recovery process, my assessment focused on...*

[The candidate may choose to use subsections for each area of competency highlighted by the case, which would allow for provision of an overview of the scientific basis for the assessment approach for the sub-area (e.g., pain, sexual functioning, adjustment, etc) and then a description of how this was applied in Case 2.]

### **Approach to Intervention of Individuals with Y and Application in the Case of Mr/Ms Y**

[Summary of approach to intervention of individuals with presenting injury, illness, disability and key presenting problems/symptoms and application of this approach with Case 2 with appropriate referencing of the scientific literature. Key de-identified intervention notes from Case 2 that exemplify application of knowledge to the case should be included in appendix. ]

Example content for the candidate to consider:

*As an overarching and basic guiding structure to provision of interventions in rehabilitation, I typically approach my work with patients within the context of the Y model....(citations)*

*For individuals who have incurred Y injury, interventions based in...(citations)*

*Given the literature on Y injury, interventions should focus on addressing ...(citations)*

*Given his/her [cultural background, age, sex] of Y, I also considered....*



*Based upon the findings from the assessment, interventions were focused on the following goals:....*

*Given that he/she is in Y phase of the recovery process, my interventions focused on...*

[The candidate may choose to use subsections for each area of competency highlighted by the case, which would allow for provision of an overview of the scientific basis for the intervention approach for the sub-area (e.g., pain, sexual functioning, adjustment, etc) and then a description of how this was applied in the Case.]

### **Consultation and Teamwork**

[Candidate to summarize the scientific basis for consultation and teamwork (Interdisciplinary Systems) and the specific approach to consultation with other professionals and the role of teamwork as applied in Case 2. The candidate should remember to summarize both consultation provided to other professionals by the candidate as well as consultation sought out by the candidate to gain information from others for the candidate's edification.]

### **Sensitivity to the Welfare, Rights and Dignity of Others as a Priority of Practice**

[Candidate to summarize his/her approach to maintaining sensitivity to the welfare, rights, and dignity of others as a priority of practice and how this was accomplished in Case 2 (with patient, patient's family, and/or with colleagues). Any relevant literature should be referenced in discussion.]

### **Aware of diversity and multicultural factors**

[Candidate to summarize the how diversity and multicultural factors relate to disability and the influence within practice of Rehabilitation Psychology given the characteristics of Case 2. Any relevant literature should be referenced in discussion.]

### **Awareness of One's Own Interpersonal Interactions on Others**

[Candidate to summarize how he/she is mindful of his/her own interpersonal interactions with others and how this was applied in Case 2 (with patient, patient's family, and/or with colleagues). Any relevant literature should be referenced in discussion.]

### **Consumer Protection and Advocacy**

[Candidate to summarize the scientific basis for consumer protection as applied to clinical practice as relevant in Case 2.]

### **Ethical and Legal Foundation**

[Candidate to summarize the relevant State and national laws and ethical principles and standards as applied to Case 2.]

### **Summary of Interventions across the Course of Treatment and Final Disposition of Case**

[Candidate to summarize course of interventions, highlighting any evolution in the focus of treatment, and stating the final disposition of Case 2.]

### **References**

[List of references, APA style]

## Appendices

[Pasted scanned image of pertinent **de-identified** notes and/or selected portions of reports and/or team conference notes. These supplementary materials provide the Candidate the opportunity to demonstrate that the case is “real” and that the Candidate is using clinical data in ways that are consistent with contemporary clinical practice in the field of rehabilitation psychology.]