



EMPLOYMENT VERIFICATION FOR CERTIFIED BRAIN INJURY SPECIALIST TRAINER APPLICATION

Requirements

CBIST: Applicant must have 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 Information

Last name: _____ First name: _____

Verification Information

Verifier's name: _____

Title: _____

Organization: _____

Professional relationship to applicant (e.g., supervisor, HR, etc.): _____

Email: _____ Phone number: _____

Type of brain injury program: _____

Duties of this applicant: _____

Does this applicant meet the stated experiential requirements? Yes No

If not, how many years has this applicant accumulated at your facility? _____

By typing my name below, 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.

Signature (typed): _____ Date: _____

Save this file to your computer and email it to applications@biausa.org.
In the subject line, write "CBIS EV for" and the name of the applicant.