# CERTIFIED CONCUSSION SPECIALIST COMMITTEE – NOMINATION FORM

<table>
<thead>
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<th>Nominating Party</th>
<th>Date</th>
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<tr>
<td>Nominee</td>
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<td>Nomination Rationale</td>
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<td>Relationship to Nominee</td>
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<td>Nominee’s Contact Information</td>
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<td>Nominee’s Current Work Role</td>
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Do you feel the nominee would be able to meet the requirements noted on the back page of this document? **UNSURE** ☐ **YES** ☐ **NO** ☐

Please check the role or roles your nominee would be qualified to fill:

## EDUCATIONAL REQUIREMENTS BY ROLE

- Behavioral/Emotional Health Specialist ........................................... Master’s, PhD .................................. ☐
- Cognitive Rehabilitation Specialist ............................................. Master’s, PhD .................................. ☐
- Diagnostic Expert ........................................................................... MD ............................................. ☐
- Fatigue Specialist .......................................................................... MD ............................................. ☐
- Headache Specialist ......................................................................... MD ............................................. ☐
- Hearing Specialist ........................................................................... AudD or Master’s* .................................. ☐
- Neurologist ...................................................................................... PhD, Board Certified .................................. ☐
- Neuropsychology ................................................................................ PhD, Board Certified .................................. ☐
- Physical Medicine and Rehab Physician ................................... MD, Board Certified PM&R .................................. ☐
- RTL Specialist .................................................................................. Master’s, PhD; Pediatric Experience .................................. ☐
- RTP Specialist .................................................................................. Master’s, PhD .................................. ☐
- RTW Specialist .................................................................................. Master’s, PhD .................................. ☐
- Sleep Disorder Specialist ............................................................... MD, DO, PhD .................................. ☐
- Social Work/Case Management ...................................................... MSW, RN ............................................. ☐
- Sports Concussion Specialist ......................................................... MD, PhD ............................................. ☐
- Vestibular Rehabilitation Specialist .................. PT, OT or equivalent, Certified in Vestibular Tx  .................................. ☐
- Vision Rehabilitation Specialist ...................................................... MD, MA, OTR/L or equivalent .................................. ☐
- Other ___________________________________________________________________________________________________ .................................. ☐

**** NOTE COMMITTEE REQUIREMENTS ON BACKSIDE ****
CERTIFIED CONCUSSION SPECIALIST COMMITTEE – NOMINATION FORM

SUMMARY
The Committee Member of the ad hoc Certified Concussion Specialist committee is a volunteer participant who assists in the development of the Certified Concussion Specialist curriculum.

EXPERIENCE REQUIREMENTS
- 5+ years working in the field of brain injury and/or 100+ patients treated or referred for concussion

RESPONSIBILITIES
- Attending committee and subcommittee meetings
- Defining expected outcomes within the scope of the project goals
- Identifying a common concussion/mTBI nomenclature for the duration of the project
- Identifying existing guidelines that are applicable to the Diagnosis/Assessment and Management/Treatment of acute and chronic concussion
- Identifying gaps in areas where guidelines do not exist
- Assisting with development of clinical practice guidelines using the AGREE approach
- Assisting with identification of potential authors for curriculum content areas with utilization of the identified guidelines and practice recommendations (in conjunction with BIAA)

SKILLS
- Knowledge and demonstrated ability to diagnose and/or treat concussion
- Some familiarity with guideline development

TIME COMMITMENT (see page 3 for detailed outline)
- 14-month project
- Minimally 14 committee meetings
- Undetermined subcommittee meetings
- Outside of committee work to identify guidelines, develop practice guidelines, develop content, etc.

MEETINGS & COMMUNICATION
- All meetings are conducted via GoToMeeting or GoToWebinar and will occur at mutually agreeable times
- All tasks, communications, project management, file management and file storage will occur through a MONDAY.COM account

COMMITTEE MEMBERS
- The committee size will not exceed 20 members inclusive of committee chairs.
- Subcommittees will be developed at appropriate stages of the project

Expenses
- Significant expenses are not anticipated