



**American Academy for the Certification
of Brain Injury Specialists**

SPONSORED BY THE
*Brain Injury Association
of Oregon*

Application for Certified Brain Injury Specialist – Level I

Information must be typewritten or neatly printed

Applicants Name: _____
Last
First
Middle
Credentials

Address: _____
Number
Street
Apt. #

_____ *City* *State* *Zip Code*

Email Address: _____

Present Employer: _____

Business Address: _____
Number
Street
Sutte #

_____ *City* *State* *Zip Code*

Phone Numbers: (____) _____ (____) _____
Business
Home

Email Address: _____ **Fax:** (____) _____

Type of facility in which you presently work:	Average number of people with Brain Injury served per year:
<input type="checkbox"/> Hospital	<input type="checkbox"/> 1 - 10
<input type="checkbox"/> Rehabilitation/Sub-acute Rehab	<input type="checkbox"/> 11 - 25
<input type="checkbox"/> Post-acute/Community Based	<input type="checkbox"/> 26 - 50
<input type="checkbox"/> Academic/Educational/Vocational	<input type="checkbox"/> 51 - 100
<input type="checkbox"/> Other	<input type="checkbox"/> Over 100

Explain: _____

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

What is your current position? Briefly explain: _____

Employment Status: (During the last twelve months)

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

Graduation Date (month/year) _____

Name of Institution _____

Degree Title _____

Specialty Certification or Training _____

(If no licensure or certification – must submit job description)

Professional Organizations or Affiliations _____

I hereby apply to be a candidate as a CBIS Clinical Examiner 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.biausa.org).

Application must include \$200.00 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.

Payment Type:

Check: ____ Money Order: ____ Credit Card: Visa ____ MasterCard ____ AMEX ____

Card #: _____ Expiration Date _____

Name on Card: _____

Signature: _____

Note: Certification fee is non-refundable



*American Academy for the Certification
of Brain Injury Specialists*

SPONSORED BY THE
*Brain Injury Association
of Oregon*

Employment Verification
Certified Brain Injury Specialist – Level I Applicant

Information must be typewritten or neatly printed

Applicant's name: _____

This section is to be completed by your immediate supervisor.

If you are self-employed, a professional colleague must complete. **This form must be submitted only when you have five (5) or more years experience working in Brain Injury Programs. (If less than 5 years, please copy for previous employer.)**

I hereby verify that this applicant has been employed for _____ years/months in a brain injury treatment program.

Supervisor's Information

Print your name: _____

Your title: _____

Address: _____

Phone: _____ Fax: _____

Applicant's Facility Information

Type of Brain Injury Program: _____

Number of beds designated for brain injury? _____

Applicant's dates of employment? _____ to _____

Describe Duties of this applicant: _____

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

Supervisor's signature: _____ Date: _____



**American Academy for the Certification
of Brain Injury Specialists**

SPONSORED BY THE
*Brain Injury Association
of Oregon*

**Letter of Recommendation
Certified Brain Injury Specialist – Level I Applicant**

Information must be typewritten or neatly printed
2 Letters of Recommendation are required for Certification

Please have the reference address the following items on **company letterhead**. One reference should be provided by a **supervisor where you have worked for 12 months full-time or 24 months part-time, or a person in clinical authority**. Over 30 hours a week is considered full time employment. The letter of recommendation should be **signed and dated**. Also, the envelope should contain the **signature of the reference across the sealed flap of the envelope**.

1. Applicant
 - a. Full Name and Credentials
 - b. Address
 - c. Phone Number

2. Reference
 - a. Full Name and Credentials
 - b. Address
 - c. Phone Number

3. How many years have you known the applicant?
4. Please describe your relationship with the applicant.
5. Please give your impression of the applicant on the following characteristics:
 - a. Quality of Work
 - b. Communication Skills
 - c. Dependability
 - d. Motivation
 - e. Positive Attitude
 - f. Relationship with People

6. Please explain why you think this candidate should be considered for CBIS.

7. Letter of Recommendation Guidelines – Conflict of Interest:

The following may not submit a Letter of Recommendation on behalf of the CBIS applicant listed above, because of conflict of interest:

 - a. A Relative, Spouse or Friend.
 - b. An Employee or any person that is supervised by the CBIS applicant listed above.
 - c. A Clinical Examiner or Proctor who administers the examination to the CBIS applicant.
 - d. Client/Client's family

Note: Please do not submit letter of recommendation on this form. References may be contacted by a member of the AACBIS Credentials Committee or AACBIS staff to verify this recommendation and to discuss the applicant's work in brain injury.



**American Academy for the Certification
of Brain Injury Specialists**

SPONSORED BY THE
*Brain Injury Association
of Oregon*

Checklist – Certified Brain Injury Specialist – Level I

- ___ 1. Completed Application
- ___ 2. Employment Verification Form
 - ___ Supervisor
 - ___ Other
- ___ 3. Two Letters of Recommendation
- ___ 4. Resume or CV
- ___ 5. \$200.00 Certification Fee (non-refundable)

NOTE:

- All forms must be signed
- Make sure all information and data correspond
- Enclose payment
- Envelopes must be signed
- All letters must be signed and on letterhead

Please mail the completed package to:

*AACBIS
c/o Brain Injury Association of Oregon
2145 NW Overton
Portland, OR 97210*

Please Note: Your application will be returned to you if an item is missing.