

Neurocritical Care Fellowship Training Information

May 12, 2026

Program Accreditation

Neurocritical Care training programs are currently accredited by 3 different bodies.

Accreditation Council for Graduate Medical Education (ACGME)

The [Accreditation Council for Graduate Medical Education](#) (ACGME) is the largest accrediting body and sets the standards for educational and training programs in most medical specialties in the United States. Program accreditation and the first certification exam by the American Board of Psychiatry and Neurology (ABPN) was offered first in 2021 with a temporary practice track from 2021-2026 and a training specific pathway after 2026. There was a revision in the program requirements after initial publication allowing programs to meet requirements with either a neurosurgical training program or by having a neurosurgeon with certification in neurocritical care.

United Council of Neurologic Subspecialties

The [United Council of Neurologic Subspecialties](#) (UCNS) began to accredit programs and offer certification examinations in 2007 and still offers certification. While many of the program requirements are similar to the ACGME, there are some differences. Fellows graduating from UCNS fellowships currently can take the ABPN board exam, but this is closing in 2026 (see practice and training track below).

Committee on Advanced Subspecialty Training

The [Committee on Advanced Subspecialty Training](#) (CAST) functions under the Society of Neurologic Surgeons (SNS). There are approximately 20 accredited programs at the time of writing that are available to view on their website. These fellowships require at least one core faculty member to be a neurosurgeon that is certified in Neurocritical Care (ABPN, RFP or UCNS). It should be noted that CAST is not issuing individual certificates as of 2019 and it is expected that graduates of these training programs will obtain certification through the American Board of Neurological Surgeons (ABNS) [Recognized Focused Practice Designation](#) (RFPD).

Fellowship Training Programs

- [NCC Fellowship Training Program Map](#)
- Please contact mkraus@neurocriticalcare.org to request edits to your fellowship listing or get your program added to the map.

Fellowship Training Pathways and Certification

While many programs are accredited by different bodies (and many training programs are accredited by several!) It is critical that candidates understand the pathway to training from their background and their eligibility for certification in the specialty of Neurocritical Care. Below is a summary of the different pathways towards certification and requirements, but we highly encourage you as the potential fellow to read the fine print for all requirements.

Current Requirements for board certification by ABPN

Applicants for certification in Neurocritical Care must be certified in Neurology or Child Neurology by the ABPN **or** by one of the co-sponsoring boards (ABA, ABEM, ABIM, ABNS) by December 31 of the year prior to the examination. Applications for the examination are through the ABPN or the co-sponsoring board and may have different deadlines. It is imperative to read through your board's policy and deadlines. 1. Check to make sure the feature is enabled by going to File>Options>Proofing the space bar. Suggest enabling all the features.

Temporary Criteria During the Practice Pathway

1. Certified in NCC by the United Council for Neurologic Subspecialties (UCNS)
2. Certified in NCC by the Committee on Advancing Subspecialty training (CAST)
3. Have completed a “fellowship” in NCC (UCNS, CAST, or other non-ACGME accredited fellowship)
4. Have documented one of the following clinical practice times below:
 - a. An average of at least 17% of their post-training clinical practice time spent in the practice of NCC (at least 7 hours per week) for the past 6 years, *or
 - b. An average of at least 25% of their post-training clinical practice time spent in the practice of NCC (at least 10 hours per week) for the past 4 years, *or
 - c. An average of at least 33% of their post-training clinical practice time spent in the practice of NCC (at least 13 hours per week) for the past 3 years, *or
 - d. An average of at least 50% of their post-training clinical practice time spent in the practice of NCC (at least 20 hours per week) for the past 2 years, *or
 - e. An average of at least 25% of their total post-training professional time spent in the practice of NCC (at least 10 hours per week) for the past 4 years.**

*This calculation is based on an average work week of 40 hours. Physicians whose total practice exceeds 40 hours per week may still use the 40 hours number as the denominator of their % calculation.

**This approach specifically applies to academic program directors, administrators, or researchers, and provides them a pathway to qualification.

Neurology (ABPN)

Neurology offers a direct path towards certification in Neurocritical Care. Candidates from ACGME residency programs are eligible to take the ABPN board exam and become board certified in Neurocritical Care. Candidates from UCNS programs are eligible to take the [ABPN board exam](#) until 2026, afterwards only those graduating from ACGME fellowship programs will be eligible. Candidates graduating from UCNS programs after the practice pathway closes in 2026 will only be eligible to take the UCNS subspecialty certification exam. The following paragraph applies to body text bullets. Table bullets do not use spacing between the bullets.

Child Neurology (ABPN)

Child Neurology (Neurology with special qualification in Child Neurology) offers a direct path towards certification in Neurocritical Care. Candidates from ACGME residency programs are eligible to take the [ABPN board exam](#) and become board certified in Neurocritical Care. Candidates from UCNS programs are eligible to take the ABPN board exam until 2026, afterwards only those graduating from ACGME fellowship programs will be eligible. Candidates graduating from UCNS programs after the practice pathway closes in 2026 will only be eligible to take the UCNS subspecialty certification exam. It should be noted this

information is regarding adult Neurocritical Care training and Pediatric Neurocritical Care is further discussed below.

Internal Medicine (ABIM)

Candidates from Internal Medicine programs need to understand specialty specific information as the pathway towards certification is indirect. Candidates from ACGME residency programs are eligible to take the ABPN board exam ONLY AFTER they have completed training and become certified in Critical Care Medicine (ABIM). Therefore, candidates need to understand that they will have to finish a fellowship in both Critical Care Medicine and Neurocritical Care. Candidates that choose this pathway will be eligible for 1-year Neurocritical Care Fellowship track if they've already completed training in an ACGME ABIM Critical Care Fellowship. For those that choose to pursue Neurocritical Care Fellowships prior to Critical Care Medicine, they should note they will only be eligible for the 2-year Neurocritical Care track and will still have to complete the Critical Care Medicine Fellowship afterwards to be eligible for board certification in either specialty. It is highly recommended to read more information ([ABIM Neurocritical Care](#)) and discuss with any program your pathway towards certification.

Emergency Medicine (ABEM)

Emergency Medicine offers a direct path towards certification in Neurocritical Care. Candidates from ACGME residency programs are eligible to take the ABPN board exam and become board certified in Neurocritical Care. Candidates should note that certification is through the primary certifying body ([ABEM Neurocritical Care](#)) and co-sponsored by the ABPN. Candidates from UCNS programs are eligible to take the ABPN board exam until 2026, afterwards only those graduating from ACGME fellowship programs will be eligible. Candidates graduating from UCNS programs after the practice pathway closes in 2026 will only be eligible to take the UCNS subspecialty certification exam.

Anesthesiology (ABA)

Anesthesiology offers a direct path towards certification in Neurocritical Care. Candidates from ACGME residency programs are eligible to take the ABPN board exam and become board certified in Neurocritical Care. Candidates should note that certification is through the primary certifying body ([ABA Neurocritical Care](#)) and co-sponsored by the ABPN. Candidates from UCNS programs are eligible to take the ABPN board exam until 2026, afterwards only those graduating from ACGME fellowship programs will be eligible. Candidates graduating from UCNS programs after the practice pathway closes in 2026 will only be eligible to take the UCNS subspecialty certification exam.

Neurosurgery (ABNS)

Neurosurgery currently has several pathways available towards certification/formal recognition in Neurocritical Care. Neurosurgery candidates are eligible to take the [ABPN board exam](#) and become board certified in Neurocritical Care after completing a 1-year neurocritical care fellowship. The [ABNS states](#) that this may occur as an enfolded fellowship, during residency and should occur in the PGY-4 year or later. Neurosurgery candidates are also eligible to obtain their Recognition of Focused Practice Designation (RFPD) after completing fellowships at ACGME, CAST and UCNS accredited programs. Candidates should look at the program requirements for ACGME, CAST and UCNS as they are similar but have some differences that may affect training. A summation below lists the program requirements outlining key differences

- ACGME requires 8 months of critical care focusing on patients with primarily neurosurgical and neurologic patients and a maximum of 4 months focusing on non-critical neurosciences
- UCNS requires 10 months of critical care denoting that no less than 50% should occur in general critical care (medical, pulmonary, cardiac, etc)

Surgical Critical Care ([ABS](#))

The ABS has partnered with the ABA to provide an indirect pathway for certification in Neurocritical Care. Candidates with Surgical Critical Care training at an ACGME accredited fellowship as well as one year of training at an ACGME accredited Neurocritical Care fellowship are eligible to take the ABPN exam and become board certified in the specialty. Candidates should note that certification is through an alternative certifying body ([ABA Neurocritical Care](#)) and co-sponsored by the ABPN.

Pediatric Critical Care Medicine ([ABP](#))

Pediatric Critical Care offers a path towards certification in adult Neurocritical Care. Initially, candidates from ACGME accredited fellowship programs are eligible to take the ABP board exam in Pediatric Critical Care Medicine. Subsequently, PCCM candidates then are eligible for UCNS certification after completing a 2-year fellowship at UCNS accredited program or by holding an academic appointment at a UCNS accredited training program. The UCNS practice pathway closes in 2026 and recommend evaluation of the eligibility criteria closely.

Pediatric Neurocritical Care Fellowship Training Information

Currently there is no board or subspecialty certification available in Pediatric Neurocritical Care (PNCC), although with growth it may be available in the future. PNCC fellowships offer a 1-year clinical training with some programs offering a second year for research training. The most common prerequisite training for PNCC fellowships are Pediatric Critical Care Medicine and Child Neurology; however, some programs accept additional pathways such as anesthesiology and neurosurgery training. Given differences in program prerequisites and training curriculum/experiences, candidates should look at individual training programs to identify which training backgrounds are accepted and which training tracks are available. See the map above for programs, contacts, and their corresponding websites.

Style Guide Technical Reference and Examples (and writing tips)

Body Copy Plus Space SB (typical use)

Body Copy Plus Space SB

Body Copy Tight Spacing SB (great for addresses)

Body Copy Tight Spacing SB line 2

Body Copy Tight Spacing SB line 3

Source: in italics

Heading 1 [Aptos Bold 24 pt.]

Subhead 1 [Aptos Bold 16 pt.]

Subhead 2 [Aptos Bold 14 pt.]

Subhead 3 [Aptos Bold 12 pt.]

Subhead 4 [Aptos Bold 11 pt. underlined]

Body Copy Plus Space SB. Grab your reader's attention from the start with a surprising fact, a thought-provoking question, or a vivid description.

1. Body Manually Numbered List 1. Swap out weak verbs to add energy to your sentences.
 - a. Body Manually Numbered List 2. Use active voice to make your writing more engaging and concise. It compels the reader to follow along with the action.
 - I. Body Manually Numbered list 3. Take a break from your writing. Coming back to it later allows you to see areas for improvement with a renewed perspective.
- Body Copy Bullet 1. Reading your draft aloud helps you catch awkward phrasing, typos, and inconsistencies in rhythm or flow.
 - Body Copy Bullet 2. Vary your sentence structure to create rhythm and interest.
 - Body Copy Bullet Indented 1. Grab your reader's attention from the start with a surprising fact, a thought-provoking question, or a vivid description.
 - Body Copy Bullet Indented 2. Engage your reader's senses with details.
1. Numbered Auto L1. Proofread meticulously for typos, grammatical errors, and inconsistencies.
2. Numbered Auto L1. Tailor your language and tone to the recipient.
 - a. Numbered Auto L2. Maintain a professional and positive tone throughout your writing.
 - a. Numbered Auto L2. Focus on solutions and keep your message concise.
 1. Numbered Auto L3. Avoid technical jargon unless necessary.
 1. Numbered Auto L3. Focus on solutions and keep your message concise.
 - a. Numbered Auto L4. Do not put two spaces after a period.
 - a. Numbered Auto L4. Tab +Tab + Tab. Double-check your work.