



Checklist – Certified Brain Injury Specialist – Level I

SPONSORED BY THE

*Brain Injury Association
of Michigan*

Mail application to:
7305 Grand River, Suite 100
Brighton, MI 48114-7379

Make sure you include:

Completed Application

Employment Verification Form

Resume or CV

Fee(s) (non-refundable)

- \$275 Member Fee (includes training)
- \$300 Non-Member Fee (includes training)
- Optional:
 - Essential Brain Injury Guide
(\$40 plus \$10.90 tax and s/h)
(\$60 plus \$12.10 tax and s/h without application)
 - Flash Cards
(\$16 plus \$7.00 tax and s/h)

We will be offering the Certified Brain Injury Specialist (CBIS) Level I six-hour short courses and proctored examinations. The course is a review of highlights and key points only. Individual preparation (reading the manual) is a prerequisite for participation. All attendees must be pre-approved.

The Essential Brain Injury Guide replaces the Training Manual and is only available for purchase. With a paid CBIS application the cost is \$40, plus \$2.40 tax, plus \$ 8.50 shipping & handling. Without an application the Guide is \$60, plus \$3.60 tax, plus \$8.50 s/h.

NOTE:

- All forms must be signed
- Make sure all information and data correspond
- Enclose payment

Please make payment to: **Brain Injury Association of Michigan** and mail the completed application package, with payment to:

ACBIS
c/o Brain Injury Association of Michigan
7305 Grand River, Suite 100
Brighton, MI 48114-7379

2010 ACBIS Schedule	
Session 1	
ACBIS Application DUE	March 20, 2010
ACBIS Training – Grand Rapids	April 21, 2010 9:00 am
ACBIS Training – Brighton	April 21, 2010 9:00 am
ACBIS Exam – Grand Rapids & Brighton	May 6, 2010 2:00pm
Session 2	
ACBIS Application DUE	August 7, 2010
ACBIS Training – Grand Rapids	Sept. 8, 2010 9:00am
ACBIS Training – Brighton	Sept. 8, 2010 9:00am
ACBIS Exam – Lansing	Sept. 22, 2010 2:00pm

Please Note: Applications will not be processed and will be returned if an item is missing.



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Application for Certified Brain Injury Specialist – Level I

Information must be typewritten or neatly printed

Applicants Name: _____
Last First Middle Credentials

Name as to be printed on Certificate _____

Home Address: _____
Number Street Apt. #

Home Phone: (____) _____ City State Zip Code
Cell Phone: (____) _____

Home Email Address: _____

Present Employer: _____

Business Address: _____
Number Street Suite #

City State Zip Code

Phone: (____) _____ (____) _____ (____) _____
Work (include extension) Work Cell Work Fax

Work Email: _____

I've enclosed payment for:

- \$275 - Member Application \$300 - Non-Member Application
 \$ 50.90 - Essential Brain Injury Guide \$ 23.00 - Flash Cards

\$ _____ **TOTAL**

There will be a \$50 late fee for all applications received within one month of the exam date.

Payment Type:

Check **(Make check payable to: Brain Injury Association of Michigan)**

Visa MasterCard AMEX Discover **Invoice Employer (Pre-Approved ONLY)**

Card #: _____ Expiration Date _____ CVV: _____

Name on Card: _____

Billing Address: _____

Signature: _____

Note: Certification fee is non-refundable

Type of facility in which you presently work:

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

Average number of people with brain injury served per year:

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

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/week)
12 months employment required
- Part Time (less than 30 hours/week)
24 months employment required
- 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 (mo/yr) _____

Degree Title _____

Specialty Certification or Training _____

Professional Organizations or Affiliations _____

I will attend the BIAMI training session April 21, 2010 September 8, 2010 Other _____

I **will not** attend the BIAMI training session

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 ACBIS Guidelines (www.biausa.org). 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 Certified Brain Injury Specialist (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. **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: __ (____) _____ E-mail: _____

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: _____