



AMERICAN ACADEMY FOR THE CERTIFICATION OF BRAIN INJURY SPECIALISTS



ANNUAL RENEWAL FORM – CERTIFIED BRAIN INJURY SPECIALIST

- Check one: Year 1 of Renewal Cycle – Complete and submit **THIS PAGE**
 Year 2 of Renewal Cycle – Complete and submit **ALL PAGES** of this form

Certificant Information

Check here if information below has changed since original certification or previous renewal.

Name: _____

Home Address: _____

City, State, Zip _____

Employer: _____

Employer Address: _____

City, State, Zip _____

For Office Use Only:

Certification Number: _____

Day Phone: _____

Evening Phone: _____

Email: _____

Work Email: _____

Renewal Fee: The cost for annual renewal of CBIS certification is **\$55.00**. (Check made out to BIAMI)

Select Payment Method (check one): _____ Check _____ Money Order _____ Credit Card

Credit Card: _____ Visa _____ MasterCard _____ American Express

Card #: _____ Expiration: _____ CID: _____

Signature: _____

Verification of Information Accuracy Statement

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

Certificant Signature: _____ Date: _____

Office Use Only: _____

Continuing Education (Required only for Year 2 of Renewal Cycle)

Every other year, certificants must either satisfy the continuing education requirement as stated by AACBIS, or retake and pass the current AACBIS exam.

All CBIS certificants must complete a minimum of 12 hours of educational activities related to the care of persons with brain injury during every two years of certification. Acceptable activities may include the following: attendance at in-service or conference presentations or workshops, academic coursework, journal article individual or group review, David Strauss Lectures or other phone/video/internet lectures, professional publications and/or presentations. Continuing education activities must total a minimum of 12 hours and must include hours from at least two of the activities listed above. See www.AACBIS.net for a full explanation and listing of acceptable continuing education activities and corresponding continuing education credits.

Please do not submit documentation of stated Continuing Education activities with your application. However, maintain your documentation for at least one year after submitting your renewal application because you may be asked to send in your documentation at a later date. Documentation will only be requested if there are any discrepancies in your application or if you are randomly selected to be audited (10% of certificants will be asked to submit documentation each year). If audited, you must submit evidence of continuing education hours. Approved documentation may include continuing education unit transcripts/letters from national organizations, college transcripts, or proof of attendance at in-services/seminars/workshops.

Please list presentations or workshops you attended during this 2-year certification period. Include the formal title of the stated activity (i.e., presentation title), sponsoring organization's name (i.e., BIAMI) as well as the date and duration of the activity.

| CEU Title | Sponsoring Organization | Date | Duration (hours) |
|------------------|--------------------------------|-------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list all self-study activities, such as journal articles, videos, and telephone seminars as well as college/university courses that relate to brain injury. Include the title of the article, video, seminar, and/or course; the instructor, author, or presenter, and the dates (where applicable).

| CEU Title | Author/Instructor/Presenter | Date | Duration (hours) |
|------------------|------------------------------------|-------------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Please list all professional publications and/or presentations you authored during this 2-year certification cycle. The subject matter of the publication/presentation must be related to brain injury. Include the full citation (title, full authorship, publication/conference, date, publisher, page numbers) and continuing education hours to be granted.

Citation

Hours

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Alternative Recertification Option: Retake and pass the current AACBIS CBIS Examination

Renewal of Certification may be obtained without documented Continuing Education Units by receiving a passing grade of 80% or better on a retake of the AACBIS National Examination. The cost to retake the CBIS examination for certification renewal is \$50.00 (in addition to the \$55 annual renewal fee).

Employment Verification (Required only for Year 2 of Renewal Cycle)

Certification Requirement: Verifiable employment in a brain injury services setting for a minimum of 1200 hours during the two (2) years prior to certification renewal date.

Total hours employed in brain injury services during past two (2) years: _____

Current Employer Name and Address: _____

Current Position: _____

Previous Employer Name and Address (*Required only if current employment is less than 2 years*):

Position: _____

Supervisor Verification: (to be completed by current supervisor or Human Resources representative)

To the Supervisor: Please read the following statement. If true, please complete the information below.

I hereby verify that the above certificant is currently employed at the stated facility. I further verify that the certificant's job responsibilities include working with people with brain injury.

Print Name: _____

Title: _____

Phone: _____ Email: _____

Signed: _____ Date: _____