



*American Academy for the Certification
of Brain Injury Specialists*

Checklist – CBIS Application

Name: _____

_____ 1. Completed Application Form

_____ 2. Employment Verification Form

_____ 3. Resume or CV

_____ 4. Fee:

Single Applicant: \$275.00

Group Applicant: Contact Group Administrator for correct fee.

Group Sponsor: _____

(Name of organization or person coordinating application process)

_____ 5. OPTIONAL: *The Essential Brain Injury Guide*, \$40.00 + 8.50 S/H
(The *Guide* is \$60.00 + S/H when purchased without an application.)

Please mail the completed package to:

AACBIS c/o Brain Injury Association of America
1608 Spring Hill Road, Suite 110
Vienna, VA 22182-2241

Please note: Your application will not be processed if an item is missing.



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CERTIFIED BRAIN INJURY SPECIALIST APPLICATION

Information must be typewritten or neatly printed.

Name: _____
Last First MI Credentials

Address: _____
Number Street Apartment #

City State Zip Code

Home Phone: _____ Personal Email: _____

Present Employer: _____

Business Address: _____
Number Street Suite

City State Zip Code

Business Phone: _____ Work Email: _____

Payment Amount: _____
 single application - \$275.00 *The Essential Brain Injury Guide* - \$40.00 plus \$8.50 s/h
 group rate (5-29) - \$175.00 group rate (30+) - \$150.00

Name of group sponsor: _____

Payment Type:
 Check Money Order American Express Master Card Visa
Credit Card: _____

Note: Certification fee is non-refundable.

Card Number: _____ Expiration: _____

Name on Card: _____ CVV: _____

Signature: _____

Type of facility in which you presently work:

- Hospital
- Rehabilitation/Sub-acute Rehab
- Post-acute/Community Based
- Academic/Educational/Vocational
- Other

Average number of people with
Brain Injury served per year:

- 1 - 10
- 11 - 25
- 26 - 50
- 51 - 100
- Over 100

Explain: _____

How many years have you been working in that setting? _____

What is your current title? _____

Employment Status during the Last Twelve Months:

- Full Time (30 hours or more per week)
- Part Time (less than 30 hours per week)
- Other

Explain: _____

Brain Injury Experience: _____

How many years have you worked in the field of brain injury? _____

In what capacity have you worked? _____

Education:

Highest Earned Academic Degree

- High School/GED
- Associates
- Bachelor's
- Master's
- Doctorate
- No degree, but have taken college courses

Name of Institution _____ Graduation Date: _____

Degree Title _____

Specialty Certification or Training _____

Professional Organizations or Affiliations _____

I hereby apply to be a candidate as a Certified Brain Injury Specialist and verify that all information is correct. By signing and submitting this application, I also agree to be bound by all policies and procedures set forth in the AACBIS Guidelines (www.aacbিস.net). **Application must include payment.**

Signature: _____ **Date:** _____

*Testing Accommodations will be made in accordance with the Americans with Disabilities Act.
The disability must be documented and the applicant must request the accommodations in writing.*



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Employment Verification – CBIS

Information must be typewritten or neatly printed

This section is to be completed by your immediate supervisor. If you are self-employed, a professional colleague must complete it. **This form must be submitted only when 12 months of full-time or 24 months of part-time work in approved brain injury experience is accrued.**

Applicant's name: _____

Applicant's Position: _____

I hereby verify that this applicant has been employed for at least the past 12 months full-time or 24 months part-time and consecutively and has had direct contact with one or more individuals with a brain injury, 10 to 20 hours per week (25% of a 40-hour work week).

Print your name: _____

Your title: _____

Organization: _____

Address: _____

Phone: _____ Email: _____

Type of Brain Injury Service Provided: _____

Applicant's dates of employment: _____ to _____

Describe duties of the applicant: _____

Additional comments: _____

I hereby verify that the information provided above is true and accurate to the best of my personal knowledge.

Signature: _____ Date: _____