



**SPONSORED BY THE**  
**Brain Injury Association**  
**of Michigan**  
  
**Mail application to:**  
7305 Grand River, Suite 100  
Brighton, MI 48114-7379

## Application for Certified Brain Injury Specialist TRAINER (CBIST)

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. #*

\_\_\_\_\_ *City State Zip Code*  
Home Phone: (\_\_\_\_) \_\_\_\_\_ 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:**

- \$300 - Member Application
  - \$ 50.90 - Essential Brain Injury Guide
  - \$325 - Non-Member Application
  - \$ 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                       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

How many years have you been working in that setting? \_\_\_\_\_

What is your current position? Briefly explain: \_\_\_\_\_

\_\_\_\_\_

Describe your responsibilities as a supervisor: \_\_\_\_\_

\_\_\_\_\_

How many staff members are you directly responsible?: \_\_\_\_\_

**Employment Status:** (During the last twelve months)

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

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

- Bachelor's                       Master's                       Doctorate                      Degree Title \_\_\_\_\_

Name of Institution \_\_\_\_\_ Graduation Date (mo/yr) \_\_\_\_\_

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 Trainer 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](http://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 Trainer (CBIST)

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This section is to be completed by your immediate supervisor. **If you are self-employed**, a professional colleague must complete. **The previous (5) years of employment in the field of brain injury must be verified; separate forms must be submitted by each employer in the previous five (5) years.**

Applicant's name: \_\_\_\_\_

**I hereby verify** that this applicant has been employed for \_\_\_\_\_ years \_\_\_\_\_ months in a program serving persons with brain injury.

Print your name: \_\_\_\_\_

Your Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_ (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Brain Injury Facility: \_\_\_\_\_

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: \_\_\_\_\_



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## Checklist – Certified Brain Injury Specialist Trainer

Make sure you include:

Completed Application

Employment Verification Form

Resume or CV

Fee(s) (non-refundable)

\_\_\_ \$300 Member Fee (includes training)

\_\_\_ \$325 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) 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**

<b>2010 ACBIS Schedule</b>	
<b>Session 1</b>	
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
<b>ACBIS Exam – Grand Rapids &amp; Brighton</b>	May 6, 2010 2:00pm
<b>Session 2</b>	
ACBIS Application DUE	August 7, 2010
ACBIS Training – Grand Rapids	Sept. 8, 2010 9:00am
ACBIS Training – Brighton	Sept. 8, 2010 9:00am
<b>ACBIS Exam – Lansing</b>	Sept. 22, 2010 2:00pm

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