



ACBIS Group Administrator Guide

January 2016

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Preface

ACBIS is a voluntary certification program that allows licensed and non-licensed staff in hospitals, rehabilitation facilities, community-based programs, and other settings to demonstrate their knowledge, experience and career commitment to treating and supporting persons who have sustained brain injuries. Since its inception in 1996, ACBIS has earned both national and international recognition, and today, there are more than 5,000 certificants in the U.S. and abroad.

Strictly speaking, the certification entails five components: (1) application; (2) fee payment; (3) verification of current paid employment; (4) demonstration of previous applicable experience; and (5) satisfactory performance on an examination.

Prospective applicants are strongly encouraged to prepare for the exam by studying written materials (e.g., The Essential Brain Injury Guide) and attending classroom instruction delivered by Certified Brain Injury Specialist Trainers (CBISTs). Candidates may apply for certification individually or may join with others as a group. Participation in any specific training course or purchase of training materials is neither required nor a guarantee of success on the ACBIS exam.

This guide provides step-by-step instructions for implementing the certification process. For further information, please contact the ACBIS Coordinator at 703-761-0750, x631.

Mission, History & Governance

In early 1990, representatives from 565 acute, sub-acute, and post-acute brain injury programs were surveyed regarding the core competencies needed of licensed and non-licensed staff. More than 75% of respondents indicated that specialized training was desired in the following areas: cognitive, psychological and social consequences of brain injury; approaches for managing challenging behaviors and promoting positive skills; and techniques for working with families. Respondents also indicated they would give hiring preference and higher pay to workers with specialized training.

In 1996, the Brain Injury Association of America established the American Academy for the Certification of Brain Injury Specialists (now known as the Academy of Certified Brain Injury Specialists – ACBIS) to improve the quality of care—primarily rehabilitative care—provided to individuals with brain injury. Over the years, the ACBIS eligibility requirements were broadened to allow non-rehabilitation staff, such as educators and BIA Information and Resource Specialist personnel, to become certified. This change, along with streamlined operations and pricing alignment, spurred significant growth. In fact, enrollment quadrupled from 400 applicants in 2004 to 1600 in 2008, and grew to 1900 in 2009.

Today, ACBIS is the only voluntary certification allowing professionals and paraprofessionals to demonstrate their knowledge, experience, and career commitment to individuals with brain injuries. The certification is supported by standardized classroom training, an instructional manual, and continuing education programs. The Commission on Accreditation of Rehabilitation Facilities (CARF) recognizes ACBIS as a means for achieving Standard 13 of its requirements, and several state and federal agencies cite the ACBIS training curricula as a prerequisite for service delivery under Medicaid waivers and similar funding sources.

Over the years, much of the ACBIS growth occurred within larger brain injury facilities that sought to provide top quality care and remain competitive in their markets. Currently, there is an increasing demand for certification among sole practitioners and workers in smaller programs as well as interest in specialty certification among non-rehabilitation professionals such as attorneys and case managers.

Although ACBIS is a wholly-owned program of BIAA, a separate Board of Governors, which is composed of brain injury experts, exercises overall direction and control of the certification and supporting functions. Policies and decisions of the ACBIS Board are final.

Certification At-A-Glance

Individuals or groups of individuals who meet all of the qualifications set forth by the ACBIS Board of Governors may earn the designation of Certified Brain Injury Specialist (CBIS). As explained in detail later in this guide, the process entails:

1. Classroom instruction delivered by certified trainers and/or independent study using ACBIS written materials and self-study tools;
2. Application in electronic format submitted by individuals or group administrators if applicable;
3. Payment by check or credit card;
4. Verification of applicant's current employment and sufficient work history;
5. Attachment of electronic copy of applicant's resume to application;
6. Timed on-line examination by proctor with automatic scoring;
7. Electronic notice of score to individual and group administrator (if group application);
8. Electronic delivery of a certificate documenting CBIS designation and/or a letter acknowledging test results furnished to individual;
9. Publication of certified persons in listing of CBIS and CBIST on ACBIS website;
10. Annual renewal reminder to individual certificants by email;
11. Electronic renewal form, electronic verification of continuing education, and accompanying fee payment to BIAA by certificant; and
12. Electronic delivery of a certificate documenting renewed CBIS designation to certificant.

BIAA accepts electronic applications and both checks and credit card payments described in Steps 2-5 above. The testing portions of the process (Steps 6-8) and notices and certificates (Steps 9-12) are circulated by electronic mail.

Group Administrator Role

The conflicts in Iraq and Afghanistan and growing interest in sports concussions have resulted in increased awareness of brain injury and the need to redouble efforts to ensure that sole practitioners and all rehabilitation programs/long-term care facilities are delivering the highest quality brain injury treatment and care possible. ACBIS certification is growing in recognition as a measure of commitment to standards of care for people with brain injury and education of professionals and para-professionals.

Group Administrators create a mechanism whereby a group of associated individuals can move through the certification process together. The steps include:

1. *Become a Group Administrator*

A Group Administrator is responsible for arranging training programs, recruiting attendees, tracking and coordinating application process and fee payment, arrangement of proctors for examinations, and acting as the conduit between group members and BIAA's ACBIS Coordinator. These responsibilities are described in detail in the sections that follow.

Any organizational representative may become the Group Administrator. The designated individual need not have the CBIS credential; in fact, a clinical background is not required at all. Instead, Group Administrators benefit most from conference planning experience and marketing savvy. Strong organizational skills and discretion are also needed as Group Administrators have access to applicant personnel records. Outstanding communication skills are also important as Group Administrators must be able to read and follow instructions for the application and testing processes (see pages 8-11) and maintain an ongoing dialogue with members and BIAA staff (see pages 15 and 16 for a sample job description and confidentiality statement).

2. *Determine Preparation: CBIST-Led Training, Self-Study, or Hybrid*

A Certified Brain Injury Specialist Trainer (CBIST) is a licensed clinical professional who possesses at least a bachelor's degree and 3-5 years of applicable experience, as well as training, teaching, mentoring, and/or supervision skills. ACBIS has educationally sound materials developed for use in training sessions by CBISTs.

Some organizational groups choose self-study; some choose a combination of self-study and CBIST-led training or self-study and group-study sessions.

3. *Arrange Training if Desired*

ACBIS training sessions encompass approximately eight hours of classroom-based instruction covering the core competencies in brain injury treatment and care. BIAA uses a train-the-trainer model to prepare CBISTs to present the ACBIS curriculum and furnishes instruction, teaching materials, and ongoing technical support to CBISTs. (Only CBISTs are permitted to use ACBIS training materials.) Although ACBIS trainings are not designed to be an introduction to brain injury or an all-inclusive preparation for the written examination, the trainings are sometimes used for these purposes.

ACBIS trainings may be delivered over several weeks or may be compacted into a one or two-day event.

Group Administrators should select training venues that offer an optimal learning environment, such as facility conference rooms or auditoriums, hotel meeting rooms, conference centers, and classrooms in community centers or public libraries. Public transportation, parking, and access for persons with disabilities are important considerations in selecting a training venue. Depending on the date, location, physical space, and number of participants, Group Administrators may need to arrange for audiovisual equipment, meals or refreshments, restroom facilities, overnight accommodations, etc.

4. Set Pricing

As of March 2013, the published price for a single ACBIS applicant is US\$300. A rate of US\$225 per person has been established for groups of 5-29 applicants and a rate of US\$200 per person is in place for groups of 30 or more applicants. These fees include a one-year subscription to *The Journal of Head Trauma Rehabilitation* for each applicant but do not include training or a study guide (known as The Essential Brain Injury Guide, which is sold in BIAA's online bookstore).

Please note that application fees are not refundable unless the applicant does not meet eligibility requirements; then a \$35 cancellation fee applies.

5. Set Group Schedule

Before enrolling anyone in a group, the Group Administrator should set a schedule in advance for application/payment deadlines, training programs, and examination dates. The Certification-at-a-Glance table on page 5 of this Guide provides an approximate timeline for the process.

It is important to note that the completed application (including all online documentation and payment) must be received by BIAA a minimum of two weeks (preferably more) before the scheduled exam date. Exam dates for groups must be scheduled in advance with the ACBIS Coordinator, as well.

Obviously, the more time a Group Administrator has for promotion, process direction, and payment collection, the better. For that reason, some Group Administrators sequence the steps so that all electronic applications (including supporting documents) are made, payments are collected, and study guides are distributed several weeks in advance and examinations take place immediately following the training session.

6. Enroll Certification Applicants

Group Administrators are responsible for coordinating the application process, including the collection/submission of all documentation and the payment of applicable fees. Please follow the steps below to make the job as smooth as possible:

A. As a Group Administrator, complete the Group Administrator/Proctor Account Setup Application (page 18). Direct each applicant to complete and submit a User Account Setup Form (page 22).

B. Upon receipt of the approval email, you (as the Group Administrator) will need to complete the Group Registration Form (page 19). Completion of this form will allow the electronic applications to be sent either to the individual applicants or to you for completion (please note that if you complete the applications, you must retain a paper copy with a signature for each applicant). You will need each applicant's registration number that was provided by email after completion of the User Account Setup Form (described above).

C. As described above, either you (the Group Administrator) or each applicant will need to complete the CBIS or CBIST Application Form (see pages 23-26) through the link that was provided in the confirmation email. Each application must include the following to be complete:

- An electronic version of the applicant's resume, attached in the allotted space.
- The name and email address of a person who can verify required employment in the field (page 27); the completed verification must be returned to the ACBIS Coordinator before the application is accepted.
- Verification of payment:
 - Group payment: check number or, if paid by credit card, the BIAA Marketplace confirmation number.
 - Personal payment: check number or, if paid by credit card, the BIAA Marketplace confirmation number.

7. Administer Exam

Candidates must pass a national certification examination with a score of 80% correct or higher. The exam includes 50 multiple-choice questions on the manual content and 20 multiple-choice application questions regarding several case studies. The exam can only be taken after all forms and fees have been submitted and processed and the application has been approved. (Please visit <http://www.biausa.org/acbis/accommodations> for information regarding examination accommodations.) Please follow these steps closely:

A. Arrange for a Proctor

Group Administrators, CBISTs, or other approved professionals may serve as proctors; substitutes are not permitted without the express written approval of the ACBIS Coordinator. Please have the proctor refer to the email that was received after completion of the Group Administrator/Proctor Account Setup Application (page 18). This email provides information that details the next steps of the testing process.

B. Arrange for Exam Location

Applicants are not required to sit for the exam simultaneously. If staffing schedules require individualized testing, that is permissible as long as the examination schedule is cleared with the ACBIS Coordinator.

If, however, simultaneous testing is desired, consider the necessity of adequate lighting and reasonable insulation from outside distractions. Randomization of test questions helps prevent copying a neighbor's answers, but care should be taken to provide sufficient space between test takers. The testing location should also allow for a registration table and comfortable seating for the proctor. Remember that accommodations may be required for physical access, non-fluorescent lighting, and scent-free environment. Other testing accommodations are available with written documentation of disability need (e.g., large-print exam, etc.); please notify the ACBIS Coordinator at least four weeks prior to the proposed examination date. Be sure to have water and tissues available in the testing room.

The following are necessary considerations in arranging for applicant examinations:

1. Laptop/desktop supply:
 - a. Ask applicants to bring their own, or arrange to borrow, laptops
 - b. Arrange the temporary rental of a bank of computers/laptops
2. Arrange for LAN or Wi-Fi coverage in the designated examination room.
3. Schedule first come/first served reservations for preset testing periods.
4. Arrange an approved proctor to proctor the exam.

C. Schedule Exam Date & Time

Testing may take place any time. (If an ACBIS training session is planned, consider a window of one day to 2-3 weeks.) Although a 2-hour time limit has been established for the ACBIS exam (unless accommodations are made in advance based on documented need), allow approximately 3 hours to conduct the exam start to finish. It is common for applicants to complete the exam in as little as 45 minutes.

D. Notify Applicants of Exam Arrangements

Advise applicants well in advance of the exam date, time, and location. Indicate that photo identification, such as a driver's license or passport, will be required at check-in. Examinations are web-based and experience with a computer and mouse is recommended. Advise applicants to attend to personal needs prior to the exam as no one is permitted to leave and return to the examination room. Indicate also that cell phones must be shut off and that outside paper, books, and notes are not allowed.

E. Proctor the Exam

Begin the examination by checking in applicants against a pre-printed registration list, verifying identification. Remind applicants of the test conditions described in Item D above and that use of the CBIS or CBIST designation is not allowed until the certificate is received.

The online examination requires use of the applicant's user ID, password, and registration number, as well the approved Exam Generation Card (see page 28). These items should be maintained near the computer at which the applicant is seated. Once submitted, the examination cannot be accessed again. The examination is programmed to allow a two-hour access period. Test scores are immediately sent to the applicant's email on record, although electronic dispersal of certificates may take a few days.

8. Test Scoring

Upon passing the examination and approval by the ACBIS Coordinator, certificants will receive their CBIS certificates via email to the email address they provided on the initial application. Those who did not pass will receive their score via email to the email address provided on the initial application.

Applicants who do not attain a score of 80% or more correct answers are permitted to re-take the exam one time within one year of the application date. Please notify the ACBIS Coordinator of an applicant's wish to retake the exam. Note that if the exam is not successfully completed within one year, the candidate must reapply and pay the appropriate fees.

The ACBIS Coordinator posts the names of certificants to the ACBIS web site (www.biausa.org/acbis) twice a year.

Additional Information & Key Points to Remember

The ACBIS certification is in force for 12 months following certificate issuance. Applicants may only use the CBIS (or CBIST) designation during the effective dates. Annual renewal, which requires proof of continuing education and payment of a \$60 fee, is required to maintain certification.

Certification by the Academy of Certified Brain Injury Specialists indicates that a person has met the specific requirements of the certification process, but is not a guarantee of competency, accuracy, or any particular treatment result.

Key Points:

- Read and follow these instructions carefully.
- Learn the qualification criteria for certification prior to enrolling any applicant.
- Allow a minimum of two weeks between BIAA's receipt of completed applications and examination date.
- Applicants who are part of a group (and are responsible for making their own payment) but mistakenly submit the individual application rate of \$300 have two (2) weeks to notify the ACBIS office of the mistake and request a refund. Requests for refunds after two weeks will not be granted.
- A group's size and fee structure is determined at its inception with each Group Registration Form that is submitted.
- Application fees are not refundable unless the applicant does not meet eligibility requirements; then a \$35 cancellation fee applies.
- Substituting a new applicant for another who has discontinued the application process will incur a \$35 fee. Please contact the ACBIS office to request the substitution.
- Incomplete applications (including payment) will be maintained for up to one year. After one year, the application will become null and void and the applicant will need to reapply. Applicants who have submitted completed applications but have not taken the certification exam within one year will need to reapply after one year.
- Call BIAA's ACBIS Coordinator for assistance at 703-761-0750, or email acbis@biausa.org.

Certified Brain Injury Specialist (CBIS) Application Requirements

The CBIS designation is intended for paraprofessionals and professionals at all levels who want to demonstrate their competence in and career commitment to individuals with brain injuries.

The following eligibility requirements apply to all CBIS candidates **without** exception.

- Work Experience: Applicants must have had 500 hours of currently verifiable direct contact experience with an individual or individuals with brain injury.
 - a. Experience can be employment and/or academic internship designed to meet a degree or licensure program requirement.
 - b. The qualifying experience must have included formal supervision or have been conducted while the applicant operated under a professional license. Volunteer work does not qualify.
- Education: Applicants must have a high school diploma or equivalent.

Individuals wishing to apply for the CBIS designation must submit the following:

- Online application
- Resume or Curriculum Vitae (CV)
- Employment verification form
- Payment

Once the application and supporting documentation are received and reviewed, candidates take an online examination. Those who attain a score of 80% or more correct answers receive a certificate, by email, suitable for printing and framing.

The CBIS certification is in place for 12 months and can be renewed upon proof of continuing education and payment of applicable fees.

Certified Brain Injury Specialist Trainer (CBIST) Application Requirements

Certified Brain Injury Specialist Trainers (CBIST – previously known as Clinical Instructors/Clinical Examiners) are approved to provide official ACBIS training to CBIS candidates. CBISTs must demonstrate advanced skills in brain injury and must provide documentation that those skills are being maintained through continuing education.

In addition to meeting the CBIS requirements (see previous page), the following eligibility requirements apply to all CBIST candidates **without exception**.

1. Education: Applicants must have a minimum of bachelor's degree from an accredited four-year institution.
2. Experience: Must demonstrate a minimum of five years' experience in the field of brain injury, in one or more of the following ways:
 - Direct clinical experience in a medical or rehabilitative setting in the continuum of care.
 - Research experience in the science, medicine and/or rehabilitation of brain injury.
 - Services integral to brain injury and brain injury rehabilitation (education, case and care management, vocational rehabilitation, etc.).
 - Development or implementation of brain injury programming in hospital, residential, school, or community-based settings.
3. Licensure: Applicants must be a member in good standing within any licensure boards that cover their professions.
4. Teaching/Mentoring Skills: Applicants must provide approved documentation of training, supervisory, and/or teaching experience in the field of brain injury, for example:
 - Taught courses, seminars, or workshops on brain injury in academically accredited programs;
 - Presented at local, regional, national, and/or international conferences or workshops on brain injury;
 - Designed educational programs and/or materials related to brain injury for colleges or university affiliated programs;
 - Mentored clinicians/students/interns in brain injury.
5. Community Service and Professional Dissemination: Applicants must provide approved documentation of participation and service in the brain injury field, for example:
 - Developed guidelines or protocols for brain injury program;
 - Published articles, books, chapters or newsletter articles on brain injury research or rehabilitation or related areas;

- Facilitated community activities and/or community-based support groups for brain injury;
- Held committee membership or positions in local, state, or national professional organizations focusing on brain injury;
- Participated in research activities in brain injury that resulted in publications by others.

Individuals wishing to apply for the CBIST designation must submit the following:

- Online application
- Employment verification form
- Approved Documentation as follows:
 - Resume or Curriculum Vitae (CV);
 - University or college transcript;
 - Certificate of attendance at conferences, workshops, seminars;
 - Syllabus indicating applicant is the instructor;
 - Front page of published article, newsletter, chapter, book that demonstrates authorship;
 - Letter from supervisor or director stating applicant's experience with in-service training and/or activity/support group facilitation. This letter must be written on company letterhead and must include the dates in which the training/events occurred;
 - Other, as required by ACBIS Coordinator.
- Payment

Once the application and supporting documentation are received and reviewed, candidates take an online examination. Those who attain a score of 80% or more correct answers receive a certificate, by email, suitable for printing and framing. The CBIST certification is in place for 12 months and can be renewed upon proof of continuing education and payment of applicable fees.

GROUP ADMINISTRATOR JOB DESCRIPTION

The Group Administrator is responsible for facilitating the certification process for a group of 5 or more CBIS candidates. The Group Administrator represents a group throughout the certification process and acts as the liaison between ACBIS and group members. As such, the Group Administrator has several important responsibilities, including (a) coordinating group member applications and fees; (b) coordinating training; (d) monitoring the testing process; and (e) contacting ACBIS staff with any questions or concerns.

The Group Administrator should possess basic skills in reading comprehension, speaking, writing, active learning, active listening, monitoring, coordination, instruction, and basic problem solving. In addition, the Group Administrator should possess abilities in oral and written comprehension, oral and written expression, deductive reasoning, inductive reasoning, information ordering, and problem sensitivity. The Group Administrator should have basic knowledge of the English language, process administration and management, customer and personal service, and communications principles.

The Group Administrator will be required to communicate via telephone, electronic communication, and face-to-face conversations; must work well with groups or teams, and must be able to coordinate or lead others. The Group Administrator will be responsible for communications with group members and the ACBIS Coordinator, collecting information, monitoring the group's progress through the application and testing process, updating and using relevant knowledge about the process, coaching group members, establishing and maintaining interpersonal relationships, organizing and prioritizing group work, and identifying relevant actions and events for the group.

GROUP ADMINISTRATOR AGREEMENT AND CONFIDENTIALITY STATEMENT

I understand the responsibilities of an ACBIS Group Administrator. Neglect of responsibilities could result in revocation of my rights as an ACBIS Group Administrator and removal of Group Administrator status.

I also understand that in the performance of my duties as a Group Administrator for the Academy of Certified Brain Injury Specialists, I am required to have access to and am involved in the processing of confidential information*. I understand that I am obligated to maintain the confidentiality of this information at all times. I understand that a violation of these confidential considerations may result in removal of Group Administrator status. I further understand that I could be subject to legal action.

I agree to notify ACBIS if I am unable to continue in my capacity as Group Administrator.

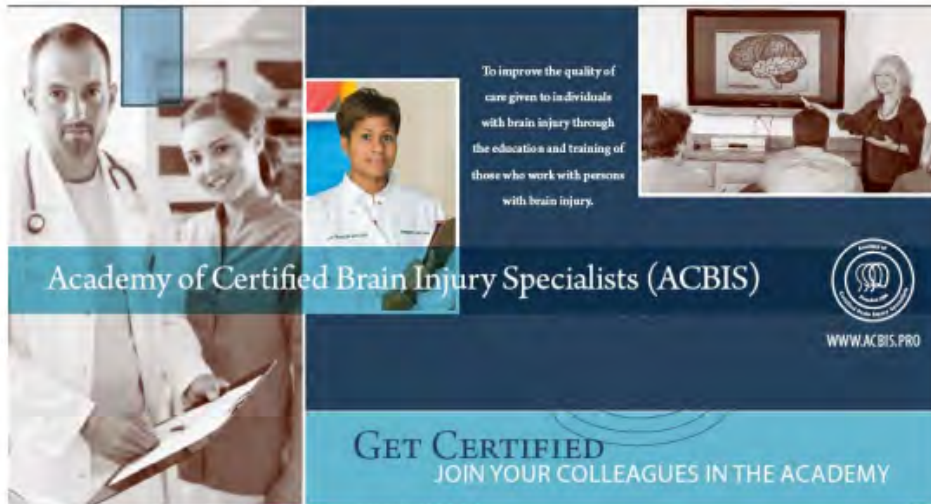
Signature

Date

Organization


**Confidential Information: Any identifying information maintained on paper, computerized form, or verbal discussions related to employees, members, customers, I&R callers, donors or other persons on whom information is collected or organizations with which business is conducted. Such information includes, but is not limited to, financial arrangements, grant or contract matters, patient care, employment, performance, salary and similar personnel information, as well as proprietary program development/implementation.*

ACBIS MARKETING BROCHURE



To improve the quality of care given to individuals with brain injury through the education and training of those who work with persons with brain injury.

Academy of Certified Brain Injury Specialists (ACBIS)



WWW.ACBIS.PRO

GET CERTIFIED
JOIN YOUR COLLEAGUES IN THE ACADEMY

Earn a Nationally Recognized Credential JOIN ACBIS TODAY.

ABOUT ACBIS

The Academy of Certified Brain Injury Specialists offers a voluntary national certification program for both entry-level professionals and experienced professionals working in brain injury services. ACBIS provides staff and professionals the opportunity to learn important information about brain injury, demonstrate their learning in a written exam and earn a nationally recognized credential.

ACBIS offers two certification options representing distinct levels of experience:

- **CBS (Certified Brain Injury Specialist):** Intended for individuals who have a minimum of five hundred hours of currently verifiable employment working directly with persons with brain injury.
- **CBST (Certified Brain Injury Specialist Trainee):** Intended for professionals who have several years of supervised or licensed employment with clinical, research or management experience in brain injury services. To become certified, eligible candidates attend an ACBIS training session—or complete a self-study—and pass a written examination. After passing the examination, CBST candidates also attend a specialized training via teleconference.

CERTIFICATION FOCUS

Certification is based on the Essential Brain Injury Guide (EBIG) that covers:

- Incidence and epidemiology of brain injury
- Continuum of services
- Brain anatomy and brain-behavior relationships
- Functional impact of brain injury
- Effective treatment approaches
- Children and adolescents with brain injury
- Health and medical management
- Family, legal and ethical issues

"As a provider of brain injury rehabilitation and supported living services, we have found the ACBIS certification to add value to our organization and to our staff. Specifically, staff who have participated in ACBIS significantly expand their knowledge, develop a professional affiliation with other CBS professionals and are validated with a specialized certification that recognizes their unique skills, and the time and effort it takes to master these skills."

Joanne Dizon, CEO—iReMed

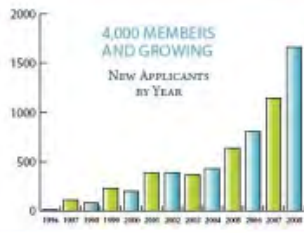
"ACBIS certification helps during interdisciplinary treatment review meetings because the professional team and the direct care staff who are certified begin to speak the same language. That improved communication is essential for discussing rapidly changing treatment goals, then measuring clinical outcomes on a potential level."

Ann Mahoney, CEO—CBRE Health Care

ACBIS addresses the wide variety of unique skills and knowledge required of those who treat persons with brain injury. The program complements other existing credentials and is not restricted to any one profession or discipline. It is intended for anyone who delivers services specific to brain injury.

• **DEMONSTRATE YOUR COMMITMENT** to continuing knowledge and improving quality of care. The ACBIS program was founded on the premise that knowledge in brain injury is an ongoing process and must be supported by participation in continuing education.

JOIN YOUR COLLEAGUES IN THE ACADEMY:



WHY YOU SHOULD BECOME ACBIS CERTIFIED

• **EARN A HIGHER SALARY:** According to a poll taken by the Brain Injury Association of America (BIAA), employers value ACBIS-certified individuals and have been known to pay them as much as 8 percent more for their services.

STAY CONNECTED:

- Receive a free, one-year subscription to *The Journal of Head Trauma Rehabilitation* (JHTR)—a \$119 value—and get significant discounts thereafter. The official scholarly journal of BIAA, JHTR is a leading, peer-reviewed resource that provides current information on the clinical management and rehabilitation of persons with traumatic brain injuries.
- Get up-to-date information. Learn the latest in research and treatment from internationally and nationally recognized experts in David Strauss and Mimi Rosenthal Memorial Webinar lectures.
- Network with peers and share knowledge. Join a group of about 4,000 and growing Academy members.

WHY YOUR FACILITY SHOULD ENCOURAGE ACBIS CERTIFICATION


- **EXPERIENCE LESS TURNOVER** in staff.
- **DEMONSTRATE YOUR COMMITMENT** to improving quality of care.
- **CONTRIBUTE TO THE DEMONSTRATED COMMITMENT** to quality represented by employing certified specialists.
- **MEET ACCREDITATION REQUIREMENTS** for the Commission on Accreditation of Rehabilitation Facilities (CARF) standard #12 "to improve and maintain learning and growth and to enhance recruitment and retention."

Since I earned my ACBIS certification in 2000, I have been grateful to include the certification among my credentials. However, it wasn't until I attended the International Brain Injury Conference in Lisbon, Portugal, that it became clearer to me the importance of ongoing training among brain injury providers. This experience emphasized how far ahead of the international community the ACBIS-certified individuals are in providing quality care to those with brain injuries."

Zoei Konecny, MS, OTR/L, CBST—Clinical Specialist/
Rehab Team Leader
Children's Hospital of Philadelphia

PROCESS FORMS

04/10/2014



ADMINISTRATOR/PROCTOR ACCOUNT SETUP

Please enter the information requested and a User ID/Password combination. Make a note of the ID and Password; you will use them to access your group's information throughout the application and certification continuum.

Please choose the role you are applying for:

Group Administrator
 Exam Proctor
 Both

[Click to view Agreements](#)

Last Name _____ First Name _____ MI _____ Credentials _____

Street Address _____ Apartment # _____

City _____ State/Province _____ Postal Code _____ Country if not US: US

Phone _____ E-mail _____

Name of Person or Organization for which you are serving as a Group Administrator and/or Proctor _____

Position within organization for which you are serving as a GA and/or Proctor OR relation to individual person for who you are serving as a Proctor _____

Please select a User ID and Password

User ID <input type="text"/>	Password <input type="text"/>	Retype Password <input type="text"/>
---------------------------------	----------------------------------	---

[Submit](#) [Status](#)

ACBIS Coordinator Use Only:

Approved _____

Denied _____

Signature _____ Date _____

[Sign](#) [Submit](#) [Unsign](#)

Tracking Number:



04/10/2014

GROUP REGISTRATION FORM for ACBIS GROUP ADMINISTRATORS

1. Administrator Information

[Retrieve Your Info](#)

[Status](#)

Last Name:	First Name:	Middle Initial:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address:	Phone Number:	Admin ID:
<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Applicants' Information

Group ID:

[Get Group ID](#)

[Populate Existing Group](#)

Send Application to:

Individual

Administrator

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

<input type="checkbox"/> Add/Keep	Last Name:	First Name:	MI:	Date Registered:
<input type="checkbox"/> Remove	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Approved	Email Address:	Registration Number:	Populate Reset	
	<input type="text"/>	<input type="text"/>		

If you have more names to add to this group, please click the "Next" button. If you are finished with this form, please click the "Sign/Submit" button.

[Next >>](#)

[Sign/Submit](#)

(Cont'd) a second page for entries 7-16 follows, and this is the third page:

<input type="checkbox"/> Add/Keep <input type="checkbox"/> Remove <input type="checkbox"/> Approved	Last Name: Email Address:	First Name: Registration Number:	MI: Date Registered: / /	<input type="button" value="Populate"/> <input type="button" value="Reset"/>
<input type="checkbox"/> Add/Keep <input type="checkbox"/> Remove <input type="checkbox"/> Approved	Last Name: Email Address:	First Name: Registration Number:	MI: Date Registered: / /	<input type="button" value="Populate"/> <input type="button" value="Reset"/>
<input type="checkbox"/> Add/Keep <input type="checkbox"/> Remove <input type="checkbox"/> Approved	Last Name: Email Address:	First Name: Registration Number:	MI: Date Registered: / /	<input type="button" value="Populate"/> <input type="button" value="Reset"/>
<input type="checkbox"/> Add/Keep <input type="checkbox"/> Remove <input type="checkbox"/> Approved	Last Name: Email Address:	First Name: Registration Number:	MI: Date Registered: / /	<input type="button" value="Populate"/> <input type="button" value="Reset"/>

3. Administrator Signature

Signature: <input type="text"/>	Date: <input type="text"/>	<input type="button" value="Sign/Submit"/>
------------------------------------	-------------------------------	--



GROUP STATUS REPORT

1. Administrator Information

Retrieve Your Info

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Initial: <input type="text"/>
Email Address: <input type="text"/>	Phone Number: <input type="text"/>	Admin ID: <input type="text"/>

2. Applicants' Information

Group ID: **Retrieve**

Registration #	Last Name	First Name	MI	Certification Type	Results (%)



USER ACCOUNT SETUP

Please enter the information requested and a User ID/Password combination. Make a note of the ID and Password; you will use them to access your certification information throughout your application, certification, and renewal continuum.

The e-mail address you provide will receive the application form once account setup is completed.

Last Name:	First Name:	Mi:	Credentials:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Street Address:			Apartment #:
<input type="text"/>			<input type="text"/>
Home City:	State/Province:	Postal Code:	Country:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="US"/>
Home Phone:	Primary E-mail:		
<input type="text"/>	<input type="text"/>		
User ID:	Password:	Retype Password:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	



CERTIFIED BRAIN INJURY SPECIALIST APPLICATION

Date: 04/10/2014

Group ID: INDIVIDUAL

Registration Number:

Applicant Information:

[Retrieve your info](#)

[Status](#)

Last Name: First Name: MI: Credentials:
Street Address: Apartment #:
City: State/Province: Postal Code: Country if not US:

Home Phone: Home E-mail:

Current Employment Information:

Present Employer:

Business Address: Suite #:

City: State/Province: Postal Code: Country if not US:

Business Phone: Work Email:

Supervisor's Name: Supervisor's Email:

Current Job Title:

Type of facility or organization in which you presently work:

Briefly describe the organization's functions:

Average number of people with Brain Injury served per year:

Number of paid direct contact hours that you have obtained working with persons with brain injury:

Employment status during the last twelve months:

Describe the nature of your contact with persons with brain injury:

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

Tracking Number:

1 of 2

[Next >>](#)

Educational Background:

Highest Earned Academic Degree: Degree Title:

Name of Institution: Graduation Date:

Specialty Certification or Training:

List your professional organizations or affiliations:

Attach a plain text copy of your resume or CV, in .doc, .docx or .pdf format:

Administrative Details:

Enter your name as you wish it to appear on your certificate and in online listing of certificants:

How did you hear about the Academy of Certified Brain Injury Specialists?

If publication, please specify: If mailing, enter four-digit code on mailing address label:

Payment Method:

This application will not be processed without payment. Please indicate below the payment method; payment must be received within 30 days.

Personal check made payable to ACBIS, check # For a printable statement to mail with your check, please visit <http://acbisp.org/downloads.htm>
Submit payment to: Brain Injury Association of America
P.O. Box 7416
Merfield, VA 22116-7416

Order ID # obtained from payment made in BIAA marketplace

Group application payment, Order ID # (provided by group administrator)

I hereby apply to be a candidate as a Certified Brain Injury Specialist and verify that all the information is correct. By submitting this application, I also agree to be bound by all policies and procedures set forth by the ACBIS Guidelines (www.acbis.org). **Ethics Statement:** By submitting this application, I agree to abide by the ethics policy posted on the ACBIS website.

Testing Accommodations will be made in accordance with the American with Disabilities Act. Please visit <http://www.acbis.org/accommodations.htm> for the full accommodations request process and policy.

Signature of: Self Administrator: By checking this box, I verify that I have a paper application with the signature of the applicant asserting the truthfulness of the application's contents.

ACBIS Approval:

Approved Denied



CERTIFIED BRAIN INJURY SPECIALIST TRAINER APPLICATION

Date: 04/10/2014

Group ID: INDIVIDUAL

Registration Number:

Applicant Information:

[Retrieve your info](#)

[Status](#)

Last Name: First Name: MI: Credentials:

Street Address: Apartment #:

City: State/Province: Postal Code: Country if not US:

Home Phone: Home E-mail:

Current Employment Information:

Present Employer:

Business Address: Suite #:

City: State/Province: Postal Code: Country if not US:

Business Phone: Work Email:

Supervisor's Name: Supervisor's Email:

Current Job Title:

Type of facility or organization in which you presently work:

Briefly describe the organization's functions:

Average number of people with Brain Injury served per year:

How many years have you been working in that setting?

Employment status during the last twelve months:

Employment status explanation:

Describe your responsibilities as a supervisor:

For how many staff members are you directly responsible?

Tracking Number:

1 of 2

[Next >>](#)

For how many years have you been a supervisor?

Do you provide training in your organization? Yes No

Describe your training experience:

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

Educational Background

Highest Earned Academic Degree: Degree Title:

Name of Institution: Graduation Date:

Specialty Certification or Training:

List your professional organizations or affiliations:

Attach a copy of your resume or CV (in Word or PDF format), illustrating the way you meet all qualifications for CBIST as posted on the ACBIS website at www.acbis.pro/examiner.html:

[Click to attach your resume or CV](#)

Administrative Details:

Enter your name as you wish it to appear on your certificate and in online listing of certificants:

How did you hear about the Academy of Certified Brain Injury Specialists?

If publication, please specify: If mailing, enter four-digit code on mailing address label:

Payment Method:

This application will not be processed without payment. Please indicate below the payment method; payment must be received within 30 days.

Check made payable to ACBIS, check #

Submit payment to: Brain Injury Association of America
P.O. Box 7416
Merrifield, VA 22116-7416

For a printable statement to mail with your check, please visit <http://acbis.pro/downloads.html>

Order ID # obtained from payment made in BIAA marketplace

Group application payment, Order ID # (provided by group administrator)

I hereby apply to be a candidate as a Certified Brain Injury Specialist and verify that all the information is correct. By submitting this application, I also agree to be bound by all policies and procedures set forth by the ACBIS Guidelines (www.acbis.pro). **Ethics Statement:** By submitting this application, I agree to abide by the ethics policy posted on the ACBIS website.

Testing Accommodations will be made in accordance with the American with Disabilities Act. Please visit <http://www.acbis.pro/accommodations.htm> for the full accommodations request process and policy.

Signature of: Self Administrator: By checking this box, I verify that I have a paper application with the signature of the applicant asserting the truthfulness of the application's contents.

[Sign](#)

[Submit](#)

[Unsign](#)

ACBIS Approval:

Approved Denied

[Sign](#)

[Submit](#)

[Unsign](#)

[<< Prev](#)

2 of 2



ACADEMY OF CERTIFIED BRAIN INJURY SPECIALISTS EMPLOYMENT VERIFICATION

CBIS Requirements: Applicant must have had 500 hours of currently verifiable, paid direct contact experience with an individual or individuals with brain injury.

CBIST Requirements: Must demonstrate a minimum of five years experience in the field of brain injury, in one or more of the following ways:
Direct clinical experience in a medical or rehabilitative setting in the continuum of care -
Research experience in the science, medicine and/or rehabilitation of brain injury -
Services integral to brain injury and brain injury rehabilitation (education, case and care management, vocational rehabilitation, etc.) - Development or implementation of brain injury programming in hospital, residential, school, or community-based settings.

Applicant/Certificant Information: **This person is a CBIS applicant.**

Last Name: _____ First: _____
ACBIS Coordinator's Comments:

Employment Information

Present Employer: _____
Business Address: _____ Suite #: _____
City: _____ State/Province: _____ Postal Code: _____ Country if not US: _____
Current Job Title: _____ Supervisor's Email: _____

Verification Information

Verifiers Name: _____ Verifiers Title: _____
Verifiers Phone Number: _____
Has this CBIS applicant had at least 500 hours of direct contact with individuals with brain injury? Or if CBIST applicant, 5 years of experience in brain injury?

Type of Brain Injury Program: _____
Duties of this Applicant: _____
Comments: _____

Verification: By checking this box, I verify that the information provided above is true and accurate to the best of my personal knowledge, and that I am qualified to attest for this person's employment and experience in the field of brain injury.

Submit

ACBIS Use Only: Approved

Status



Exam Generation Card

Please start by choosing an Exam Number for the examinee. It does not matter which number you choose, but if this is an examinee's second attempt, you will not be permitted to choose the Exam Number associated with the first attempt.

Next, please enter the applicant's registration number and click "Populate Applicant Info"

Applicant's Registration Number: _____

Last Name: _____

First Name: _____

MI: _____

E-mail: _____

Registration Date: // /

Expiration Date: // /

Certification Type: _____

Next, please click "Populate Proctor Info" and enter your User ID and Password as an Exam Proctor

Last Name: _____

First Name: _____

MI: _____

Please schedule the exam at least 24 hours in advance of the preferred test date/time.

Exam duration is a maximum of 2 hours. Enter a preferred 2 hour time frame and date below and click "Submit". One of the suggested exam dates/times will be approved by ACBIS.

	Date:	Start Time:	End Time:	Time Zone:
First Choice:	// /			
Second Choice:	// /			

The exam link will be provided to you by the proctor on the day you're taking the exam. You will use your ACBIS User ID and Password to open and sign the exam. Please note that you will be permitted to access the exam only during the date and time that is approved by ACBIS.

Approved Date and Time: // /

ACBIS Coordinator Use Only:

Approved First Choice Second Choice

Disapproved for the following reason(s):

Signature

Date

Tracking Number:



CERTIFICANT INFORMATION UPDATE

Certification Number:

Registration Number:

Please use this form to update information which has changed since your application or last renewal. If you are submitting a name change, please also make sure to upload the supporting documentation (marriage license, divorce decree, driver's license, etc.) at the end of this form.

Thank you for keeping your contact information current!

Certificant Information:

Start by clicking this button

[Retrieve your info](#)

Last Name:	First Name:	MI:	Credentials:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address:			Apartment #:
<input type="text"/>			<input type="text"/>
City:	State/Province:	Postal Code:	Country if not US:
<input type="text"/>	<input type="text"/>	<input type="text"/>	US <input type="text"/>
Phone:	E-mail:		
<input type="text"/>	<input type="text"/>		

Enter your name as you wish it to appear on your certificate and in online listing of certificant:

Current Employment Information:

Present Employer:			
<input type="text"/>			
Business Address:			Suite #:
<input type="text"/>			<input type="text"/>
City:	State/Province:	Postal Code:	Country if not US:
<input type="text"/>	<input type="text"/>	<input type="text"/>	US <input type="text"/>
Business Phone:	Work Email:		
<input type="text"/>	<input type="text"/>		
Supervisor's Name:	Supervisor's Email:		
<input type="text"/>	<input type="text"/>		
Current Job Title:			
<input type="text"/>			

[Attach Supporting Document\(s\)](#)

[Submit](#)

[Status](#)

ACBIS Approval:

Approved Denied

[Sign](#)

[Submit](#)

[Unsign](#)

Tracking Number:



CERTIFIED BRAIN INJURY SPECIALIST RENEWAL APPLICATION

Expiration Date:
New Expiration Date: -
Certification Number:
Certification Type:
Registration Number:

Applicant Information:

Please start by clicking the
"Retrieve your info" button.

[Retrieve your info](#)

[Status](#)

Last Name: First: MI: Credentials:
Street Address: Apartment #:
City: State/Province: Postal Code: Country if not US:
Phone: E-mail:

Current Employment Information:

Present Employer:
Business Address: Suite #:
City: State/Province: Postal Code: Country:
Business Phone: Work Email:
Supervisor's Name: Supervisor's Email:
Current Job Title:
Type of facility or organization in which you presently work: People with Brain Injury served per year:
Briefly describe the organization's functions:
How many years have you been working in that setting?
Employment Status during the last twelve months:
Employment status explanation:

Continuing Education Detail for the Last 12 Months:

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 include hours from at least two of the activities listed above. See www.acbis.pro for a full explanation and listing of acceptable continuing education activities and corresponding continuing education credits.

1. Please list presentations or workshops you attended during this certification period. Include the formal title of the stated activity (i.e., presentation title) and sponsoring organization's name (i.e., BIAA), as well as the date and duration of the activity.
2. 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).
3. Please list all professional publications and/or presentations you authored during this 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.

Title of Credit, Publication or Presentation	Date	Description	Number of Hours	Sponsoring Organization or Publication
	--			
	--			
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	--			
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	--			
Total Hours			0.00	

Payment Method:

This application will not be processed without payment. Please indicate below the payment method; payment must be received within 30 days.

- Check made payable to ACBIS, check# _____
 Submit payment to: Brain Injury Association of America
 P.O. Box 7416
 Merrifield, VA 22116-7416

For a printable statement to mail with your check, please visit <http://acbis.pro/downloads.html>

- Order ID # obtained from payment made in BIAA marketplace _____

Signature:

Verification of Information Accuracy Statement: By submitting this renewal application, I hereby verify that the information provided herein is true and accurate to the best of my personal knowledge.
Ethics Statement: By submitting this application, I agree to abide by the ethics policy posted on the ACBIS website.

ACBIS Approval:

- Approved Denied _____



CERTIFIED BRAIN INJURY SPECIALIST TRAINER RENEWAL APPLICATION

Expiration Date:
New Expiration Date: - -
Certification Number:
Certification Type:
Registration Number:

Applicant Information:

Please start by clicking the "Retrieve your info" button.

Last Name:	First:	MI:	Credentials:
Street Address:			Apartment #:
City:	State/Province:	Postal Code:	Country if not US:
Phone:		E-mail:	

Current Employment Information:

Present Employer:

Business Address:	Suite #:		
City:	State/Province:	Postal Code:	Country: US
Business Phone:	Work Email:		
Supervisor's Name:	Supervisor's Email:		

Current Job Title:

Type of facility or organization in which you presently work: People with Brain Injury served per year:

Briefly describe the organization's functions:

How many years have you been working in that setting?

Employment Status during the last twelve months:

Employment status explanation:

For how many years have you been a supervisor?

Do you provide training in your organization? Yes No

Describe your training experience:

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

Educational Background

Highest Earned Academic Degree: Degree Title:

Name of Institution: Graduation Date:

Specialty Certification or Training:

List your professional organizations or affiliations:

Attach a copy of your resume or CV (in Word or PDF format), illustrating the way you meet all qualifications for CBIST as posted on the ACBIS website at www.acbis.pro/examiner.htm:

[Click to attach your resume or CV](#)

Administrative Details:

Enter your name as you wish it to appear on your certificate and in online listing of certificants:

How did you hear about the Academy of Certified Brain Injury Specialists?

If publication, please specify: If mailing, enter four-digit code on mailing address label:

Payment Method:

This application will not be processed without payment. Please indicate below the payment method; payment must be received within 30 days.

Check made payable to ACBIS, check #
Submit payment to: Brain Injury Association of America
P.O. Box 7416
Merrifield, VA 22116-7416

For a printable statement to mail with your check, please visit <http://acbis.pro/downloads.html>

Order ID # obtained from payment made in BIAA marketplace

Group application payment, Order ID # (provided by group administrator)

I hereby apply to be a candidate as a Certified Brain Injury Specialist and verify that all the information is correct. By submitting this application, I also agree to be bound by all policies and procedures set forth by the ACBIS Guidelines (www.acbis.pro). **Ethics Statement:** By submitting this application, I agree to abide by the ethics policy posted on the ACBIS website.

Testing Accommodations will be made in accordance with the American with Disabilities Act. Please visit <http://www.acbis.pro/accommodations.htm> for the full accommodations request process and policy.

Signature of: Self Administrator: By checking this box, I verify that I have a paper application with the signature of the applicant asserting the truthfulness of the application's contents.

[Sign](#) [Submit](#) [Unsign](#)

ACBIS Approval:

Approved Denied

[Sign](#) [Submit](#) [Unsign](#)

Continuing Education Detail for the Last 12 Months:

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 include hours from at least two of the activities listed above. See www.ACBIS.pro for a full explanation and listing of acceptable continuing education activities and corresponding continuing education credits.

1. Please list presentations or workshops you attended during this certification period. Include the formal title of the stated activity (i.e., presentation title) and sponsoring organization's name (i.e., BIAA), as well as the date and duration of the activity.
2. 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).
3. Please list all professional publications and/or presentations you authored during this 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.

Title of Credit, Publication or Presentation	Date	Description	Number of Hours	Sponsoring Organization or Publication
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	--			
Total Hours			0.00	

Training Detail for the Last 12 Months:

Below, please notate a minimum of 8 hours of brain injury related trainings that you have presented/provided over the past 12 months.

Title of Presentation	Date of Presentation	Number of Hours	Location
	--		
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	--		
	--		
Total Hours		0.00	