

Commission on Accreditation of Graduate Education in Neurology Application for Graduate School Program in Clinical Neurology

Date: _____, 2005

Name of (GSP)

Graduate School Program: _____

Address: _____

City, State

Zip: _____

Phone: _____

Fax: _____

E-mail: _____

Web site: _____

A. Mission, Self-Assessment and Planning

1. Mission Statement:

The GSP's must have adopted a statement of mission, which:

- a. Is based on the understanding of chiropractic stated in the Foreword.
- b. Is consistent with the mission of the institution housing the program and endorsed by the governing board of the institution housing the program.
- c. Provides for:
 - (1) An educational program leading to the eligibility to sit for the American Chiropractic Neurology Board (ACNB) examination;
 - (2) The conduct of research and other scholarly activities in chiropractic neurology.

Please present the mission statement of the applicant institution:

2. Goals:

The GSP's must have established goals, derived from its mission and giving direction to its activities in education, research and service.

Please present the goals of the applicant institution:

3. Objectives:

The GSP's must have developed its goals into objectives, which state specific achievements toward which the program is working.

Please present the objectives of the applicant institution:

4. Self-Assessment:

The GSP's must carry out a periodic self-assessment in which it:

- a. Evaluates how well it is fulfilling its mission and attaining its goals and objectives.
- b. Identifies the manner in which resources are utilized to the fulfilment of mission and attainment of goals and objectives.

Please present current self-assessment of the applicant institution under separate attachment:

5. Planning:

- The GSP's must engage in a formal planning activity based on its self-assessment and directed toward:
- a. Identifying changes in resources and organization of resources that would provide for more complete fulfilment of the mission and attainment of goals and objectives.
 - b. Reviewing the mission, goals and objectives to encourage the GSP's continued improvement and respond to changing circumstances of the program, its environment and current chiropractic and neurological research.

Outcomes measurements such as GSP student/learner completion rates, success rates on ACNB examinations, and re-examination rates must be utilized to guide planning activities.

Please present the current planning of the applicant institution under separate attachment:

B. Minimum Requirements of Chiropractic Graduate School Programs in Clinical Neurology (GSP's)

1. Graduate School Program's Current Accreditation Status:

____ New Application

____ Reaccreditation

Last approved accreditation _____/_____/_____

2. Conflict of Interest

All conflicts of interest need to be avoided. All financial relationships between equipment companies, vendors, institutions, etc. need to have disclosure. Disclosure needs to be made public, in print or electronic form, to the students/learners and CAGEN.

Please present any conflicts of interest of the applicant institution:

3. Administration:

A full-time appointee of the Chiropractic Graduate School Programs in Clinical Neurology (GSP's) must be designated as the individual having primary authority and responsibility for administration of the GSP.

Please present the full-time appointee of the applicant institution:

4. Public Disclosure:

Each GSP must make available to the public, in print or electronic form, the following information:

- a. The GSP's mission, goals and objectives.
- b. A list of the members of the governing board.
- c. The name of the individual designated as the chief administrative officer.
- d. A list of all administrators, faculty, and professional staff members with their respective academic credentials.
- e. A list of each course offered, its contents and value in terms of credit hours.
- f. A description of admissions requirements, attendance requirements, graduation requirements, and a statement of the ACNB examination requirements for candidates.
- g. Descriptions of physical facilities and learning resources.
- h. Tuition fees, and other mandatory and elective student/learner charges, along with the refund policies and procedures for each charge.
- i. The current accredited status of the Chiropractic Graduate School Program in Clinical Neurology (GSP's) with the CAGEN.
- j. The mailing address, e-mail address and telephone number of the CAGEN, with identification of the CAGEN as the agency to which complaints about the compliance of the program should be addressed.

Please present the public disclosure information of the applicant institution under separate attachment with each item clearly identified:

C. Required GSP Characteristics

1. Instructional Hours

The GSP must require each candidate for ACNB examination has successfully completed not less than 300 instructional hours.

Please present the required instructional hours of the applicant institution:

2. Curriculum

The curriculum required for the GSP course content is individual, but must include important subject areas and applications (not necessarily in individual courses for each subject). These areas of importance are found in Table 1 at the end of this document. The rating scale for Teaching/Curriculum importance is: (A.)Very important (B.)Important (C.)Significant (D.)Not important.

Please enclose under separate attachment a comprehensive program syllabus for each section/class of your graduate program in neurology in the following format:

- a. Course name
- b. Continuing education credit hours
- c. Instructor
- d. Location
- e. Goal
- f. Key concepts
- g. Lecture format
- h. References and texts
- i. Materials to be covered
- j. Clinical case study descriptions
- k. Practicum descriptions
- l. Link the educational content of each section/class to the items found in Table 1
(e.g. identify the section/class from the syllabus that addresses each topic and sub topic from Table 1 Go to pages 11 through 18 at the end of this application)

<i>(example)</i>	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Basal Ganglion		
Movement Disorders	_____	A
Basal Ganglion	_____	A

3. Course Management

All courses for which credit hours are given toward completion of the candidates' degree must be solely managed, directed and/or taught by properly credentialed individuals who are employed or contracted by the program or institution to provide academic instruction.

Please present information that the applicant institution manages the course:

3. Course and Curriculum Development Role of Faculty

The faculty must have a role in determining the content of the curricula.

Please present course and curriculum development role of the faculty utilized by the applicant institution:

F. Minimum Admission Requirements for Students/Learners

1. Students/Learners Attending GSP's

Students/learners that are qualified for acceptance into accredited GSP's are:

- a. In possession of Doctorate Degree in a Health Discipline.
- b. Active full time students at a chiropractic/medical/dental college/institute.
- c. In possession of a tertiary degree (Ph.D., etc.)

Please present evidence that the students/learners are qualified to take the applicant institution's graduate school program in clinical neurology:

G. Outcomes

Accredited GSP's annually must assemble and report to the CAGEN data demonstrating:

- a. Number of students/learners in current programs
- b. Anticipated student rates of completion each year
- c. Anticipated number of candidates for the ACNB examination
- d. Current passing rate of candidates (supplied by ACNB)

Programs must demonstrate their use of these data, and may utilize other outcomes measurements and assessments in planning for ongoing development of the effectiveness of the GSP:

The applicant program agrees to annually assemble and report to the CAGEN the above data:

____ YES

____ NO

Outcomes Assessment:

Number of students/learners in total program: _____

Anticipated student/learner graduation numbers:

2004 _____

2005 _____

2006 _____

2007 _____

Anticipated candidates for the ACNB examination:

2004 _____

2005 _____

2006 _____

2007 _____

Current passing rates of candidates of the ACNB examination: (Skip if new program)
(number of passing graduates/total number of graduates that took the examination)

<u>percentages</u>	<u>written part</u>	<u>oral part</u>	<u>both</u>
2000	_____	_____	_____
2001	_____	_____	_____
2002	_____	_____	_____
2003	_____	_____	_____
2004	_____	_____	_____
2005	_____	_____	_____

To the best of my knowledge, all statements, answers and attached documents provided are true and accurate. No attempt has been made to intentionally deceive or falsify information.

To be signed and sworn in front of notary public (USA) or equivalent (Foreign).

Signature: _____

Name (print): _____

Date: _____/_____/_____

Notarization:

Witnessed by: _____

Signature: _____

Commission ends on: _____/_____/_____

Seal

	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Basal Ganglion		
Movement Disorders	_____	A
Basal Ganglion	_____	A
Brain Stem		
VBI	_____	A
Brain Stem Syndromes	_____	A
Dizziness/Vertigo	_____	A
Vertigo	_____	A
Cerebellum		
Ataxia	_____	B
Cerebellum Disorders	_____	A
Cerebrum		
Ataxia	_____	B
CVA/Stroke	_____	B
Dementia	_____	A
Epilepsy	_____	B
Disorders of Attention	_____	B
ADHD	_____	A
Psychological Disorder	_____	B
Disorder Cerebral Cortex	_____	A
Speech Pathology	_____	B
ALS/MS/Parkinson's Diseases	_____	A
Pituitary Disorder	_____	C
Headaches	_____	A
Clinical Applications		
ID Conditions From Case History	_____	A
Update Change of Condition	_____	A
X-Ray/Lab/Ref from Ortho/Neuro	_____	A
X-Ray Patient Not Responding	_____	B
Referral For Bone Scan	_____	A
Relate Finding to a Process	_____	A
Use Unique Chiropractic Instruments	_____	D
Treatment Other Than Adjustments	_____	A
Modify Treatment	_____	A
Consultant for MD/DO	_____	B
New Patient History	_____	A
Spin/Rotation Chair	_____	A

Clinical Applications

	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Patient's Health by Examination	_____	A
Orthopedic Neurological Examination	_____	A
Subluxation by X-Ray	_____	D
Refer for MRI/CT	_____	A
Confirm Dx. by Lab Tests	_____	B
Joint Examination	_____	B
Adjunctive Therapy Indications	_____	A
Consultant for other DC's	_____	A
Focused History to Guide Exam	_____	A
Regional Examinations	_____	C
Periodic Ortho/Neuro Exam	_____	A
X-Ray Est Pt With New Condition	_____	C
Diff Dx Life Threatening vs. Benign	_____	A
Care Determined by Examination	_____	D
Refer to non MD/DC/DO	_____	D
Encourage Lifestyle Changes	_____	A
Consultant for 3rd Party	_____	C
Determine E&M from Case History	_____	B
SOAP notes all Visits	_____	A
Re-examine Periodically	_____	A
Ortho/Neuro Examinations	_____	A
X-Ray NP	_____	B
X-Ray Diagnosis	_____	B
X-Ray Prognosis	_____	D
Blood/UA in Office	_____	C
Refer for EKG/Vascular Studies	_____	C
Refer for Special Testing	_____	A
Refer Patients to other Practitioners	_____	A
Musculoskeletal Diagnosis	_____	A
Perform Chiropractic Adjustment	_____	A
Chiropractic Examination each visit	_____	B
Monitor Adjunctive Therapy	_____	A
Discuss Options With Patient	_____	A
Maintain Written Records	_____	B
Physical Examination NP	_____	A
Focused Ortho/Neuro Exam	_____	A
Joint Function by X-Ray	_____	B
Lab from Hospital	_____	B
History with Lab Info	_____	A
Non Musculoskeletal Diagnosis	_____	A
Examination Adjunctive Therapy	_____	B
Refer If Warranted	_____	A

Topic addressed in section/class/course

Teaching Rating

Clinical Applications

Past History	_____	A
Thorax/Lung Exam	_____	A
Posture/Locomotion Exam	_____	A
Pt Protection for Radiology	_____	A
DX and Physical Exam	_____	A
Skeletal Biomechanics	_____	A
Pt Education/ Home Care	_____	B
Optokinetic Testing	_____	A
Brainstem-Anatomy/ Physiology	_____	A
Vegetative States/Coma	_____	C
Vertigo	_____	A
Bone Scans	_____	C
Kidney Function Testing	_____	D
Thermography	_____	C
Chief Complaint	_____	A
Physical Examination	_____	A
Urogenital Examination	_____	C
X-ray Physics	_____	D
Radiology Diagnosis	_____	B
Spinal Adjustment Techniques	_____	A
Rehabilitation Exercise	_____	A
Contra-indication for Chiropractic Care	_____	A
Brain Lobes	_____	A
Vision Systems	_____	A
Cerebral Vascular System	_____	A
Blood Chemistry	_____	A
Hematology	_____	B
Stool Analysis	_____	D
Present Illness	_____	A
Head and Neck Exam	_____	A
Rectal Exam	_____	B
Indications for Radiology Exam	_____	A
Diagnosis and History	_____	A
Extremity Adjustive Techniques	_____	A
Ergonomics	_____	B
Case Follow up	_____	B
Spinal Cord Anatomy/Physiology	_____	A
Dystonia	_____	A
Peripheral Vascular System	_____	A
Blood Serology	_____	C

Topic addressed in section/class/course

Teaching Rating

Clinical Applications

Joint Fluid Analysis	_____	D
Urinalysis	_____	A
Family History	_____	A
Personal & Social History	_____	A
Cardiovascular Examination	_____	A
Breast & Axilla Examination	_____	A
Spinal & Extremity Ortho Exam	_____	A
X-ray Patient Positioning	_____	A
Normal Radiological Anatomy	_____	A
Roentgenological Examination	_____	A
Laboratory & Special Studies	_____	A
Non-Adjustive Techniques	_____	A
Physiotherapy	_____	B
Orthopedic Support & Tapping	_____	C
Treatment Plan	_____	B
Cerebellum	_____	A
Brain & Environment	_____	A
Epilepsy	_____	C
Disorders of Consciousness	_____	B
Balance & Locomotion	_____	A
Closed Head Injury	_____	B
CT Scans	_____	A
Diagnostic Ultrasound	_____	C
Liver Function	_____	C
MRI	_____	A
Review of Systems	_____	A
Abdominal Examination	_____	A
Peripheral Vascular Examination	_____	A
Radiological Analytical Procedures	_____	B
Spinal Analysis	_____	B
Nutrition	_____	B
Consultation & Referral	_____	C
Central Nervous System	_____	A
Basal Ganglion	_____	A
Demyelinating Diseases	_____	A
ADHD	_____	A
Angiograms	_____	D
Discograms	_____	D
Serous Fluid Analysis	_____	C

	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Cranial Nerves		
Cranial Nerves	_____	A
Differential Diagnosis		
Bursitis/Synovitis	_____	A
Scoliosis	_____	A
Dislocation of Any Joint	_____	C
Avascular Necrosis	_____	B
Muscular Atrophy	_____	A
Osteomyelitis/Infection	_____	C
Osseous Fractures	_____	C
Pathology of Gait	_____	A
Joint Tumor/ Neoplasm	_____	B
Stroke/CVD	_____	A
Congenital Anomaly	_____	A
Osteoarthritis/DJD	_____	A
Tumor of GI Tract	_____	C
Inguinal Hernia	_____	C
Skin Pigment Disorders	_____	C
Arterial Aneurysm	_____	B
Obesity	_____	A
Polycythemia	_____	C
Anemia	_____	A
Menopause	_____	B
Allergies	_____	A
Tumor Eye, Ear, Nose, Throat	_____	B
Immunological Disorder	_____	C
Female Infertility	_____	C
Male Infertility	_____	B
Male Impotency	_____	A
Pregnancy	_____	A
Parasites in Children	_____	C
Colic	_____	B
Congenital/Developmental Anomaly	_____	B
Bone Tumor/Metastasis	_____	C
Endocrine/Metabolic Bone Disorder	_____	C
Tumor Lungs/Respiratory	_____	C
Hiatal Hernia/ Reflux	_____	C
Appendicitis	_____	C
Chronic Kidney Disease	_____	C
Hemorrhoids	_____	C

Differential Diagnosis	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Kidney Stones	_____	C
Herpes Simplex	_____	C
High Blood Pressure	_____	A
Congenital Heart Anomaly	_____	C
Thyroid/Parathyroid Disorder	_____	B
Adrenal Disorder	_____	B
STD(Not Hep/Herpes/HIV/AIDS)	_____	C
Respiratory/Environmental Disorder	_____	C
Cholecystitis/Pancreatitis	_____	C
Kidney/Urinary Infection	_____	C
Herpes Zoster	_____	B
Thymus/Pineal Disorder	_____	C
STD-HIV/AIDS	_____	C
Olfaction/ Nose Disorder	_____	A
Tumor of Breast/Reproductive System	_____	B
Male Reproductive System Tumor	_____	C
Childhood Dx/Mumps/Chick Pox	_____	C
Eating Disorders	_____	B
Rheumatoid Arthritis/Gout	_____	B
TMJ	_____	A
Myofascitis	_____	A
Osteoporosis	_____	A
Atelectasis/Pneumothorax	_____	C
Respiratory Bacterial Infection	_____	C
GI Ulcer	_____	C
Skin Infection (Bacterial/Fungal)	_____	B
Skin Cancer	_____	B
Peripheral Vascular Disease	_____	A
Endocrine Tumor	_____	C
STD-Hepatitis II	_____	B
Disorder of Throat/Larynx	_____	C
Hereditary Blood/Lymph Disorder	_____	C
Non Cancerous Breast Disorder	_____	B
Child Upper resp/Ear Infection	_____	B
STD-Hepatitis B	_____	C
Cancer Marrow/Lymph	_____	C
PMS	_____	C
Prostate	_____	B
Nutritional Disorders	_____	B
GI Infection	_____	C
Acne, Dermatitis, Psoriasis	_____	C

	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Differential Diagnosis		
Tumor Kidney/Bladder	_____	C
Angina/MI	_____	B
Viral Respiratory Infection	_____	B
Effectors		
Muscle Tumor	_____	C
Fibromyalgia	_____	A
Muscular Dystrophy	_____	B
Musculoskeletal Sprain/Strain	_____	A
Cardiac Rhythm Irregularity	_____	A
Neurophysiology		
Electronystagography	_____	A
BAER	_____	A
Surface EMG	_____	C
Neurological Testing	_____	A
C.I.E.G.R.	_____	A
NCV & NCV	_____	A
Nervous System Histology	_____	D
Central Integration of N.S.	_____	A
VEP	_____	B
Electrophysiology	_____	A
Neuroanatomy	_____	A
Electrocardiology	_____	A
Electroencephalography	_____	A
Neurophysiology	_____	A
Perform VEP	_____	C
Interpret SSEP	_____	A
Perform BAER	_____	B
Interpret VEP	_____	A
Refer NCV/EMG	_____	C
Perform NCV	_____	C
Interpret EMG	_____	A
Interpret ECG	_____	A
Perform Needle EMG	_____	B
Perform EEG	_____	B

Neurophysiology

	<u>Topic addressed in section/class/course</u>	<u>Teaching Rating</u>
Interpret BAER	_____	A
Interpret EEG	_____	A
Visual Stimulation/Therapy	_____	A
Auditory Stimulation/Therapy	_____	A
Perform ECG	_____	B

Peripheral Nerves

Extremity Subluxation/Dysfunction	_____	A
Sprain of any Joint	_____	A
Hyperlordosis C-L Spine	_____	B
Kyphosis Thoracic Spine	_____	B
Bacterial Infection Joint	_____	C
Facet Syndrome	_____	A
Damaged Nerve/Plexus	_____	A
Spinal Subluxation/Joint Dysfunction	_____	A
Thoracic Outlet Syndrome	_____	A
Tendonitis	_____	A
Carpal Tunnel Syndrome	_____	A
Neuritis/Neuralgia	_____	A
Compression Neuropathy	_____	A
Radiculopathy	_____	A

Receptors

Pain	_____	A
Auditory System	_____	A
SSEP	_____	A
Environmental Receptors	_____	A
Peripheral Nervous System	_____	A
Perform SSEP	_____	B
Interpret NCV	_____	A
Significant Eye Pathology	_____	C
Significant Ear Pathology	_____	C

Spinal Cord

Spinal Canal Stenosis	_____	A
Spinal Cord Syndromes	_____	A
Brain/Spinal Cord Tumor Diagnosis	_____	B
Intervertebral Disc Disease	_____	A

**APPLICATION
FEE
\$1,000.00**

Written out to:

**CAGEN
4091 Carlisle Road
Dover, PA 17315**