

*The American Chiropractic
Board of Sports
Physicians™
Policy Manual*

January 1, 2006

INDEX

Part I Policies of the ACBSP™

Attendance Policy	1
Special Seminar Endorsement Policy	2
Exceptions Policy	3
Policy on Notifications of Policy	4
Transcript/Application Policy	5
Methods of Distance-Based Education Policy	6
Test Security Policy	7
Review Course Instruction Policy	11
CPR Policy	12
CCSP® Examination Policy	13
DACBSP® Examination Policy	15
Examination Impropriety Policy	17
Code of Ethics Policy	18
Ethics Procedures Policy	22
Grade Reporting Policy	32
Regrading of Examinations Policy	33
Certification Appeals Procedure Policy	34
Honorary Designation	44
Recertification & Continuing Education Policy	45
DACBSP® Practical Requirement Policy	53
DACBSP® Written Requirement Policy	55
International Certificants Policy	57
Proper Use of ACBSP™ Certification Marks	58
ACBSP™ Code of Commitment	63
Affirmative Action Policy	66
Records and File Retention Policy	67
Seal and Emblem Usage Policy	71
Testing Regulations/Candidate Exam Conduct	72

Part II Academic Guidelines of the ACBSP™

CCSP® Test Plan	77
CCSP® Category Guidelines	78
CCSP® Recommended Reading List	87
DACBSP® Written Examination Test Plan	88
DACBSP® Practical Examination Test Plan	90
DACBSP® Program Content Guidelines	93

DACBSP® Recommended Reading List	102
DACBSP® Practical Experience Log	103
Examination Application	106

Part I

Policies of the ACBSP™

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

ATTENDANCE POLICY

This policy replaces all previously published attendance policy for the 100-hour CCSP® Certification and 200-hour DACBSP® Certification.

The Bylaws of the American Chiropractic Board of Sports Physicians are specific in their attendance requirements for certification and Diplomate eligibility. For certification the student must complete a minimum of 100 hours **postgraduate study** in the field of sports injury. For Diplomate certification the student must complete a minimum of an additional 200 hours of **postgraduate study** in the field of sports injury. The Board will respect the colleges' individual attendance policies provided that the following criteria are met:

1. No more than 10% of the hours of a 100 hour certification course may be taken while the applicant is still an undergraduate. No credit for the second 200 hours Diplomate program may be given for hours taken as an undergraduate.
2. The American Chiropractic Board of Sports Physicians expects each chiropractic college's postgraduate division to keep and verify attendance in an orderly manner. We will respect all college's absence policies; provided that any percentage of allowable absences does not bring the total hours of the applicant below the required minimums. (For example, most weekend CCSP programs are conducted as 10, 12-hour sessions; a 10% absence rule would leave the applicant with 108 hours.) No one may sit for the examination without completing the required minimum hours prior to the examination. In addition, **all applicants must take all emergency procedures sections. Absence policy does not apply to these sessions; they are mandatory in both the CCSP and DACBSP courses.**
3. The attendance of all applicants for the CCSP or DACBSP examinations must be **officially** verified (in writing) by the postgraduate division of the particular college **in advance of the examination**. Advance notification to the ACBSP must be provided in accordance with the deadlines noted on the exam application.

Revised April 1, 1993

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON ENDORSEMENT OF SPECIAL SEMINARS FOR CERTIFICATION CREDIT

This policy replaces all previously published information regarding Board endorsement of special seminars for credit towards certification program.

The Constitution and By-Laws for the American Chiropractic Board of Sports Physicians state that the ACBSP™ will only accept candidates who have completed the required educational program as conducted by the college approved by an accrediting agency recognized by the U.S. Department of Education or an agency having a reciprocal agreement with the recognized agency. Therefore, the ACBSP policy is that the decision to allow substitution of hours obtained at outside seminars (e.g. sponsored by FICS, ACA Sports Council, or ACSM, etc.) for 100-hour CCSP® or 200-hour DACBSP® credit must come from **approved** chiropractic colleges.

Revised November 19, 1996

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON EXCEPTIONS FROM STATED POLICY

This policy replaces any previously published information regarding exceptions of policy.

Should any institution or individual require an exception of published policy of the above organization, such request must be made in writing to the President of the American Board of Chiropractic Sports Physicians. Any response to such a request shall be in writing and bear the signature of the President of the Board in order to be considered valid and approved.

Revised January 21, 1991

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

RESPONSIBILITY TO NOTIFY STUDENTS OF ACBSP™ POLICY

It is the responsibility of the postgraduate departments of the chiropractic college teaching programs that lead to eligibility to sit for CCSP and DACBSP examinations to inform students of the availability of Board policies when students first enroll in the program. Colleges should direct all inquiries regarding policy to the Board Secretary.

Passed December 1, 1991

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

TRANSCRIPT AND APPLICATION REQUIREMENT POLICY

Any applicant for the CCSP® or DACBSP® Certification Examination must forward all required materials (fees, copy of chiropractic diploma or state license) so that they are **received by the Board Secretary no later than 45 days prior to an examination date.**

In addition, the applicant must notify the college where the CCSP course was taken to send his/her transcript to the Board Secretary. A single transcript or document certifying completion of the required hours for a specific certification must be submitted to the Board Secretary. If hours were obtained at more than one college, the candidate must request a single college to approve and authorize acceptance of hours from other colleges and verify completion of the hours required for the specific certification.

It is the responsibility of the college to provide up-to-date transcript information to the Board Secretary by the deadlines listed on the application form. This includes appropriately signed certification of required hours of postgraduate education, for the specific certification.

Failure of the applicant and/or the college to provide the required supporting materials for the application process will result in a candidate's inability to sit for the examination.

Revised April 1, 1993

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON ALTERNATIVE METHODS OF DISTANCE-BASED EDUCATION

This policy applies to the use of distance-based education in sports programming leading to CCSP® examination eligibility only. No such policy has been considered or approved for the Diplomate (DACBSP®) level instruction.

1. A minimum of forty (40) percent of the regular 100 hours of postgraduate study required for the CCSP program must be obtained through live instruction provided by the college. This instruction must include, but is not limited to, the following areas of the CCSP Category Guidelines: Adjunctive Therapy/Procedures, Emergency Procedures, and Taping/Bracing. (A maximum of 60% of the hours may be obtained through distance-based education).

2. Any distance-based education of the sports injury program hours leading to CCSP examination eligibility must include the following:

- a. Reading material
- b. An assessment tool
- c. Quality programming which includes:
 - i. stated objectives
 - ii. appropriate content
 - iii. summary
 - iv. closing which contains suggested activities/discussion
 - v. outcome assessment
- d. Computer-assisted graphics and/or visual aids
*avoid @talking head@ or just @taping a lecture@ style of presentation

3. In order to qualify for the CCSP examination, a candidate who has received distance-based education must have received such education under the following conditions:

- a. There must be a learning outcome assessment by the college after each session.
- b. The presenter or designated contact person must respond to the candidates' questions in a timely manner.

4. Candidates who participate in distance based programming will be identified to the ACBSP™ by college transcripts when they apply to take the CCSP exam. These candidates will be monitored to evaluate their performance.

*The ACBSP encourages pre-approval of distance-based education programming materials and format to insure acceptance. Pre-approval may be obtained by submitting program information to the office of the ACBSP Board Secretary.

Revised June 18, 1999

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

TEST AND EXAMINATION INFORMATION AND MATERIALS: SECURITY, CONFIDENTIALITY, USE AND NON-DISCLOSURE POLICY

I. PURPOSE OF THE TEST SECURITY AND CONFIDENTIALITY POLICY.

The purpose of the following Test And Examination Security, Confidentiality, Use, and Non-Disclosure Policy (Test Security Policy or Policy) is to establish and explain the rules by which the American Chiropractic Board of Sports Physicians (ACBSP™) Certification Program will strictly limit, control, and protect all confidential, private, and/or proprietary information concerning ACBSP certification examinations and the certification process, as well as other material so designated by the ACBSP Board of Directors.

All ACBSP operations, methods, materials, documents, procedures, and proceedings relating to certification tests and examinations (ACBSP test information) are considered private, confidential, trade secret and proprietary information by the ACBSP and the ACBSP Board of Directors. All ACBSP certification test information is to remain secure and confidential.

The entire ownership interest in all ACBSP certification test and examination-related information and materials, including those protected by this Policy, is held by the ACBSP and controlled by the ACBSP Board of Directors. No other person, group of individuals, corporation, or other entity shall have any license or permission to use any ACBSP certification test and related information without the prior, written, and valid permission of the ACBSP Board of Directors. No license, trademark, patent or copyright, in whole or part, nor any transfer of ownership of ACBSP test information or material, is either granted or implied by the disclosure or release of such information to ACBSP representatives or others.

This Policy is not intended to prevent authorized ACBSP Certification Program representatives from receiving and/or using ACBSP test information or materials for the proper performance of ACBSP designated/assigned duties. Authorized ACBSP Certification Program representatives are allowed limited and necessary knowledge of test information and materials on a need to know and use basis directly related to the ACBSP Certification Program representative=s duties and responsibilities, as authorized in writing by the ACBSP Board Secretary, ACBSP President, or the ACBSP Board of Directors and consistent with this Policy. Among other permitted uses of protected confidential test information and materials, the ACBSP Board of Directors, and authorized ACBSP Certification Program staff may discuss and use such information and materials with regard to the development and administration of certification tests and testing procedures in a manner consistent with this Policy.

II. ACBSP REPRESENTATIVES, STAFF, CONTRACTORS, AND AGENTS COVERED BY THE POLICY/AGREEMENTS TO ABIDE BY TERMS OF POLICY.

The receipt and use of ACBSP test information and materials is limited strictly to authorized ACBSP Certification Program representatives, contractors, and agents. This policy and its requirements apply to and bind all ACBSP Board members and directors, representatives, staff, contractors, and agents, as identified below:

- members of the ACBSP Board of Directors;
- ACBSP Certification Program representatives and testing staff;
- agents of the ACBSP Certification Program, including ACBSP agents in possession of certification test information and material;
- independent contractors retained or hired to perform services or supply goods related to ACBSP certification tests and examinations;
- any other person in possession of ACBSP test information or material, including all test information referred to in this Policy.

All persons identified in this section (ACBSP representatives, staff, contractors, and agents) must agree to abide by, and comply with, this Test Security Policy and all Policy requirements in writing. Each ACBSP representative, staff member, contractor, or agent may be subject to discipline or other sanction by the ACBSP due to a violation or attempted breach of any portion of this Policy. The ACBSP reserves the right to enforce this Policy by any and all appropriate and legal means.

In addition to other obligations, all ACBSP representatives, staff, contractors, and agents will be bound by all the provisions of this Policy during the course of their employment or association with the ACBSP and will continue to be bound by such provisions after termination of their employment or association with the ACBSP. The obligation to adhere to, and be bound by, the Policy is one which continues beyond the association or employment of representatives, staff, and agents with the ACBSP.

III. TEST INFORMATION AND MATERIALS COVERED AND PROTECTED BY THE POLICY.

Test information and materials covered and protected by the Test Security Policy includes, but is not in any way limited to, test questions, answers, distractors, scores, individual or group performance information, general or specific data regarding test questions, reviews, changes, modifications, and all other information and materials related to the content, development and administration of ACBSP tests and examinations. In addition, any information relating to ACBSP test materials, composition techniques, structure, methods and other similar areas is also proprietary, private, and strictly confidential and will not be released without specific, prior, and written authorization from the ACBSP Board of Directors, including, but in no way limited to, specific information which identifies, or makes possible the identification of, a particular person or candidate.

Information and material which falls outside the protection of this Policy is limited to the following:

- information specifically authorized to be made available to the public by the ACBSP Board of Directors consistent with this Policy;
- information which is in the public domain or available as a matter of public record;

- information which an ACBSP representative is obligated to produce pursuant to a valid and lawful court or government order, following prior, written approval of the ACBSP Board of Directors, and ACBSP Legal Counsel.

IV. TEST SECURITY, CONFIDENTIALITY, USE, AND NON-DISCLOSURE RULES.

ACBSP representatives, staff, contractors, and agents will secure and protect all ACBSP test information and materials from distribution, disclosure, dissemination, or release to others in absence of prior, written authorization of the ACBSP Board of Directors, or their authorized and designated representatives. No ACBSP representative, staff member, contractor, or agent is permitted to reveal ACBSP test information without such authorization.

ACBSP representatives, staff, contractors, and agents will take every reasonable measure to prevent the unauthorized oral, written, or other disclosure of ACBSP test information and materials and to assure that this Policy is not violated. This Policy directs and requires, but is not limited to, the following security measures and non-disclosure rules:

- Computer files, archives, hard copy, or other information storage will be protected by password and/or be under lock protection.
- All information and materials regarding ACBSP test security measures are strictly limited to ACBSP Certification Program representatives, staff, contractors, and agents who have been determined by the ACBSP Board of Directors to have a need to know, and valid use for, such information and materials.
- Where possible, ACBSP test information and material covered by, or included in, this Policy shall be put into writing or other tangible form and clearly marked with a "confidential" and/or proprietary legend or identifier, as appropriate.
- Before the termination of service, employment, or other association with the ACBSP, all ACBSP representatives, staff, contractors, and agents will return to the ACBSP Certification Program, all ACBSP test information and material possessed or otherwise received, regardless of form, including, but not limited to, all documents and materials.
- ACBSP representatives, staff, contractors, and agents must immediately notify the ACBSP Board of Directors of any request, demand, or directive for disclosure of ACBSP test information or material, including, but not limited to court orders and attorney communications. Thereafter, the ACBSP Board of Directors will consult with ACBSP Legal Counsel to determine the appropriate response consistent with the terms of this Policy.

In the event of a request, demand, or directive for the production of ACBSP test information, ACBSP Legal Counsel will identify by written opinion which portion(s) of the test information, if any, is required to be furnished pursuant to relevant law. No other ACBSP test information will be disclosed under these circumstances unless directed and authorized by the ACBSP Board of Directors. All necessary legal steps will be taken to protect ACBSP test information and this Policy.

V. LEGAL AND BINDING EFFECTS OF THIS POLICY.

All rights and restrictions contained in this Test Security, Confidentiality, and Non-Disclosure Policy may be exercised by the ACBSP at the discretion of the ACBSP Board of Directors. Such rights and restrictions shall be in force and binding only to the extent that they do not violate any applicable laws and are intended to be limited to the extent legally necessary so that they will not render this Policy illegal, invalid or unenforceable.

All ACBSP representatives, staff, contractors, and agents are required to agree to and abide by the terms of this Test Security Policy and are required to sign an agreement document to that effect.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

REVIEW COURSE INSTRUCTION POLICY

Any written or practical test committee member or ACBSP™ member involved in test construction or development, or any individual having obtained knowledge regarding specific test development must refrain from teaching review courses and may not in any way assist an applicant preparing for any CCSP® or DACBSP® examination for a period of two years from their time of involvement. Failure to adhere to this policy will result in action by the board or executive committee to remove the individual from either body. In addition, this infraction may preclude future participation with either board or executive committee.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CPR POLICY

All candidates for the CCSP® and DACBSP® Examinations must be certified in CPR. This CPR certification may be obtained as part of a college course. The candidate for the examination is responsible for obtaining the CPR certification on their own, if it is not offered by the college. The following stipulations will apply:

1. It is the responsibility of the college that conducts the 100-Hour CCSP® course to inform their students of this requirement. It is also the responsibility of the college to point out the student's responsibility in obtaining this certification, if it is not being offered by the college itself.
2. **IMPORTANT!** The CPR certification obtained by the students **should** be from one of the following: **Basic Life Support for the Healthcare Provider/AED** from the American Heart Association (AHA), or **Professional Rescuer/AED** from the American Red Cross. Although there may be other acceptable organizations, it **MUST** be a level of certification training that is given to health professionals as opposed to the lay public.

CPR class requirements consist of:

1 Person CPR
2 Person CPR
Infant CPR
Airway Obstruction
AED (*effective 1/1/06*)

3. In addition to the above requirements, the CPR class must have a hands-on component where the student demonstrates skills to an instructor.
4. In order to sit for the examination, a candidate must bring their **current** CPR certification card to the test site. This must be the original card, copies will not be accepted. Failure to bring this card will result in an inability to sit for the examination.
5. The ACBSP™ requires that doctors maintain current recertification in CPR. (*Please refer to the ACBSP™ CEU policy for additional information*).

Revised August 2, 2005

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® EXAMINATION POLICY

Effective January 1, 1992

1. A doctor of chiropractic who has successfully completed a minimum of 100 hours of postgraduate education in the Certified Chiropractic Sports Physicians® program, from an accredited chiropractic college may be eligible to take the examination. There is an application fee for the examination, and \$50 of this amount is non-refundable.
2. A doctor of chiropractic, who possesses an Athletic Trainer (ATC) Certification and can provide documentation of such, is not required to complete the 100 hours of postgraduate education in Sports Injury and Physical Fitness to be eligible to sit for the examination.
3. An application may be obtained from your college's postgraduate office, or by contacting the Board Secretary of the ACBSP™. **All applications and supporting materials must be received no less than 45 days prior to the anticipated test date.** Complete directions are found on the application. All applicants must have in their possession an admission certificate in order to be admitted to the exam site. Anyone not in possession of such a certificate will not be permitted to take the examination.
4. The examination is prepared and scored by an examination service, and administered by the ACBSP. It is written in a multiple choice format. You will be notified of your test results by letter as soon as possible following your examination.
5. After successfully completing the certification examination, a certificate will be issued approximately 6-8 weeks after receipt of your test scores.
6. If you fail the examination, you may sit for a re-examination at a subsequent test by reapplying. The exam may be taken a maximum of three (3) times before additional educational hours are required.
7. The American Chiropractic Board of Sports Physicians offers two official testing dates per year. The examination may be administered in more than one location simultaneously on those test dates. Upcoming test dates will be published on the ACBSP website, www.acbsp.com, and are also available by contacting the ACBSP Board Secretary.
8. Any candidates enrolled in courses which began prior to the effective date of this policy (January 1, 1992) will be subject to the previously existing policy.
9. Candidates must successfully complete the written examination three (3) years from the date of completion of the CCSP program.
10. Without documented medical emergency, no refund will be made unless a written notice of withdrawal is received at least two weeks prior to the examination date. Individuals

filing withdrawal notices received 14-28 days prior to the examination will receive a 50 percent refund.

11. Candidates enrolled in courses leading to eligibility for the CCSP examination will be held to the existing policy at the time of their initial enrollment in the program as long as course attendance is consistent.

Revised June 1, 2000

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® EXAMINATION POLICY

Effective April 24, 1992

1. Any Certified Chiropractic Sports Physician/Practitioner® (CCSP®) having successfully completed the additional minimum of 200 hours postgraduate education in the DACBSP Program, from an accredited chiropractic college, may be eligible to take the written examination. The examination process for the DACBSP designation shall consist of two (2) independent examinations, one written and one practical. The written examination must be successfully completed before the applicant may take the practical examination.
2. There is an application fee for each section of the examination, and \$50 of this amount is non-refundable.
3. An application may be obtained from your college's postgraduate office, or by contacting the Board Secretary of the ACBSP™. **All application materials must be received no less than 45 days prior to the anticipated test date.** Complete directions are found on the application. All applicants must have in their possession an admission certificate in order to be admitted to the examination site. Anyone not in possession of such a certificate will not be permitted to take the examination.
4. The written examination is prepared and scored by an examination service and administered by the ACBSP. You will be notified of your test results by letter following your written examination.
5. The practical examination is prepared and administered by the ACBSP. You will be notified of your test results by letter following your practical examination.
6. After successfully completing the written and practical examinations, the practical field experience requirement, and fulfilling the written requirement, a certificate will be issued in approximately eight (8) weeks.
7. If you fail either the written or practical examination you may be re-examined at a subsequent examination by reapplying. There is a re-application fee. Each exam may be taken a maximum of three (3) times before additional educational hours are required by the ACBSP.
8. Candidates must successfully complete the written examination within three (3) years from the date of completion of the DACBSP program.
9. The ACBSP may offer one or more official testing dates per year. Testing dates will be published on the ACBSP website and will also be available by contacting the Board Secretary.
10. Without documented medical emergency, no refund of exam fees will be made unless a written notice of withdrawal is received at least two weeks prior to the examination date.

Individuals filing withdrawal notices received 14-28 days prior to the examination will receive a 50 percent refund.

11. Candidates enrolled in courses leading to eligibility for the DACBSP examination will be held to the existing policy at the time of their initial enrollment in the program as long as course attendance is consistent.

Revised March 8, 2000

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

EXAM IMPROPRIETY POLICY

If a candidate engages in any form of exam improprieties before or during the evaluation, that document cannot be scored and the results will not be accepted. If improprieties were discovered in any form, there will be some form of "disqualification".

The ACBSP™ reserves the right to disqualify candidates associated with exam improprieties. All the information submitted in connection with any application must be true and correct. Any falsified information on an application is grounds for denial of acceptance into the program, or certification revocation, and the candidate may be barred from future certification.

The American Chiropractic Board of Sports Physicians has the authority to revoke the certification of any doctor whose certification was obtained by fraud or misrepresentation, who exploits or misrepresents the certification, or who is otherwise disqualified.

The candidate that has been found cheating on his/her examination will be required to take and successfully complete an ethics course with a grade of AC@ or better. This course must be taken at either a university, community college, or a chiropractic college (if offered). The course description must be approved by the ACBSP or the President of the ACBSP prior to the candidate enrolling for the course.

In addition, the ACBSP may take any of the following actions:

1. The candidate may be allowed to reapply after 2 years, with a new application and processing fee.
2. The candidate may be permanently disqualified from certification.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CODE OF ETHICS

Introduction

The American Chiropractic Board of Sports Physicians (ACBSP™ or Board) is a voluntary, non-profit, professional credentialing board which certifies qualified chiropractic doctors, physicians, and practitioners engaged in the field of sports medicine who has met the professional knowledge standards established by the Board. Regardless of any other professional affiliation, the ACBSP Code of Ethics (Code) applies to: all individuals certified by the ACBSP as a Certified Chiropractic Sports Physicians/Practitioner® (CCSP®), or as a Diplomate of the American Chiropractic Board of Sports Physicians® (DACBSP®); and, those individuals seeking ACBSP certification (candidates). The Code serves as the minimal ethical standards for the professional behavior of ACBSP certificants and candidates.

The Code is designed to provide both appropriate ethical practice guidelines and enforceable standards of conduct for all certificants and candidates. The Code also serves as a professional resource for chiropractic physicians and practitioners, as well as for those served by ACBSP certificants and candidates, in the case of a possible ethical violation.

Preamble/General Guidelines

Among other primary goals, the ACBSP is dedicated to the implementation of appropriate professional standards designed to serve patient welfare and the profession. First and foremost, ACBSP practitioners give priority to patient interests, and act in a manner that promotes integrity and reflects positively on the profession, consistent with accepted moral, ethical and legal standards.

Generally, an ACBSP certificant or candidate has the obligation to:

- deal fairly with all patients in a timely fashion, and provide quality chiropractic services to patients, by utilizing all necessary professional resources in a technically appropriate and efficient manner, and by considering the cost-effectiveness of treatments;
- respect and promote the rights of patients by offering only professional services that he/she is qualified to perform, and by adequately informing patients about the nature of their conditions, the objectives of the proposed treatment, treatment alternatives, possible outcomes, and the risks involved;
- maintain the confidentiality of all patient information, unless: the information pertains to illegal activity; the patient expressly directs the release of specific information; or, a court or government agency lawfully directs the release of the information.
- avoid conduct which may cause a conflict with patient interests, and disclose to patients any circumstances that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence, interfere with, or compromise the exercise of independent professional clinical judgment;
- engage in moral and ethical business practices by providing accurate and truthful representations concerning his/her professional qualifications and other relevant information in advertising and other representations; and,
- further the professionalism of the specialty of chiropractic sports medicine by: being truthful with regard to research sources, findings, and related professional activities;

maintaining accurate and complete research records; and, respecting the intellectual property and contributions of others.

Section A

Compliance with Laws, Policies, and Rules Relating to the Profession

1. The certificant/candidate will be aware of, and comply with, all applicable federal, state, and local laws and regulations governing the profession. The certificant/candidate will not knowingly participate in, or assist, any acts in violation of applicable laws and regulations governing the profession. Lack of awareness or misunderstanding of these laws and regulations does not excuse inappropriate or unethical behavior. The certificant/candidate will be responsible for understanding these obligations.
2. The certificant/candidate will be aware of, and comply with, all ACBSP rules, policies, and procedures. Lack of awareness or misunderstanding of an ACBSP rule, policy, or procedure does not excuse inappropriate or unethical behavior. The certificant/candidate will not knowingly participate in, or assist, any acts of violation of any ACBSP rules, policies, and procedures. The certificant/candidate will be responsible for understanding these obligations.
3. The certificant/candidate will make appropriate efforts to promote compliance with, and awareness of, all applicable laws, regulations, and ACBSP rules and policies governing the profession.
4. The certificant/candidate will make appropriate efforts to prevent violations of all applicable laws, regulations, and ACBSP rules and policies governing the profession.
5. The certificant/candidate will provide accurate and truthful representations of all eligibility information, and will submit valid application materials for fulfillment of current certification and recertification requirements.
6. The certificant/candidate will maintain the security, and prevent the disclosure, of ACBSP Certification Program examination information and materials.
7. The certificant/candidate will report any possible violations of this Code of Ethics to the appropriate government authority and to the appropriate ACBSP representative upon a reasonable and clear factual basis.
8. The certificant/candidate will cooperate fully with the ACBSP concerning the review of possible ethics violations and the collection of related information.

Section B

Professional Practice Obligations

1. The certificant/candidate will deliver competent chiropractic treatment or services in a timely manner, and will provide quality patient care applying appropriate professional skill and competence.
2. The certificant/candidate will recognize the limitations of his/her professional ability, and will only provide and deliver professional services for which he/she is qualified. The certificant/candidate will be responsible for determining his/her own professional abilities based on his/her education, knowledge, competency, and extent of practice experience in the field and other relevant considerations.
3. The certificant/candidate will use all health-related resources in a technically appropriate and efficient manner.
4. The certificant/candidate will provide chiropractic services based on patient needs and the cost-effectiveness of treatments, and will avoid unnecessary treatment or services. The certificant/candidate will provide treatment that is both appropriate and necessary to the condition of the patient.
5. The certificant/candidate will exercise diligence and thoroughness in providing patient

care, and in making professional diagnoses and recommendations solely for the patient's benefit, free from any prejudiced or biased judgment. The certificant/candidate who offers his/her services to the public will not decline a patient based on age, gender, race, color, sexual orientation, national origin, or any other basis that would constitute unlawful discrimination.

6. The certificant/candidate will provide appropriate professional referrals when it is determined that he/she is unable to provide competent professional medical assistance.
7. The certificant/candidate will prepare and maintain all necessary, required, or otherwise appropriate records concerning his/her professional practice, including all records related to treatment of his/her patients.
8. The certificant/candidate will consult with other health care professionals when such consultation is appropriate, or when requested by the patient.
9. The certificant/candidate will not act in a manner that may compromise his/her clinical judgment or his/her obligation to deal fairly with all patients. The certificant/candidate will not allow medical conditions, personal problems, psychological distress, substance abuse, or mental health difficulties to interfere with his/her professional clinical judgment or performance.
10. The certificant/candidate will be truthful and accurate in all advertising and representations concerning qualifications, experience, competency, and performance of services, including representations related to professional status and/or areas of special competence. The certificant/candidate will not make false or deceptive statements concerning his/her: training, experience, or competence; academic training or degrees; certification or credentials; institutional or association affiliations; services, or, fees for services.
11. The certificant/candidate will not make explicit or implicit false or misleading statements about, or guarantees concerning, any treatment or service, orally or in writing.

Section C

Requirements Related to Research and Professional Activities

1. The certificant/candidate will be accurate and truthful, and otherwise act in an appropriate manner, with regard to research findings and related professional activities, and will make reasonable and diligent efforts to avoid any material misrepresentations.
2. The certificant/candidate will maintain appropriate, accurate, and complete records with respect to research findings and related professional activities.
3. When preparing, developing, or presenting research information and materials, the certificant/candidate will not copy or use, in substantially similar form, materials prepared by others without acknowledging the correct source and identifying the name of the author or publisher of such material.
4. The certificant/candidate will respect and protect the intellectual property rights of others, and will otherwise recognize the professional contributions of others.

Section D

Conflict of Interest and Appearance of Impropriety Requirements

1. The certificant/candidate will not engage in conduct which may cause an actual or perceived conflict between his/her own interests and the interests of his/her patient. The certificant/candidate will avoid conduct which causes an appearance of impropriety.
2. The certificant/candidate will act to protect the interests and welfare of the patient before his/her own interests, unless such action is in conflict with any legal, ethical, or professional obligation. The certificant/candidate will not exploit professional relationships for personal gain.

3. The certificant/candidate will disclose to patients any circumstance that could be construed as a conflict of interest or an appearance of impropriety, or that could otherwise influence or interfere with the exercise of professional judgment.
4. The certificant/candidate will refrain from offering or accepting inappropriate payments, gifts, or other forms of compensation for personal gain, unless in conformity with applicable laws, regulations, and ACBSP rules and policies.
5. The certificant/candidate will avoid conduct involving inappropriate, unlawful, or otherwise unethical monetary gain.

Section E

Compensation and Referral Disclosure Requirements

1. The certificant/candidate will charge fair, reasonable, and appropriate fees for all professional services.
2. The certificant/candidate will charge fees that accurately reflect the services and treatment provided to the patient. When setting fees, the certificant/candidate will consider: the length of time he/she has been practicing in this particular field; the amount of time necessary to perform the service; the nature of the patient's condition; his/her professional qualifications and experience; and, other relevant factors.
3. The certificant/candidate will make all appropriate disclosures to patients and prospective patients regarding any benefit paid to others for recommending or referring his/her services.
4. The certificant/candidate will make all appropriate disclosures to patients and prospective patients regarding any benefit received for recommending or referring the services of another individual.

Section F

Confidentiality Requirements

1. The certificant/candidate will maintain and respect the confidentiality of all patient information obtained in the course of a professional relationship, unless: the information pertains to illegal activity; the patient expressly directs the release of specific information; or, a court or government agency lawfully directs the release of the information.
2. The certificant/candidate will respect and maintain the privacy of his/her patients.

Section G

Misconduct Prohibitions

1. The certificant/candidate will not engage in any criminal misconduct.
2. The certificant/candidate will not engage in any sexual, physical, romantic, or otherwise intimate conduct with a current patient or with a former patient within two years following the termination of the patient relationship.
3. The certificant/candidate will not engage in conduct involving dishonesty, fraud, deceit, or misrepresentation in professional activities.
4. The certificant/candidate will not engage in unlawful discrimination in professional activities.
5. The certificant/candidate will avoid any behavior clearly in violation of accepted moral, ethical, or legal standards that may compromise the integrity of, or reflect negatively on, the profession.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

ETHICS CASE PROCEDURES

INTRODUCTION.

The ACBSP™ develops and promotes high ethical standards for certified chiropractic doctors, physicians and practitioners, and requires that Certified Chiropractic Sports Physicians® (CCSPs) and Diplomate American Chiropractic Board of Sports Physicians® (DACBSPs) meet these standards. The following disciplinary procedures are the only rules for processing possible violations of these ethical standards, and are applicable to CCSP® and DACBSP® certificant, as well as those who are seeking certification from the ACBSP. CCSP or DACBSP certificant and candidates seeking certification or recertification agree that: these procedures are a fair process for resolving all ethics matters; they will be bound by decisions made pursuant to these procedures; these procedures are governed by the principles of the law of the State of Iowa; and these procedures do not constitute a contract between the ACBSP and the candidate or certificant.

A. GENERAL PROVISIONS.

1. Nature of the Process. The ACBSP has the only authority to end any ethics matter, regardless of circumstances. By applying for certification or recertification, CCSP or DACBSP candidates and certificant agree that they will not challenge the authority of the ACBSP to apply the Code of Ethics, the Ethics Case Procedures, or other applicable policies to resolve ethics matters. These ethics procedures are not formal legal proceedings, so many legal rules and practices are not observed, and the procedures are designed to operate without the assistance of attorneys. Any party, of course, may be represented by an attorney with respect to an ethics matter. If a party has retained an attorney, that attorney may be directed to communicate with the ACBSP solely through the ACBSP Legal Counsel. The parties are encouraged to communicate directly with the ACBSP. The ACBSP may use the services of ACBSP Legal Counsel without limitation.

2. Participants. Ethics cases may be decided by the ACBSP Ethics And Disciplinary Review Committee (Ethics Committee), the Board of Directors, and/or any other authorized designee. A CCSP or DACBSP certificant or candidate who is the subject of an ethics complaint or investigation will be the respondent. The person(s) initiating an ethics complaint will be the complainant(s).

3. Time Requirements. The ACBSP will make every effort to follow the time requirements noted in this document. However, the ACBSP's failure to meet a time requirement will not prohibit the final resolution of any ethics matter. Complainants and respondents are required to comply with all time requirements specified in these procedures. Time extensions or postponements may be granted by the ACBSP if a timely written request explains a reasonable cause.

4. Litigation/Other Proceedings. The ACBSP may accept and resolve ethics complaints when civil or criminal litigation or other proceedings related to the complaint

have been, or are presently, before a court, regulatory agency, or professional body. The ACBSP may also continue or delay the resolution of any ethics complaints in such cases.

5. Improper Disclosure. The ACBSP may issue any appropriate directive(s) where a CCSP or DACBSP candidate or certificant provides a misleading disclosure, or fails to disclose requested information, related to certification or recertification or to an ethics complaint, disciplinary proceeding, or similar matter. Where a discipline, order, or other directive is issued by the ACBSP under this Section, the candidate or certificant involved may seek review and appeal pursuant to these procedures.

6. Time Limitations Concerning Complaints. The ACBSP may consider any ethics complaint, regardless of: whether the respondent held a CCSP or DACBSP credential at the time of the alleged violation; when the alleged violation occurred; or, whether the respondent continues to hold or seek a CCSP or DACBSP credential during the course of any ethics case.

7. Confidentiality. In order to protect the privacy of the parties involved in an ethics case, all material prepared by, or submitted to, the ACBSP will be confidential, unless otherwise authorized by these procedures. The identities of all members of the Ethics Committee shall remain confidential and will not be released without the specific authorization of each member. Among other information, the ACBSP will not consider the following materials to be confidential: materials which are disclosed as the result of a legal requirement; upon the written request of a candidate or certificant, any certification information which he/she would like made available to other credentialing or professional organizations, or similar bodies; and, all final published rulings of the Ethics Committee or the Board of Directors.

Until an ethics case has been closed or finalized pursuant to Section H, all parties and participants must maintain the confidentiality of all information related to the ethics case, including its existence, consistent with these rules. If any party discloses information related to the ethics case contrary to these rules, the Ethics Committee and/or the Board of Directors may terminate the ethics complaint if such disclosure is by the complainant; or may impose any sanction included within these rules if such disclosure is by the respondent.

8. Failure to Cooperate. If any party refuses to fully cooperate with the ACBSP concerning matters arising under these procedures without good and sufficient cause, the ACBSP may: terminate the ethics complaint of an uncooperative complainant; or, impose any sanction included within these rules if a respondent is uncooperative. Where a discipline, order, or other directive is issued by the ACBSP under this Section, the candidate or certificant involved may seek review and appeal pursuant to these procedures.

9. Resignation from the ACBSP. Should a respondent attempt to relinquish CCSP or DACBSP certification or withdraw an application during the course of any ethics case, the ACBSP reserves the right to continue the matter to a final and binding resolution according to these procedures.

B. SUBMISSION OF ETHICS COMPLAINTS/ACCEPTANCE OR REJECTION.

- 1. Ethics Disciplinary Review Committee (Ethics Committee).** Any person, group, organization, or in appropriate cases, the ACBSP, may initiate an ethics complaint. Each complainant must submit to the Ethics Committee a detailed written description of the factual allegations supporting the ethics complaint. The Ethics Committee will be responsible for the investigation and resolution of each ethics complaint. Upon receipt of a complaint, the Committee will determine whether sufficient detail is presented to constitute a formal Ethics Complaint and to permit the Committee to conduct an appropriate review.
- 2. Acceptance/Rejection Criteria.** In order to determine if an ethics complaint is accepted or rejected, the Ethics Committee will consider whether: a proven complaint would constitute a violation of the Code of Ethics; the passage of time since the alleged violation requires that the complaint be rejected; relevant, reliable information or proof concerning the charge is available; the complainant is willing to provide testimony or other evidence concerning the complaint; and, the charge appears to be justified or insupportable, considering the proof available.
- 3. Complaint Acceptance.** Upon a determination that an ethics complaint is appropriate, the Ethics Committee will issue a formal Ethics Complaint Notice identifying each Code of Ethics violation alleged and the supporting factual basis for each complaint. This Notice will be delivered to the respondent, and will be marked “Confidential.”
- 4. Ethics Complaint Response.** Within thirty (30) days of the mailing date of an Ethics Complaint Notice, the respondent must submit a response to the Ethics Committee. The Ethics Complaint Response must include a full response to each complaint, a copy of each document relevant to the resolution of the Ethics Complaint, and any other information that the respondent believes will assist the Ethics Committee in considering the Ethics Complaint fairly.
- 5. Response Deficiencies.** The Ethics Committee may require the respondent to supplement or expand a response.
- 6. Optional Reply to Ethics Complaint Response.** The Ethics Committee will forward a copy of the Ethics Complaint Response to the complainant within approximately ten (10) days following the receipt of the Response by the ACBSP. The complainant may submit a Reply to the respondent’s Ethics Complaint Response by letter or similar document within ten (10) days of the mailing date of the Response to the complainant. If submitted, this Reply must fully explain any objections that the complainant wishes to present to the Ethics Committee concerning the Ethics Complaint Response.
- 7. Optional Response to Complainant Reply.** If an optional Reply to the Ethics Complaint Response is submitted by the complainant, the Ethics Committee will forward a copy of the Reply to the respondent within approximately ten (10) days following the receipt of the Reply by the ACBSP. The respondent may submit a Response to the complainant’s Reply by letter or similar document within ten (10) days of the mailing date of the Reply to the respondent. If submitted, the Response must fully explain, and is limited to, any objections that the respondent wishes to present to the Ethics Committee

concerning the complainant's Reply to the Ethics Complaint Response.

8. Complaint Rejection. If the Ethics Committee determines that an allegation should not be a formal ethics complaint, the Committee will notify the complainant in writing of the rejection and its basis.

9. Appeal of Complaint Rejection Determination. Within thirty (30) days of the mailing of a complaint rejection letter, the complainant may appeal to the ACBSP Board of Directors by stating in writing: the procedural errors possibly made by the Ethics Committee with respect to the charge rejection, if any; the specific provisions of the Code of Ethics believed violated; and, the specific information believed to support the acceptance of the complaint.

C. MEDIATION.

1. Cases Appropriate for Mediation. All Ethics Complaints will be reviewed by the Ethics Committee to determine whether the ethics matter is appropriate for resolution by mediation. The Ethics Committee will consider the seriousness of the allegations, the respondent's background, prior conduct, and any other pertinent material, and make a decision concerning the likelihood that the matter can be resolved fairly without formal disciplinary proceedings as described in these procedures. Ethics cases concerning charges issued by a regulatory agency or professional body, and those involving criminal litigation, are not appropriate for mediation.

2. Mediation Determination. Should the Ethics Committee determine that a particular ethics matter is appropriate for mediation, the Committee will attempt to resolve the dispute to a fair and just conclusion.

3. Successful Mediation. The Ethics Committee will prepare a report outlining the terms of the final mediated resolution of an ethics case, or will refer the case to the Board of Directors for review.

4. Unsuccessful Mediation. The Ethics Committee will notify the Board of Directors in the case of mediation failure and process the ethics matter according to these procedures.

D. PRELIMINARY ACTIONS AND ORDERS.

1. Voluntary Temporary Suspension of Certification. At any time following the issuance of a formal Ethics Complaint, the respondent may be asked to agree to and sign a Voluntary Temporary Suspension Agreement stating that he/she will voluntarily and immediately cease from representing himself or herself as certified or otherwise endorsed by the ACBSP until further notice, in addition to any other directives issued by the ACBSP.

2. Involuntary Suspension of Certification. If a respondent fails to agree to and sign a Voluntary Temporary Suspension Agreement, the Ethics Committee may issue an Order suspending the respondent's certification(s) until the final resolution of the Complaint. Suspension Orders are authorized when:

- a. The respondent has been indicted for, similarly charged with, or convicted of any violation of criminal law under statute, law or rule;
- b. The respondent is the subject of a formal complaint, similar charge, and/or investigation, or has been found in violation of any law, regulation or rule, by a professional regulatory body;
- c. The respondent is the subject of a formal complaint, similar charge, and/or investigation concerning an ethics or disciplinary matter, or has been found in violation of an ethics code, by a professional association or credentialing body; or,
- d. The respondent is the subject of litigation or a petition relating to his/her chiropractic sports medicine practice(s).

3. Other Preliminary Orders. The Ethics Committee or the Board of Directors may require the respondent to do, or to refrain from doing, certain acts by preliminary and temporary Order reasonably related to the Complaint under consideration. The Ethics Committee or the Board of Directors may discipline a respondent who fails to comply with a temporary or preliminary order. Preliminary and temporary orders are not subject to appeal.

E. ETHICS DISCIPLINARY REVIEW COMMITTEE COMPLAINT HEARINGS.

1. Ethics Committee. The Board of Directors will appoint at least seven (7) ACBSP representatives to serve as the Ethics Committee to investigate and resolve each ethics complaint matter, including four (4) DACBSP and three (3) CCSP certificants. The members of the Ethics Committee will elect a Chair by majority vote, who will preside over each Ethics Complaint Hearing. Three (3) disinterested members of the Ethics Committee will be assigned to each case, and will conduct an informal Ethics Complaint Hearing designed to collect and weigh all of the available information and proof, and will have full authority to convene, preside over, continue, decide, and conclude an ethics hearing.

2. Hearing Schedule, Notice, and Attendance. The hearing date, time, and location for each ethics case will be scheduled by the Ethics Committee in consultation with the parties, and both parties will be notified in writing. Each party may attend the hearing in person, or via telephone conference where all participants will be able to hear each other.

3. Participation of Legal Representatives. Should the ACBSP Legal Counsel be present at an Ethics Complaint Hearing, Legal Counsel shall have the privilege of the floor and may conduct the hearing with the Ethics Committee. Legal or other representatives of the parties do not have such privilege and are bound by the determinations and rulings of the Ethics Committee and ACBSP Legal Counsel. No formal legal rules of evidence, cross-examination, oath, and other procedures will apply to hearings. The CCSP or DACBSP candidate or certificant, or a legal representative, will be permitted to ask questions of witnesses at the discretion of the Ethics Committee. Objections relating to relevance of information and other procedural issues will be decided by the Ethics Committee and these decisions are not subject to appeal.

4. Record of the Hearing. A taped, written or other record of the hearing will be made by the Ethics Committee, another ACBSP representative, or a stenographer/recorder, as determined by the Committee.

5. Hearing Expenses. Parties will be responsible for their expenses associated with the case. The ACBSP will bear other general costs of conducting the hearing, including costs associated with the activities of ACBSP representatives.

6. Closing of the Hearing Record. Any ethics hearing may proceed to a conclusion and decision whether or not the parties are present based on the appropriate written record, as determined by the Ethics Committee. The Ethics Committee will review the hearing record, as well as any submissions presented by the parties and other relevant information, and thereafter, will determine the outcome of the ethics matter by majority vote in a closed session. The hearing record will be closed following the conclusion of the hearing, unless otherwise directed by Ethics Committee.

7. Ethics Committee Decision and Order. A Decision and Order will be prepared by the Ethics Committee after the closing of the record, which will include: a summary of the case, including the positions of the parties; a summary of all relevant factual findings based on the record of the hearing; a final ruling on each Code of Ethics violation charged; and, a statement of any disciplinary action(s) and other directives issued by the Committee. Copies of the Ethics Committee Decision and Order shall be sent to the parties. The parties will also be notified that the final decision may be published consistent with the requirements of these procedures.

8. Disciplinary Actions Available. When a respondent has been found to have violated one or more provisions of the Code of Ethics, the ACBSP may issue and order one or more of the following disciplinary or remedial actions:

- a. The denial and rejection of any certification or recertification application;
- b. Specific training, supervision and/or instruction concerning his or her professional activities;
- c. Private reprimand and censure, including any conditions or directives;
- d. Public reprimand and censure, including any conditions or directives;
- e. Certification probation for any period up to three (3) years, including any conditions or directives;
- f. Suspension of certification for a period of no less than six (6) months and no more than two (2) years, including any conditions or directives; and,
- g. Revocation of certification, including any directives.

F. BOARD OF DIRECTORS/APPEAL.

1. Time Period for Submitting Appeal. Within thirty (30) days of the mailing date

of an adverse Ethics Committee Decision and Order, the respondent may submit a written appeal of all or a portion of the Decision and Order to the Board of Directors consistent with the requirements of these procedures.

2. Grounds for Appeal. An adverse Ethics Committee Decision and Order may be reversed, or otherwise modified by the Board of Directors. However, the grounds for appeal of an adverse decision are strictly limited to the following:

a. New or Previously Undiscovered Information. Following the closing of the hearing record, the respondent has located relevant proof that: was not previously in his/her possession; was not reasonably available prior to closure of the record; and, could have affected the Ethics Committee decision;

b. Contrary to the Information Presented. The Ethics Committee decision is contrary to the most substantial information provided in the record;

c. Procedural Error. The Ethics Committee misapplied a procedure contained in these rules and prejudiced the respondent; or,

d. Misapplication of the Ethics Code. The Ethics Committee decision contains the misapplication of the provisions contained in the Code of Ethics and the misapplication prejudiced the respondent;

e. With respect to Subsections 2.c. and 2.d. above, the Board of Directors will consider only arguments that were presented to the Ethics Committee prior to the closing of the hearing record.

3. Contents of Appeal Letter. The respondent must submit a letter or other written document to the Board of Directors and to the complainant which contains the following information and material: the ethics case name, docket number, and the date that the Ethics Committee decision was issued; a statement and complete explanation of the reasons for the appeal under Section F.2, including any reduction in discipline, or other modification of the decision issued by Ethics Committee; and, copies of any material supporting the appeal.

4. Appeal Deficiencies. The Board of Directors may require respondent to clarify, supplement, or amend an appeal submission.

5. Appeal Rejection. If the Board of Directors determines that an appeal does not meet the appeal requirements or otherwise warrant further formal review, consistent with the requirements set forth in these procedures, the appeal will be rejected. The complainant and respondent will be notified of the rejection, as well as the reason(s) for the rejection, by letter within approximately twenty-one (21) days of the determination. Appeal rejection determinations are not subject to appeal.

6. Optional Reply to Appeal Letter. Within fifteen (15) days of the mailing date of a respondent's appeal, the complainant may submit to the Board of Directors a Reply to the Appeal by letter or similar document. If submitted, this Reply must fully explain any objections that the complainant wishes to present to the Board of Directors concerning the appeal.

7. Optional Response to Complainant Reply. If an optional Reply to the Appeal is submitted by the complainant, the Board of Directors will forward a copy of the Reply to the respondent within approximately ten (10) days following the receipt of the Reply by the ACBSP. The respondent may submit a Response to the complainant's Reply by letter or similar document within ten (10) days of the mailing date of the Reply to the respondent. If submitted, the Response must fully explain, and is limited to, any objections that the respondent wishes to present to the Board of Directors concerning the complainant's Reply to the Appeal.

G. BOARD OF DIRECTORS APPEAL HEARINGS.

1. Board of Directors. The Board of Directors will appoint at least three (3) disinterested Directors to serve as the Board to resolve each ethics appeal. The members of the Board will elect a Chair by majority vote, who will preside over each Appeal Hearing. Three (3) disinterested members of the Board will be assigned to each case, and will have full authority to convene, preside over, continue, decide, and conclude an ethics appeal.

2. Appeal Hearings. Following receipt of a complete and proper written appeal, the Board of Directors will schedule a date on which to conduct an appeal hearing, and the parties will be notified of the date in writing. The Board will review the hearing record, as well as any appeal submissions presented by the parties and other relevant information, and thereafter, will determine the outcome of the appeal by majority vote in a closed session.

3. Request to Appear Before The Board of Directors. Either party may request the opportunity to appear before the Board of Directors in writing at least thirty (30) days prior to the date scheduled for the Appeal Hearing. In the event that a request to appear before the Board of Directors is approved, the Board may limit the appearance in any manner. Denials of requests to appear before the Board are not subject to appeal.

4. Board of Directors Decision and Order. Following the conclusion of an Appeal Hearing, the Board of Directors will issue an Appeal Decision and Order stating and explaining the outcome of the appeal, and including: a summary of any relevant portions of the Ethics Committee Decision and Order; a summary of any relevant procedural or factual findings made by the Board of Directors; the Board's ruling(s) and decisions with respect to the matters under appeal; and, the Board's final Order affirming, reversing, amending or otherwise modifying any portion of the Ethics Committee Decision and Order, including any final disciplinary action or sanction issued by the Board. Copies of the Board of Directors Decision and Order shall be sent to the parties. The parties will also be notified that the final decision may be published consistent with the requirements of these procedures.

H. FINALIZING ETHICS CASES.

1. Events Which Will Cause Closure of an Ethics Case. An ethics case will be closed when any of the following occur: the ethics case has been rejected pursuant to these procedures; a final decision has been issued by the Ethics Committee and/or the Board of Directors pursuant to these procedures without appeal; or, an Ethics Complaint has been terminated or withdrawn by the complainant(s).

2. Events Which Will Cause an Ethics Case Decision and Order to Become Final. The Ethics Case Decision and Order issued by the Ethics Committee that is not appealed within the prescribed time requirements will be considered final. The Ethics Case Decision and Order issued by the Board of Directors will be considered final.

3. Referral and Notification Action. The ACBSP may notify appropriate governmental, professional, or similar bodies of any disciplinary action taken against a respondent by sending a copy of the final Ethics Case Decision and Order issued by the Ethics Committee and/or the Board of Directors, or by sending another appropriate notice. This notification may be done at any point after the time period for the respondent to appeal an adverse decision has elapsed. During the appeal period, the ACBSP may respond to inquiries regarding the existence of ethics cases and indicate the existence of such proceedings.

4. Publication of Final Disciplinary Action. Following the lapse of any appeal rights and upon case closure, the ACBSP may release or publish a notification of a final Ethics Case Decision and Order following the issuance of an adverse Ethics Committee or Board of Directors ruling. Any party or interested individual may request publication of any final decision, consistent with these procedures. However, the Ethics Committee or Board of Directors may deny such requests, and such decisions cannot be appealed.

I. REVOCAION, SUSPENSION, AND PROBATION ORDERS/REAPPLICATION AND REINSTATEMENT PROCEDURES.

1. Revocation Orders/Reapplication Petition. Five (5) years after the issuance of a final revocation order issued under these procedures, a respondent may submit to the Board of Directors a Petition For Permission To Reapply For Certification, which will include: a statement of the relevant ethics case name, docket number, and the date that the final Ethics Decision and Order was issued; a statement of the reasons that support or justify the acceptance of the Reapplication Petition; and, copies of any relevant documentary or other material supporting the Petition.

2. Suspension Orders/Reinstatement Requests. After the expiration of a final suspension order issued under these procedures, a respondent may submit to the Board of Directors a Request For Certification Reinstatement, which will include: a statement of the relevant ethics case name, docket number, and the date that the final Ethics Decision and Order was issued; a statement of the reasons that support or justify the acceptance of the Reinstatement Request; and, copies of any relevant documentary or other material supporting the Request.

3. Probation Orders/Reinstatement or Referral. Following the expiration of a final probation order under these procedures, the Board of Directors will determine whether the respondent has satisfied the terms of the probation order, and will do the following: if the respondent has satisfied the terms of probation in full, the Board will immediately verify that the probation has been completed and reinstate the individual to full certification status; or, if the respondent has not satisfied the terms of probation in full, the Board will issue any appropriate action consistent with these procedures.

4. Board of Directors Reapplication Petition and Reinstatement Request Decisions. Following the submission of a complete Reapplication Petition or Reinstatement Request, the Board of Directors will schedule and conduct a hearing to review and rule on the Petition or Request. Each Petition or Request will be considered by a quorum of the Board. During these deliberations, the Board of Directors will review the information presented by the respondent and any other relevant information. The Board will then determine the outcome of the appeal by majority vote in closed session. The Board will prepare and issue a final Decision and Order indicating whether the Petition or Request is granted, denied, or continued to a later date, and if appropriate, any conditions of certification or recertification. Copies of the Board of Directors Decision and Order will be sent to the parties. While no appeal of the Decision and Order is permitted, the respondent may submit a new Petition or Request pursuant to this Section, one (1) year or more after the issuance of the Board of Directors Decision and Order.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON REPORTING GRADES FOR CERTIFICATION EXAMINATIONS

This policy replaces all previously published information regarding reporting of grades.

Every attempt will be made to report passage or failure of certification examinations to the candidate within 10-12 weeks from the date of examination. All such reports will be in writing. No test results will be released by telephone. Inquiries regarding test results would not be made prior to the reporting deadline, which will be announced at each test site. Inquiries regarding test results which are made prior to ten weeks following the test date are not guaranteed a response.

Certificates are automatically generated for passing candidates. Every effort will be made to issue certificates to passing candidates as soon as possible after the initial grade report is sent.

Revised November 19, 1996

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON REGRADING OF WRITTEN AND PRACTICAL EXAMINATIONS

A candidate for certification may request regrading of their failing test result. All unsuccessful written examination scores found to be at or near the cut score are hand scored. Results are verified and double checked by independent analysis. There are expenses involved with regrading a written or practical examination and is the responsibility of the doctor requesting the regrading. Regrading rarely uncovers any grading mistakes. The American Chiropractic Board of Sports Physicians has established the following procedures:

A candidate may submit a written request for regrading or review of a failed written or practical examination. The written request must be received within thirty (30) days of the candidate's notification from the ACBSP™ that they were unsuccessful. This written request should be sent by certified mail to the ACBSP office. The written request for review must contain the following information:

- a) Identity and signature of the candidate submitting the request.
- b) Reason the request is being made.
- c) The specific examination(s) the evaluation is to address.
- d) Those requesting review of a practical examination should indicate which station(s) they wish to have regraded.

Within forty-five (45) days of the receipt of a complete, properly written appeal and the proper fees, the candidate will be notified in writing of the results of their regrading, regardless of the outcome. The fees for regrading are as follows:

Written Examination (DACBSP® or CCSP®)	\$50.00
Practical Examination (DACBSP®)	\$50.00 per station reviewed

Revised July 31, 1998

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CERTIFICATION APPEALS PROCEDURES

A. Introduction.

The American Chiropractic Board of Sports Physicians (ACBSP™) is a private, non-profit, professional credentialing organization which sponsors both the Certified Chiropractic Sports Physician® (CCSP®) and the Diplomate American Chiropractic Board of Sports Physicians® (DACBSP®) Certification Programs, including the CCSP and the DACBSP Certification Examinations. The purpose and goal of the ACBSP Certification Program is the development, maintenance, evaluation, promotion, and administration of rigorous, examination-based, professional credentialing programs in the field of chiropractic sports medicine. The ACBSP Certification Program is designed to assess and measure objectively the professional knowledge and competency of chiropractic doctors, physicians, and practitioners engaged in the specialty of sports medicine.

In order to become certified as a Certified Chiropractic Sports Physician (CCSP), each candidate must satisfy all educational eligibility requirements established by the ACBSP Board, and must demonstrate an acceptable and appropriate level of understanding and knowledge in all subject areas tested by the CCSP Certification Examination. Any individual seeking Diplomate certification must satisfy all CCSP certification requirements, successfully complete the written and the practical examinations, and fulfill all educational, experiential, and written requirements established by the Board for DACBSP certification. In addition, all individuals certified by the ACBSP Certification Program must demonstrate an ongoing professional commitment to the field of chiropractic sports medicine.

ACBSP Certification Program requirements and eligibility standards are applied fairly, impartially, and consistent with applicable laws. The ACBSP Certification Program will not discriminate against any candidate on the basis of an unlawful reason, and will grant certification without regard to a candidate's membership or non-membership in any organization, association or other group.

CCSP or DACBSP certificants and candidates seeking certification or recertification agree that: these procedures are a fair process for resolving certification complaint or appeal matters; they will be bound by decisions made pursuant to these procedures; these procedures are governed by the principles of the law of the State of Iowa; and, these procedures do not constitute a contract between the ACBSP Certification Program and the candidate or certificant.

B. General Provisions.

1. Nature Of The Process. The ACBSP Certification Program is directed, administered, and supervised by the ACBSP Board of Directors. All challenges regarding actions of and by the ACBSP Certification Program are governed by the comprehensive and exclusive rules contained in these procedures. This appeal process is the only way to resolve all ACBSP application, eligibility,

examination, and other certification or recertification challenges, complaints and/or claims of irregularities.

Because these informal procedures are not legal proceedings, they are designed to operate without the assistance of attorneys. While a party may choose to be represented by an attorney, candidates and certificants are encouraged to communicate directly with the ACBSP Certification Program. If a party has retained an attorney, that lawyer will be directed to communicate with the ACBSP Certification Program through the ACBSP Legal Counsel.

2. **Participants.** The ACBSP Board Secretary, the Certification Appeals Committee, the ACBSP Board of Directors, and any other authorized representative of the ACBSP Certification Program may be involved in deciding matters to be resolved or arising under these procedures.
3. **Time Requirements.** The ACBSP Certification Program will make every effort to follow the time requirements noted in these appeal procedures. However, the ACBSP Certification Program's failure to meet a time requirement will not prohibit the handling or final resolution of any matter arising under these procedures. ACBSP candidates or certificants are required to comply with all time requirements specified in this document. Unless provided otherwise, time extensions or postponements may be granted by the ACBSP Certification Program if a timely, written request explaining a reasonable cause is submitted.
4. **Litigation/Other Proceedings.** The ACBSP Certification Program may accept and resolve a dispute arising under these proceedings when civil or criminal litigation, or other proceedings related to the dispute, are also before a court, regulatory agency, or professional body. The ACBSP Certification Program may also continue or delay the resolution of any appeal, complaint, or other matter.
5. **Confidentiality.** In order to protect the privacy of all parties involved in matters arising under these procedures, all material prepared by, or submitted to, the ACBSP Certification Program will be confidential. Disclosure of material prepared by, or submitted to, the ACBSP Certification Program is permitted only when specifically authorized by ACBSP Certification Program policy, the Board of Directors, the Certification Appeals Committee, or the Board Secretary. In addition, the identity of the members of the Certification Appeals Committee will remain confidential and will not be released without the specific authorization of each member.

Among other information, the ACBSP Certification Program will not consider the following materials and documents to be confidential:

- a. Published certification and eligibility criteria;
- b. Records and materials which are disclosed as the result of a legal requirement;
- c. Upon the written request of a candidate or certificant, any certification information concerning certification status or application materials which the candidate or certificant would like made available to other credentialing agencies, professional organizations, or similar bodies; and,

- d. All final published decisions and orders of the Board of Directors, the Certification Appeals Committee, or the Board Secretary.
6. Failure To Disclose/Improper, False, Or Misleading Representations. The ACBSP Board Secretary, at the direction of the Board of Directors, may temporarily or permanently prevent and bar an individual from being certified or recertified, or may issue any other appropriate directive(s), where an ACBSP candidate or certificant fails to disclose information related to certification or recertification requested by the ACBSP Certification Program, or where the candidate or certificant makes an improper, false or misleading representation to the ACBSP Certification Program.

Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

7. Failure To Cooperate. Where a candidate or certificant fails or refuses to cooperate fully with the ACBSP Certification Program concerning matters arising under, or related to, these procedures, and it is determined that the lack of cooperation is without good cause, the Board of Directors, or other authorized representative, may penalize or discipline the individual. Among other penalties or disciplines, the Board may temporarily or permanently prevent and bar an individual from being certified or recertified, or may issue any other appropriate directive(s).

Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

8. Following notice, and a reasonable opportunity to present a response to the Board of Directors, the ACBSP Board Secretary, at the direction of the Board of Directors, may temporarily or permanently prevent an individual from being certified or recertified, including the termination, suspension, or revocation of ACBSP certification, or may issue any other appropriate directive(s), where the candidate or certificant was the subject of any complaint or similar matter relating to his/her professional activities as a chiropractic practitioner, or where the candidate or certificant is the subject of matters or proceedings involving criminal charges, lesser offenses, or similar matters regardless of: when the alleged violation occurred; and, whether the professional license of the candidate or certificant was in good standing at the time of the ACBSP decision or action. Where a penalty, discipline, order, or other directive is issued by the ACBSP Certification Program under this Section, the candidate or certificant involved may seek review and appeal under these procedures.

C. Certification Program Actions And Decisions Concerning The Certification Process.

1. Certification Application Actions. Under the supervision of the Board Secretary or other authorized representative, the ACBSP Certification Program will make one of the following determinations and decisions with regard to a candidate's

application for the ACBSP certification and examination eligibility: (a) accept the application; (b) request additional or supplemental information; or, (c) reject the application on the ground(s) that the candidate does not meet the necessary and specific certification eligibility requirements, or the candidate has violated, or acted contrary to, an ACBSP Certification Program policy or rule.

2. Certification Examination(s) Actions. The ACBSP Certification Program will notify each candidate whether he/she has achieved a passing or failing score on the CCSP or the DACBSP Certification Examination. Where a candidate acts contrary to ACBSP policies during the administration of the CCSP or the DACBSP Certification Examination(s), the candidate may be prevented from taking or completing the Examination(s).
3. Recertification Application Actions. The ACBSP Certification Program will make one of the following decisions with regard to a certificant's Recertification Application: (a) grant recertification; (b) conditionally accept the Recertification Application, pending satisfactory completion of all Certification Program requirements; (c) request additional information; or, (d) reject the application on the ground(s) that the certificant does not meet the necessary criteria for recertification, or the certificant has violated, or acted contrary to, an ACBSP Certification Program policy or rule.

D. Circumstances For Review Or Appeal Of An Adverse Certification Program Decision.

1. Appeal Limitations. A candidate or certificant may submit an appeal of an adverse ACBSP Certification Program action, decision, or determination under the following circumstances where certification or recertification has been denied:
 - a. The candidate was found to be ineligible to take or complete the CCSP or the DACBSP Certification Examination(s);
 - b. The candidate did not pass and successfully complete the CCSP or the DACBSP Certification Examination(s); or,
 - c. The candidate or certificant failed to satisfy a CCSP or DACBSP certification or recertification requirement, including those requirements related to qualifications, education, and experience, or was otherwise ineligible for certification or recertification.

E. Initial Request For Review/Content And Time Period For Submitting A Request For Review To The ACBSP Board Secretary.

A candidate or certificant may submit a written request for review of an adverse action or decision within thirty (30) days of the date of the action by notifying the Board Secretary in writing and stating with particularity the nature of the request and the specific facts and circumstances supporting the request, including all reasons why the action or decision should be changed or modified. The candidate or certificant must also provide accurate copies of all supporting documents. A request for review may be in letter or other clear written form, must identify the candidate or certificant, and must state that the document is a Request for Review by the Board Secretary.

F. Informal Review By The ACBSP Board Secretary.

1. Board Secretary Actions. Upon receipt, and in the first instance, all requests for review will be considered informally by the ACBSP Board Secretary or other authorized ACBSP representative. Following review of the candidate's or certificant's appeal and request for review, the Board Secretary will acknowledge receipt of the request within thirty (30) days and may take one of the following actions:
 - a. Uphold or modify the adverse action or decision, or take other appropriate action, in writing with the approval of the Board of Directors; or,
 - b. Refer the matter to the Certification Appeals Committee for review and resolution as an appeal.
2. Referral Of Request/First Appeal. In the event that a request for review is referred to the Certification Appeals Committee for resolution, the Board Secretary will provide the Certification Appeals Committee with all relevant materials, including the documents and materials submitted by the candidate or certificant.

G. First Appeal/Certification Appeals Committee.

1. Circumstances And Limitations Of First Appeal. Subject to the limitations below, in the following circumstances a first appeal will be heard and resolved by the Certification Appeals Committee where: the matter has been referred by the Board Secretary; or, a candidate or certificant is dissatisfied with the final informal review and action of the Board Secretary, and requests an appeal consistent with these procedures.

Only the following actions and decisions of the Board Secretary may be appealed by the candidate or certificant:

- a. The candidate was found to be ineligible to sit for the CCSP or the DACBSP Certification Examination(s);
- b. The candidate was barred or otherwise prohibited from taking or completing the CCSP or the DACBSP Certification Examination(s);
- c. The candidate's CCSP or the DACBSP Certification Examination(s) was re-scored and he/she has failed to pass the examination(s);
- d. The candidate was found to be ineligible for certification due to his/her failure to satisfy a certification requirement, including those requirements related to qualifications, education, and experience, or was otherwise ineligible for certification; or,
- e. The certificant was denied recertification based upon his/her Recertification Application or failure to satisfy one or more recertification requirements, or was otherwise ineligible for recertification.

H. Time Period For Submitting First Appeal.

A candidate or certificant seeking to present a first appeal to the Certification Appeals Committee must submit a written appeal consistent with the requirements of these procedures to the ACBSP Certification Program within thirty (30) days of the date of the

final action and decision of the Board Secretary. The time for filing the appeal may be enlarged by the Certification Appeals Committee upon written request by the candidate or certificant received at least fifteen (15) days prior to the appeal deadline.

I. Contents Of And Grounds For First Appeal.

1. Required Information For First Appeal. In order for an appeal to be considered by the Certification Appeals Committee, the appeal submission must contain the following information:
 - a. The identity and signature of the individual candidate or certificant submitting the appeal;
 - b. All objections, corrections, and factual information the candidate or certificant believes to be relevant to the appeal;
 - c. The names, addresses, and telephone numbers of any persons with factual information relevant to the appeal, and a clear description of the factual information available from these persons; and,
 - d. Copies of any and all relevant documents, exhibits, or other information the candidate or certificant wants to submit in support of the appeal.

2. Grounds For First Appeal. In order for an appeal to be considered by the Certification Appeals Committee, the appeal submission must contain substantial information supporting at least one of the following grounds, and a detailed explanation of the reasons for the appeal:
 - a. The candidate's eligibility to sit for the CCSP or the DACBSP Certification Examination(s), or other eligibility for certification, was denied incorrectly;
 - b. The candidate's CCSP or DACBSP Certification Examination(s) was scored incorrectly, or was not credited with an appropriate response to particular questions, and as a direct result of the incorrect scoring the candidate is entitled to receive a passing score on the examination(s);
 - c. The candidate was barred or otherwise prohibited incorrectly from taking the CCSP or the DACBSP Certification Examination(s); or,
 - d. The certificant's Recertification Application was incorrectly rejected under the relevant recertification standards, and the certificant would have qualified for recertification if the correct standards had been applied, or the certificant was otherwise incorrectly found ineligible for recertification.

J. Requests For Hearing Of First Appeal/In-Person, Telephone And Record Hearings.

1. In-Person And Telephone Hearings. Within fifteen (15) days of submitting an appeal, a candidate or certificant may request, in writing, an informal in-person or telephone hearing before the Certification Appeals Committee. Any request for an in-person or telephone hearing must contain the following information:
 - a. If the candidate or certificant requests a hearing by telephone, the telephone number where the candidate or certificant can be reached on the day and at the time scheduled for the hearing;
 - b. If the candidate or certificant intends to appear at the hearing in-person with an attorney or other representative, the name, address, and telephone

- number of the attorney or representative; and,
- c. If the candidate or certificant intends to present witnesses at the hearing, the names, addresses, and telephone numbers of the proposed witnesses, and a clear description and summary of the information to be offered by such witnesses.
2. Appeal Hearings On The Written Record. In the event that the candidate or certificant does not request an in-person or telephone hearing, the appeal will be resolved and decided based on the appropriate written record, as determined by the Certification Appeals Committee.

K. First Appeal Hearings.

1. Certification Appeals Committee. The ACBSP Board of Directors will appoint authorized representatives of the Certification Program to serve as the Certification Appeals Committee to resolve each certification appeal.
2. Scheduling Of Appeal/Telephone And In-Person Hearings. Within forty-five (45) days of receipt of a complete, proper, and written appeal, the Certification Appeals Committee will schedule a date and time for consideration of the appeal, generally not later than one-hundred twenty (120) days after receipt of the appeal, and notify the candidate or certificant of the appeal date and time. Where the candidate or certificant has requested a telephone or in-person hearing, a designated member of the Certification Appeals Committee will convene, preside over, and conduct an appeal hearing.
3. Collection And Receipt Of Information. The Certification Appeals Committee will conduct an informal hearing designed to collect and weigh all of the available proof and information. The Certification Appeals Committee will receive and consider all information appearing to be relevant to the subject matter of the hearing. No formal or legal rules of evidence and procedure will apply to appeal hearings. The candidate or certificant, or a legal representative, will be permitted to ask questions of witnesses at the discretion of the Certification Appeals Committee. Objections relating to relevance of information and other procedural issues will be decided by the Certification Appeals Committee, and these decisions are not subject to appeal.
4. Candidate/Certificant Presentations. The candidate or certificant may make an oral presentation at a hearing and will respond to questions asked by the Certification Appeals Committee.
5. Legal Counsel. ACBSP Legal Counsel may be present at an appeal hearing and may conduct the hearing with the Certification Appeals Committee. Legal or other representatives of the appealing party do not have the privilege of the floor and are bound by the determinations and rulings of the Certification Appeals Committee and ACBSP Legal Counsel.
6. Witnesses. All witnesses, except the candidate or certificant, will be excluded from the hearing except during presentation of their information. Hearings are confidential and private. No observers are permitted without special permission

from the Certification Appeals Committee.

7. **Hearing Record.** A taped, written, or similar record of the hearing may be made by the Certification Appeals Committee, or another person designated by the Certification Appeals Committee.
8. **Expenses.** The candidate or certificant will be responsible for her/his own expenses associated with the appeal, including all expenses associated with attendance at the hearing, witnesses, or the duplication of materials. The ACBSP Certification Program will bear other general costs of conducting the hearing, including costs associated with the activities of the Certification Appeals Committee and other Certification Program representatives and staff.
9. **Closing Of Hearing Record.** The hearing and appeal record will be closed following the conclusion of the hearing, unless otherwise directed by the Certification Appeals Committee or other authorized representative. The candidate/certificant or the Certification Appeals Committee may request that the record remain open for up to thirty (30) days for the purpose of receiving additional information or written materials relevant to the appeal. The Certification Appeals Committee may deny requests to keep the record open, and such a denial is not subject to appeal.

L. First Appeal Determination/Decision Of The Certification Appeals Committee.

Following the close of the appeal record, the Certification Appeals Committee will review the record of the appeal, including the action or decision of the Board Secretary and the information and materials received from the candidate or certificant. The Certification Appeals Committee will resolve and decide the appeal based on the record, including relevant and credible information presented by the candidate or certificant. The appeal decision will include the findings of the Certification Appeals Committee and a summary of the relevant facts upon which the decision is based. The appeal decision will be prepared and issued under the direction of the Certification Appeals Committee, or other authorized representative, within thirty (30) days of the closing of the first appeal record, or as soon thereafter as is practical.

M. Final Appeal/Final Appeal To The Board Of Directors.

1. **Grounds For Final Appeal.** If a candidate or certificant chooses to challenge and appeal the first appeal decision, a final appeal may be submitted to the Board of Directors. The grounds to appeal a first appeal decision are strictly limited to the following grounds:
 - a. **Procedural error:** The first appeal decision misapplied a procedural rule contained in these rules, and the rule misapplication significantly prejudiced the candidate or certificant with respect to the outcome of the appeal decision;
 - b. **New or previously undiscovered information:** Following the issuance of the first appeal decision, the candidate or certificant located relevant information and facts that were not previously available and that would have significantly affected the outcome of the first appeal decision in the candidate's or certificant's favor;

- c. Misapplication of certification standards: The first appeal decision misapplied the relevant certification or recertification standards, and the misapplication significantly prejudiced the candidate or certificant and the outcome of the appeal decision; or,
- d. Contrary to the information presented: The first appeal decision is clearly contrary to the most substantial information in the record.

With respect to the grounds listed in Sections 1.a. and 1.c., above, the Board of Directors will consider only arguments that were previously presented to the Certification Appeals Committee in the first appeal.

N. Time Period For Submitting Final Appeal/Content Of Final Appeal.

- 1. Time Period For Submitting Appeal. A candidate or certificant may submit a written appeal, signed by the candidate or certificant, to the Board of Directors within thirty (30) days of the date of the first appeal decision of the Certification Appeals Committee. Any appeals received beyond this date will not be reviewed or considered by the Board of Directors, unless special permission is granted by the Chair of the Board of Directors.
- 2. Contents Of Final Appeal. Consistent with all other requirements, a final appeal to the Board of Directors must state and include the following information:
 - a. The identity and signature of the individual candidate or certificant submitting the appeal;
 - b. A detailed explanation of the reasons and basis for the appeal, as defined and limited by Section M, above;
 - c. All objections, corrections, and factual information the candidate or certificant believes to be relevant to the appeal, including all documents and exhibits in support of the appeal; and,
 - d. The names, addresses, and telephone numbers of any person not previously identified with factual information relevant to the appeal, and a clear description of the factual information available from these persons.

O. Board Of Directors Final Appeal Process.

- 1. Scheduling Of Final Appeal. Within sixty (60) days of receipt of a complete and proper written appeal, the Board of Directors will schedule a date, usually not later than the next or second regularly scheduled Board meeting, on which to consider the appeal. The ACBSP Certification Program will notify the candidate or certificant of the date the appeal will be considered.
- 2. Appeal Review. The Board of Directors will conduct an informal hearing designed to review and consider all of the available proof and information, including the record of the first appeal and the materials submitted by the candidate or certificant.
- 3. Candidate/Certificant Appearances Before The Board. At least thirty (30) days prior to the date scheduled for a final appeal review, a candidate or certificant may request the opportunity to appear before the Board of Directors concerning

the appeal. The Board Chair, or other authorized representative(s), will determine whether a request to appear before the Board is accepted. In the event that a request to appear is accepted, the Board of Directors may limit the appearance in any manner, or may require the candidate or certificant to present certain information or materials. Denials of requests to appear before the Board are not subject to appeal.

P. Final Decision Of The Board Of Directors.

Following the review of a final appeal, the Board of Directors will review the record of the appeal and, thereafter, resolve and decide the appeal based on the record. The Board will consider all relevant information and include a summary of its findings in the appeal decision. The Board may affirm, modify, or reverse the decision of the Certification Appeals Committee based on its findings. The Board will issue its final appeal decision within thirty (30) days of the end of the review of the appeal, or as soon thereafter as is practical.

Q. Finalizing And Closing Appeals.

1. Conditions For Closing The Appeal. An appeal will be closed, and all proceedings ended, when any of the following occurs:
 - a. An appeal has been resolved and decided by the Board Secretary, the Certification Appeals Committee, or the Board of Directors, and the allowable time period for the filing of an appeal under these procedures and rules has passed or lapsed; or,
 - b. The appeal has been withdrawn or terminated by the candidate or certificant

*Effective September 18, 1998
Revised 10/25/01*

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS

POLICY ON HONORARY DESIGNATIONS

Effective September 1, 1988

A specifically designated honorary DACBSP designation may be awarded for exceptional achievements and service to sports chiropractic. The ACBSP honorary designation recognizes truly outstanding achievements in sports chiropractic. The recognition may be awarded at any ACBSP ceremony.

Nominations may be made by any ACBSP certificant who is in good standing with the ACBSP. To receive an honorary recognition, the nominee must receive unanimous endorsement of the ACBSP Board of Directors. There are no other requirements associated with the honorary designation.

The unique honorary certificate clearly states these designations are honorary recognitions. The honored individuals will not be listed or recognized as having certification status with the ACBSP.

Revised October 20, 2005

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

RECERTIFICATION AND CONTINUING EDUCATION POLICY

I. Introduction.

Effective January 1, 2001, this policy sets forth information regarding ACBSP™ recertification requirements, including certain changes in the standards, guidelines and procedures of the ACBSP Policy on Continuing Education. While the objectives of the Continuing Education Program remain the same, these revisions are intended to clarify all requirements and guidelines concerning the ACBSP recertification process and to simplify administrative procedures.

II. Statement of Purposes.

The ACBSP Board of Directors has established a Continuing Education Program as part of the recertification process for ACBSP certificants: Diplomate American Chiropractic Board of Sports Physicians® (DACBSP®) and Certified Chiropractic Sports Physicians/Practitioners® (CCSP®). Among other purposes, the Recertification and Continuing Education Policy is intended to: promote continued competence by requiring ACBSP certificants to demonstrate a current level of professional knowledge and skills; and, encourage ACBSP certificants to advance and enhance their knowledge and skills within the sports chiropractic profession in order to become recertified.

III. Recertification Process and Requirements.

As explained in this policy, certificants may become recertified by either: retaking and passing the appropriate ACBSP Certification Examination(s); or, meeting the educational and professional activity requirements of the ACBSP Continuing Education Program. Additionally, all ACBSP certificants must maintain current CPR certification in order to maintain certification.

All examination policies, deadlines, fees and site availability rules apply to any examination retake for recertification purposes. A doctor cannot receive his/her certification and recertification from the same examination(s).

A. Certification Examination Retake. Certificants may choose to retake their respective Certification Examination(s) in order to become recertified.

- 1. CCSP Requirement.** Successful completion of the CCSP Certification Examination.
- 2. DACBSP Requirement.** Successful completion of both the written and practical DACBSP Certification Examinations.

B. Continuing Education Program. Certificants may seek recertification through continuing education activities. A minimum number of continuing education units (CEUs) must be accumulated every one-year period following ACBSP certification, as described below. The ACBSP has established the following CEU requirements:

1. **CCSP Requirements.** Completion of twelve (12) CEUs every one-year period.
2. **DACBSP Requirements.** Completion of twenty-four (24) CEUs every one-year period.

The ACBSP grants CEUs to certificants for participation in educational and practical activities meeting specific criteria, as described in this policy. Credits may only be applied to the one-year period in which they are earned. Therefore, unless otherwise permitted by this policy, credits earned in excess of the requirements may not be applied to the next or a previous one-year period.

C. Maintenance of CPR Certification. In order to become recertified, all certificants must maintain current CPR/AED certification from one of the following organizations: American Heart Association (BLS for the Healthcare Provider) or American Red Cross (Professional Rescuer). CPR/AED recertification must be documented by submitting a photocopy of the renewed card to the ACBSP office.

IV. General Continuing Education Requirements.

The ACBSP has established a yearly (12 month) time period, or cycle, for the completion of recertification requirements. Under the Continuing Education Program, a certificant must earn the required number of CEUs within each one-year period in order to become recertified.

- A. **Initial Period.** The initial period under this policy began January 1, 1996 and ended December 31, 1998.
- B. **One-Year Period.** Effective January 1, 2001, each continuing education unit cycle applicable to all ACBSP certificants will be a one-year period, i.e., January 1, 2001 through December 31, 2001, and each one-year period thereafter. Continuing education requirements become effective January 1 of each year following initial certification, except as otherwise permitted by this policy. The rationale for a one-year period is that protocols for the emergency management of an injured individual are in transition (i.e. traumatic brain injury, concussion) and emergency medicine skills are infrequently required to be used, but mastery of these skills is of very high importance.
- C. **Application of CCSP Credits to DACBSP Requirement.** A CCSP who successfully achieves DACBSP certification within the same one-year period may apply to ACBSP for permission to use CEUs previously credited to the CCSP requirements toward the DACBSP continuing education requirement. The

application must be in writing and must state, in detail, the reasons that the request should be granted.

- D. Reporting Continuing Education Activities/Maintenance of Personal Records.** All certificants must maintain in their possession, documented proof of completion of any applicable continuing education activity, including copies of any documentation submitted to the ACBSP. Renewal forms and documentation should be submitted to the ACBSP within thirty (30) days upon completion of the continuing education activity. A renewal form is available from the ACBSP office upon request; the form is also posted on the ACBSP web site (www.acbsp.com). The ACBSP may request additional information or clarification of a specific program or activity prior to final acceptance and granting of credit, or at a future time.
- E. Fees.** The ACBSP will assess a yearly recertification fee for recording, tracking, maintaining and reporting CEUs to all certificants. An invoice will be sent to the certificant for the fee in the year that it is due. The annual fee will be assessed for the recertification period or year following initial certification. Beginning January 1, 2004, the annual fee must be paid by January 31 in order to maintain active certification/recertification status. Recertification fees will be determined by the Board of Directors on an annual basis.
- F. Reduction or Waiver of CEU Requirements.** The ACBSP will consider requests for the reduction or waiver of continuing education requirements based on specific, individual, mitigating circumstances, including undue hardships and unforeseen circumstances which prevent timely completion of such requirements. Requests for the reduction or waiver of CEU requirements must be submitted in writing and must contain complete information supporting the request for the reduction or waiver. ACBSP retains the sole and exclusive authority to grant or deny a reduction or waiver request. Formal notification of the ACBSP decision will be forwarded to the certificant.
- 1. Retired/Disabled/Military Certificants.** Any certificant who has withdrawn from active chiropractic practice due to retirement, disability, or active-duty military services and wishes to keep his/her certification active must immediately notify the ACBSP in writing. Recertification fees will be reduced by 50% for only the time that the certificant is not practicing. CEU requirements will still be required on an annual basis and current CPR certification will be required. Documentation of retirement, disability or active-duty military services must be provided to the ACBSP office for verification.
 - 2. Full-time Faculty Certificants.** Any certificant who is also a full-time faculty and wishes to keep his/her certification active must immediately notify the ACBSP in writing. Recertification fees will be reduced by 50% for only the time that the certificant is a full-time faculty. CEU requirements will still be required on an annual basis and current CPR

certification will be required.

G. Inactive Certification Status. A certificant will become inactive and placed on an inactive list of certificants, under the following circumstances:

- 1. Withdrawal from Practice/Retired Inactive Status.** Any certificant who has withdrawn from active chiropractic practice must immediately notify the ACBSP and will be placed on an inactive list of retired certificants. Such retired certificants are permitted to retain inactive certification status and may seek to activate certification upon application to the ACBSP, under policies to be established by the Board of Directors.
- 2. Failure to Meet Recertification Requirements.** If a certificant fails to meet the appropriate recertification requirements within an established one-year period, the certificant will be placed on an inactive list, unless otherwise permitted by this policy. Such inactive certificants are prohibited from identifying themselves as certified by the ACBSP, until such time as active certification status has been granted by ACBSP, within its sole and exclusive authority, appropriately.

In order to regain active status, a certificant must make application to the ACBSP, within six (6) months of the date of inactive status. In order to be considered, the certificant is required to: submit a written statement to the ACBSP Board, explaining and detailing a compelling reason/basis for the reactivation; and, complete the appropriate recertification requirements consistent with this policy. If a certificant fails to regain active status following the end of the six-month period, inactive certificants will be removed from all lists of certificants. In the event that active certification status is sought thereafter, the individual must reapply for certification and successfully complete the respective certification process.

V. Continuing Education Activity Guidelines.

All continuing education activities are subject to ACBSP review and approval. Therefore, in order to ensure acceptance of a continuing education activity, certificants are strongly encouraged to contact the ACBSP prior to participating in an activity to confirm whether credit may be granted for completion of such activity.

A. Categories of Acceptable Activities. Unless otherwise noted by this policy, all continuing education activities must be sports medicine or fitness related in order to be accepted by the ACBSP.

- 1. Formal Academic Educational Courses.** This category includes participation in educational programs designed to enhance physician knowledge and clinical competency and to improve patient care.

Programs must be related to the field of chiropractic sports medicine. Such activities must be completed following initial certification and must satisfy the quality guidelines described in Section V. C, below.

2. **Professional Conferences, Meetings, Seminars, Workshops.** This category includes attendance at qualified professional conferences, meetings, seminars and workshops (events) designed to enhance physician knowledge and clinical competency and to improve patient care. Participation in events must satisfy the quality guidelines described in Section V.C, below. Qualified events may include, but are not limited to: the ACBSP Annual Chiropractic Sports Sciences Symposium; and, other professional and educational activities, subject to review and approval by the ACBSP.

3. **Scientific Papers and Publications.** This category includes development, authorship and/or presentation of scientific papers, abstracts and publications intended for chiropractic physician education. An original scientific paper is defined as one that reflects a search of literature, appends a bibliography and contains original data gathered by the author. Such activities may include, but are not limited to: a published manuscript in a peer-reviewed journal; and, a book, or chapter of a book related to the field of chiropractic sports medicine. A copy of the paper/publication in finished form must be submitted to the ACBSP for review and approval. Papers and publications will be judged on a case-by-case basis and the number of CEUs granted will not exceed 50% of the annual continuing education requirement.

4. **Professional Services.** This category includes activities involving substantive participation or service related to the review, evaluation, development and application of chiropractic sports physician knowledge and competency. Such activities may include, but are not limited to: service on ACBSP examination committees, including Angoff Value, Item Writer and Item Evaluation Committees; defined service in a specific project as a professional consultant or subject matter expert related to the field of chiropractic sports medicine; and, service on a medical team or as a treating doctor during a nationally recognized athletic event. CEUs for service on a medical team or as a treating doctor during a nationally recognized event will be calculated as 0.25 CEU per hour of active participation with a maximum of 50% of the annual continuing education requirement allowed per year. A verification form is available from the ACBSP office upon request; the form is also posted on the ACBSP web site (www.acbsp.com).

A DACBSP or CCSP who completes an internship at an Olympic Training Center, or is a member of a medical team for the Goodwill Games, PanAmerican Games or the Olympic Games for the United States will fulfill the entire continuing education requirement for the one-year period in which they served.

5. **DACBSP Mentorship of CCSP.** This category includes participation in activities specifically by CCSPs under the direct supervision of a mentoring DACBSP. Only CCSPs may earn continuing education credit under this category. In order for any activity to be approved and accepted, the CCSP and mentoring DACBSP must submit a detailed plan for ACBSP review at least thirty (30) days prior to the proposed date of the activity, including the following information: the subject and practice area(s) addressed by each proposed activity; the anticipated number of contact hours to be earned for each proposed activity and relevant dates; the number of credits requested upon completion of each activity; the names, addresses and contact information of both the CCSP and DACBSP; and, an express, written and signed statement by both certificants indicating that the mentorship will not involve any type of monetary exchange between parties. CCSPs must maintain a written daily journal, including detailed explanations of the skills learned and knowledge gained during the mentored experience and may be required to prepare patient summary case reports. CCSPs will be granted 1.0 CEU for every four (4) hours of practical activity completed, with a maximum of 8.0 CEUs that may be earned under this category during any one-year period. Credit is not granted for coffee breaks, social functions, or time allotted to business or administrative matters.

6. **Home Study.** This category includes self-educational activities designed to enhance knowledge and clinical competency and to improve patient care. Such activities may include, but are not limited to: the review and analysis of professional journals recognized by the professional, scientific community, and successful completion of the self test (quiz) included in the journal. Quiz results must be sent in to the ACBSP Board Secretary. All activities must be reviewed and approved by the ACBSP. Certificants will be granted 1.0 CEU per quiz successfully completed and approved. In any given one-year period, CCSPs and DACBSPs may earn a maximum of 3.0 CEUs under this category.

On-line Course Learning: CEUs can be earned on-line and must satisfy the quality guidelines described in Section V.C, below. In any given one-year period, CCSPs and DACBSPs may earn a maximum of 50% of the annual continuing education requirement per year

7. **Non-ACBSP Certifications and Specialties.** This category includes the satisfaction, completion and maintenance of professional certification(s) in sports-related disciplines, administered by other recognized organizations, including: Athletic Training Certification by the National Athletic Trainer's Association Board of Certification; EMT Certification by an authorized EMT certifying organization; and Certified Strength and Conditioning Specialist by the NSCA Certification Commission. In any given one-year period, CCSPs and DACBSPs will be exempt from ACBSP continuing education requirements, as long as all certification and recertification requirements are completed in compliance with the

respective organization's requirements. A request for exemption, including supporting documentation of such other recognized certification(s), must be submitted to the ACBSP for review and approval.

8. **Other Continuing Education Activities.** This category includes other continuing education activities that may be considered for credit by the ACBSP.

- B. **Categories of Unacceptable Activities.** Programs comprised of Adjustive techniques will not be approved for CEU credits without the express, written consent of the ACBSP

- C. **Quality Program Guidelines and Requirements.** Unless otherwise noted by this policy, all CEU activities accepted by the ACBSP must satisfy the following guidelines and requirements. These rules are provided to assist certificants in evaluating whether a program or activity may satisfy ACBSP Continuing Education requirements. These standards are not intended to suggest that a program appearing to satisfy these criteria will be approved or disapproved by the ACBSP.

1. **Relevant Content.** The activity must have significant intellectual or practical content, the primary objective of which is to improve the professional competence of participants. The activity must be an organized program of learning designed to provide education in subjects directly relating to sports and/or fitness medicine.
2. **Stated Objectives.** The activity must have stated and printed educational objectives. The objectives must state what the practitioner will know or be able to do upon completion of the activity.
3. **Non-Restricted Participation.** The program must be described in a detailed statement prepared by the sponsor or certificant which explains the type of audience for whom the activity is designed and the relevancy of the program to the professional practice needs of participants. The activity must be non-discriminatory and open to all practitioners interested in the subject matter.
4. **Instructor Competency.** The credentials of the program instructors must be provided to the ACBSP. The instructors must have appropriate expertise and adequate credentials necessary to conduct the program effectively, including knowledge of content area, qualification by relevant experience and competence as an instructor.
5. **Attendance Records.** The sponsor or provider must monitor the CEU activity for attendance and maintain records to assure that participants may be given proper credit for continuing education.
6. **Course Materials.** Each participant must be provided with thorough, high quality and carefully prepared written course materials before or at

the time of the activity. Although written materials may not be appropriate to all courses, they are expected to be utilized whenever possible.

- 7. Adequate Facilities.** The program must assure that proper facilities and equipment are provided to enable the presenter to teach effectively. The activity must be presented in a suitable setting conducive to education, including the provision of adequate writing space or surface for participants.
- D. Granting Credit.** In all cases, credit is granted only after the educational activity has been completed and documented. Unless stated otherwise in this policy, certificants will be granted 1.0 CEU for each contact hour of professional or educational activity completed, consistent with the terms of this policy. Beyond the initial hour, one-half CEU (0.5) will be granted for completion of at least thirty (30) additional minutes, but less than sixty (60) minutes. Credit is not granted for coffee breaks, social functions, or time allotted to business or administrative matters.
- E. Credit Denial.** The ACBSP reserves the sole and exclusive right to evaluate all programs and activities on an individual basis, and to deny credits at its discretion to those which do not meet the criteria described in this policy. The number of CEUs indicated for a program by other organizations will be considered by the ACBSP in its evaluation. However, the ACBSP reserves the sole and exclusive right to make final determination of the number of credits granted. The certificant will be notified of a decision where CEUs are reduced or denied, including the basis for such action.

Revised March 24, 2005

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® PRACTICAL REQUIREMENT POLICY

Candidates for the DACBSP must complete 100 credit hours of practical experience (Practicum) in addition to the 200 hour minimum of course instruction, successful completion of the written and practical examinations and written requirement. Practical experience hours will be accepted from:

1. The point in time the doctor received his/her CCSP® or started a Sports Diplomate program. (The non-CCSP enrolled in a Sports Diplomate course must complete the program before receiving full credit hours);
2. And up to three (3) years from completion of the Sports Diplomate program.

The following criteria will apply to the practical hour's requirement:

1. One hundred (100) hours of hands-on experience are required.
2. Experience must be performed outside of the doctor=s personal office.
3. Practical experience is calculated by applying the sliding credit scale in this document.
4. There will be a review committee set up by the ACBSP to verify hours and to consider applications of the sliding scale to hours obtained prior to having a CCSP certification.
5. The doctor is expected to submit verified hours prior to receiving their Diplomate certification.

The practical hours may be earned in (but may not be limited to) the following ways:

1. By working at events approved by the ACBSP
2. By working at other regional, national, or international events*
3. By working a Sports Rehabilitation Center +
4. By working as a verified team doctor
5. By assisting a team doctor (No more than 40 hours)
6. By setting up and performing multi-disciplinary pre-participation physical examinations (No more than 40 hours) +
7. By participating in an internship at the Olympic Training Center(s).
* Such events must be appropriately verified (see below)
+ Special criteria apply (see below)

VERIFICATION PROCESS

1. If time is worked through an event approved by the ACBSP, written verification is performed by the Event Coordinator using the proper form.
2. Verification of events not approved by the ACBSP must be provided by the

administrator. No verification will be accepted from coaches. Administrators are athletic directors, school principals, and administrators of various league sports. Verification forms for this purpose will be made available by the ACBSP, and must be notarized prior to submission. Alternate verification will be accepted only at Board discretion.

REHABILITATION CENTERS

1. Rehabilitation centers must be approved by the ACBSP or the postgraduate department of the program sponsoring school.
2. The ACBSP approved rehabilitation centers may include on-campus facilities, private enterprises, or CARF approved facilities.

PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION

1. Exam program must be multi-station in format and use varied personnel in addition to the candidate. *(Multi-disciplinary approach is highly recommended).*
2. Exams include physical examination and exercise testing.
3. The candidate must attach a written report of the examination process, number of athletes examined and any unusual cases.

OBSERVATION CREDIT

Partial credit may be obtained by the following categories of observation.
Maximum credit is 10 hours per category.

1. Rounds performed with an orthopedic surgeon or physiatrist, whose practice emphasizes sports medicine.
2. Observation time spent riding in an ambulance.
3. Observation time spent in an emergency room.
4. Time spent observing or working in an exercise physiology lab in a University setting.

*The observing doctor must prepare a narrative report of their observations, and submit it to the appropriate committee in order to obtain credit.

SLIDING SCALE FOR PRACTICUM HOURS

1. A candidate will receive 1.0 credit hour for each 1.0 hour of practical experience obtained after the doctor has received his/her CCSP.
2. A Non-CCSP will receive 1.0 credit hour for each 1.0 hour of practical experience obtained while enrolled in a Sports Diplomate program conforming to the ACBSP Bylaws.
3. A candidate will receive 0.5 credit hour for each 1.0 hour of practical experience obtained prior to receiving their CCSP.

Revised July 31, 1998

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® WRITTEN REQUIREMENT POLICY

Effective June 1, 1992

In order to satisfy the written requirement for certification as a Diplomate American Chiropractic Board of Sports Physicians® (DACBSP), the candidate must complete this requirement and submit it for approval within five (5) years of completion of the DACBSP program. The candidate is required to submit four copies of their materials to the ACBSP™.

Option 1. Provision of acceptable proof of having a paper **accepted for publication** in a referred and indexed research publication/journal. Acceptance for “consideration to publish” does NOT meet the written requirement.

*This paper should be related to the field of chiropractic sports medicine, and must be (or have been) accepted for publication within five (5) years following completion of the DACBSP program.

Publication Requirements Criteria

In general, the American Chiropractic Board of Sports Physicians (ACBSP) has recommended that all papers submitted for publication meet the following general criteria of authorship:

Original Research	No more than 3 authors
Case Presentation	No more than 2 authors
Literature Review	No more than 1 author
Abstract Published at Sports Sciences Symposium	No more than 2 authors
Poster Presentation at Sports Sciences Symposium	No more than 2 authors

Option 2. The candidate may choose a written project from the following list of options. This project must also be completed and approved by the ACBSP within five (5) years of completion of the DACBSP program. All projects must be submitted in standard Vancouver Declaration format (uniform requirements for manuscripts submitted to biomedical journals), and will be reviewed by an ACBSP appointed review committee.

Projects:

1. 1 Literature Review
2. Publish 1 Book or 1 Chapter in a Book
3. 3 Critical Analyses of Journal Articles

Criteria for Evaluation of the Above Projects:

1. Literature Review
 - a. Topic relevant to chiropractic sports medicine

- b. Thorough review of subject (all points of view, etc.)
 - c. Proper format, including an abstract
 - d. Method of identifying sources and inclusion of material clearly identified.
 - e. Critical analysis of variant material, and good combination of materials
 - f. Clear summary, supported conclusions
 - g. Properly referenced
2. Publish One Textbook or a Chapter in a Textbook
- a. Topic relevant to chiropractic sports medicine
 - b. Appropriate in detail and length
 - c. Properly supported conclusions
 - d. Writing is clear and in a professional style
 - e. Properly referenced
3. Three Critical Analyses
- a. Articles must be chosen from referenced publications and be relevant to chiropractic sports medicine
 - b. Relevance to chiropractic sports medicine and clinical practice clearly stated
 - c. Analysis includes critique of design, variable control, hypotheses validity, subject selection and grouping, statistical analysis and reference choice
 - d. Discussion includes evaluation of clinical and statistical significance, appropriateness of conclusions and consideration of alternative hypotheses or explanation
 - e. Bibliography is analyzed for appropriateness of content
 - f. Critique is supported by references which are relevant, current and appropriate
 - g. Copies of articles analyzed must be submitted along with analysis

Revised May 15, 2003

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON INTERNATIONAL DACBSP®/CCSP® CERTIFICANTS

The ACBSP™ recognizes that there are DACBSP and CCSP certificants outside of the United States and that their compliance with ACBSP rules or guidelines are voluntary. However, if a certificant wishes to keep his/her certification active with the ACBSP, they will need to voluntarily comply with ACBSP policies and procedures including, but not limited to, maintaining their individual continuing education requirements and providing payment of annual recertification fees (in US funds).

If a DACBSP or CCSP chooses to become inactive by not meeting their continuing education requirements, non-payment of the annual recertification fee or by violation of any other ACBSP policies, the certificant may not use their DACBSP or CCSP credential if they should relocate or practice in the United States.

Effective July 31, 1998

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON THE PROPER USE OF ACBSP™ CERTIFICATION MARKS

This policy replaces all previously published information regarding use of ACBSP certification marks.

It is the responsibility of the individual Certified Chiropractic Sports Physician® (CCSP®) or Diplomate American Chiropractic Board of Sports Physicians® (DACBSP®) to make sure that the use of such ACBSP certification marks on stationary, signs, cards or advertisements are NOT in conflict with the laws of the State in which that individual practices.

The ACBSP retains all trademark, certification mark, and other ownership rights concerning the CCSP, CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN, CERTIFIED CHIROPRACTIC SPORTS PRACTITIONER, DACBSP and DIPLOMATE AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS certification marks. The correct use of certification marks is significant, and is a public symbol of ACBSP certifications. The certification marks are directly associated with the recipients and the ACBSP.

The ACBSP reserves, and may use, the full range of certification-related sanctions and legal remedies available under applicable laws and corporate policies to protect the ACBSP trademarks and certification marks. The marks “CCSP,” “CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN,” “CERTIFIED CHIROPRACTIC SPORTS PRACTITIONER,” “DACBSP,” and “DIPLOMATE AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS” have been federally registered with the United States Patent and Trademark Office. Infringement of any ACBSP trademark or certification mark will be challenged. Inappropriate or incorrect uses of ACBSP marks may, therefore, be subject to legal action for mark infringement and other claims if such uses are contrary to law, or policy, e.g., where a use creates a likelihood of confusion with the proper use of a registered ACBSP mark — without regard to the certification or licensure status of the individual involved.

The ACBSP certification marks indicate the certification of an individual, not of an organization or business. These marks and credentials should be used only in association with a certificant, and cannot be used to indicate the certification of a chiropractic practice. In addition, the certification marks must not be used in any manner which suggests that a certification is a title or degree.

Specifically, the mark should not appear directly after or below the name of the certificant. Certificants may, however, use their respective certification mark(s) in accordance with the examples provided in this policy, and in other ways that do not signify use of a title or degree. (See appropriate examples below).

The DACBSP and CCSP certification marks must always appear in the form of capital letters

without punctuation. Further, these and all other ACBSP certification marks are registered and should have notations indicating their registered status, either by use of the symbol ®, or an asterisk to indicate a footnote which states that the mark is a registered mark of the ACBSP. Listed below are appropriate examples of listing the certification marks:

1. John Doe, D.C.
<blank space or other text>
CCSP®
2. John Doe, D.C.
<blank space or other text>
Certified Chiropractic Sports Physician®
3. John Doe, D.C.
<blank space or other text>
Certified Chiropractic Sports Practitioner®
4. John Doe, D.C.
<blank space or other text>
DACBSP®
5. John Doe, D.C.
<blank space or other text>
Diplomate American Chiropractic Board of Sports Physicians®
6. CCSP® Certified
7. DACBSP® Certified
8. ABC Chiropractic of Anytown
John Doe, D.C.
<blank space or other text>
DACBSP®
9. ABC Chiropractic of Anytown
Jane Dough, D.C.
<blank space or other text>
CCSP®

The examples below are **NOT** correct:

1. John Doe, D.C., CCSP
2. John Doe, D.C., DACBSP
3. John Doe, D.C.
Certified Chiropractic Sports Physician
American Chiropractic Association

4. John Doe, D.C.
Diplomate American Chiropractic Board of Sports Physicians
American Chiropractic Association
5. John Doe, D.C.
Board Certified Chiropractic Sports Physician
6. John Doe, D.C.
Board Certified Diplomate American Chiropractic Board of Sports Physicians
7. John Doe, D.C., Board Eligible Certified Chiropractic Sports Physician
8. John Doe, D.C., Board Eligible Diplomate American Chiropractic Board of Sports Physicians
9. John Doe, D.C., C.C.S.P.
10. John Doe, D.C., D.A.C.B.S.P.
11. ABC Chiropractic of Anytown, DACBSP, CCSP
John Doe, D.C.
Jane Dough, D.C.

Once an applicant has received Diplomate status, the CCSP or CERTIFIED CHIROPRACTIC SPORTS PHYSICIAN certification marks will not be used. The appropriate example is:

John Doe, D.C.
<blank space or other text>
DACBSP®

The example below is **NOT** correct:

John Doe, D.C.
<blank space or other text>
CCSP®, DACBSP®

The use of the term *Board Eligible* is expressly forbidden by the ACBSP. **Note:** In States where the word “Physician” may not be legally used, the word “Practitioner” will be substituted appropriately. Certificants may, in this circumstance, prefer to use either CCSP or DACBSP, as appropriate.

Procedures for Resolving Certification Mark Related Use Matters

1. An investigation will be initiated whenever any potential inappropriate or unauthorized use of an ACBSP certification mark or similar designation comes to the attention of the Board;

2. A copy of the alleged inappropriate or unauthorized mark or designation use will be obtained and reviewed to determine whether a violation of the Policy has occurred;
3. Upon determination of a Policy violation, written correspondence will be issued by an authorized ACBSP representative to the individual(s) or organization involved, explaining, among other items: the nature of the objectionable or unauthorized use; the relevant ACBSP policy and law; and, the requirement that the individual cease and desist from the objectionable or unauthorized use immediately and in the future;
4. Upon determination of a Policy violation, written correspondence will be sent by an authorized ACBSP representative to the individual(s) and organization(s) involved, requesting that the individual accept and sign an agreement to, among other items: cease the existing objectionable or unauthorized use; abide by all terms of the ACBSP Policy in the future; and, provide corrected copies of all offending materials;
5. Where an individual using an ACBSP certification mark in an objectionable or unauthorized manner fails to respond to, or refuses to comply with, ACBSP requirements to cease and desist from such use, the Board may initiate appropriate disciplinary proceedings and/or legal actions, as set forth in the Policy; and,
6. All ACBSP candidates and certificants are required to cooperate fully in the review and resolution of such matters.

Certification Mark Related Disciplinary Measures

Following notice and a fair opportunity to respond, certificants and candidates who use ACBSP marks contrary to the terms of the Policy may be sanctioned by the Board. Such sanctions may include:

1. Denial and rejection of the professional's certification or recertification application;
2. Private reprimand and censure, including appropriate conditions or directives;
3. Public reprimand and censure, including appropriate conditions or directives;
4. Certification probation for a given period of time, including appropriate conditions or directives;
5. Suspension of certification for a given period of time, including appropriate conditions or directives;
6. Revocation of certification, including appropriate directives; and,
7. Other measures that the Board deems appropriate.

In addition, cases of certification mark misuse, infringement, or other similar matters, may also be referred to the Ethics Disciplinary Review Committee for review under the ACBSP Ethics Case Procedures. The Certification Appeals Procedure will be used for any doctor wishing to contest certification-related disciplinary matters.

Disclaimer Statement and Agreement

Each ACBSP candidate or certificant accepts and assumes all, and the sole, responsibility for understanding and satisfying any governmental and legal requirements which may apply to the use of any ACBSP title, credential, certification mark, trademark, or display and advertising of such titles, credentials, and marks. Therefore, the ACBSP assumes no responsibility concerning the application of such governmental and legal requirements pertaining to the use or display of any ACBSP title, credential, trademark, certification mark, or the display and advertising of such. In no event shall the ACBSP be liable for any damages whatsoever, including any special, indirect, or consequential damages relating to the use of the ACBSP certification titles, certification marks, or any other ACBSP mark, whether in an action in contract, negligence, or other law arising out of, or in connection with, the use of such title, credential, or mark in any locality, State, or country in which the use of the title, certification, or mark presents a conflict with any laws of that locality, State, or country.

Revised July 9, 2002

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CODE OF COMMITMENTS TO BE MULTI CULTURAL, GENDER-FAIR AND DISABILITY AWARE

It is the policy of the ACBSP™ to work affirmatively to ensure that all persons, regardless of race, color, creed, national origin, sex, religion, marital status, age, handicap status or reliance on public assistance, political opinion or affiliation, or military service will be treated fairly and equally in employment or program participation.

GENERAL STATEMENT OF POLICY

The ACBSP shall comply with all requirements of applicable federal and state laws (e.g. *Americans with Disabilities Act of 1990*) with respect to all certification and recertification activities and shall require compliance of all contractors and/or providers of services for the certification and recertification programs.

The ACBSP believes that all individuals should be treated with respect and dignity. Therefore, it is the expectation of the ACBSP that all individuals in the course of performing their job responsibilities, conducting ACBSP business, or administering ACBSP activities will be free from sexual, racial or religious harassment and sexual violence. It shall be a violation of this policy for any officer or employee of the ACBSP to harass or harm a person through conduct or communication that is determined to be sexual, racial or religious harassment or sexual violence as it is defined by this policy. The ACBSP will act to investigate all complaints, either formal or informal, verbal or written, and to discipline any officer or employee who violates this policy.

Sexual Harassment consists of unwelcome sexual advances, requests for sexual favors, sexually motivated physical conduct or other verbal or physical conduct or communication of a sexual nature.

Racial harassment consists of physical or verbal conduct relating to an individual's race when the conduct has the purpose or effect of creating an intimidating, hostile or offensive working or academic environment, or has the purpose or effect of substantially or unreasonably interfering with an individual's work or academic performance.

Religious harassment consists of physical or verbal conduct which is related to an individual's religion when the conduct has the purpose or effect of creating an intimidating, hostile or offensive working or academic environment or effect of substantially or unreasonably interfering with an individual's work or academic performance.

OFFICERS AND EMPLOYEES DEFINED

Officers and employees are defined as those individuals who are elected, appointed or contracted to provide services to the ACBSP.

REPORTING PROCEDURES

An individual who believes that she/he has been the victim of sexual, racial, or religious harassment or violence by an officer or an employee of the ACBSP should report the alleged act immediately to an appropriate official as designated by the policy. In addition, anyone who has knowledge of an alleged violation of this policy should also report under the procedures set forth herein. A report should also be made by anyone who believes that they are being retaliated against for reporting an act covered by this policy.

- A. The ACBSP hereby designates the President to receive reports or complaints of sexual, racial, or religious harassment or violence. If the complaint involves the President, the complaint shall be filed directly with the Vice-President of the ACBSP.
- B. Submission of a complaint or report of sexual, racial, or religious harassment or violence that is not frivolous and made in good faith will not affect the individual's certification, future employment or work assignments.

The ACBSP will respect the confidentiality of the complainant and the individual(s) against whom the complaint is filed as much as possible, consistent with the ACBSP's legal obligations and the necessity to investigate allegations of harassment and take disciplinary action when harassment has occurred.

C. Investigation and ACBSP Action.

By authority of the ACBSP, the President shall immediately authorize an investigation upon receipt of a report or complaint alleging sexual, racial, or religious harassment. This investigation may be conducted by ACBSP officials or by a third party knowledgeable in conducting such investigations designated by the ACBSP. The investigating party shall provide a written report of the status of the investigation within 10 working days to the President. Upon taking appropriate action, the President shall provide a written report to the Board. The result of the investigation of each complaint filed under these procedures will be reported by the ACBSP in writing to the complainant. The report will document any disciplinary action taken as a result of the complaint.

D. Discipline

Any legal action taken pursuant to this policy will be consistent with requirements of

applicable statutes and policies. The ACBSP will take such disciplinary action as it deems necessary and appropriate in its sole discretion. This may include, but is not limited to warning, suspension, or immediate discharge. Immediate discharge may be taken as a first or last disciplinary step.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON AFFIRMATIVE ACTION

Effective 1997

It is the policy and responsibility of the ACBSP to aggressively and effectively take affirmative action to ensure fair and equal treatment for all minorities, women, and handicapped persons (protected class persons).

In the area of employment, this basic policy will apply to recruitment, selection, hiring, benefits, compensation, equality of wages, employee development programs, promotion, lay-off and return from lay-off, termination and disciplinary action.

In addition, the ACBSP will not enter in to contract with any organization not in compliance with the *Americans with Disabilities Act*.

Areas not specifically mentioned in this statement will still be governed by the spirit of this statement.

Revised July 31, 1998

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

RECORDS AND FILE RETENTION POLICY

Effective November 10, 1997

Section 1: The ACBSP™'s Records Management program provides systematic control of information from creation to final disposition. The Records Management program also provides a timetable and consistent procedures for maintaining the ACBSP's information including all media, moving the records to inactive storage when appropriate, and disposing of the records when they are no longer valuable to the organization. The ACBSP™ shall keep current and complete books and records of account and shall also keep minutes of the proceedings of its members and Board of Directors, and shall keep these records at the registered or principal office of record. The ACBSP shall keep the names and addresses of the members and the due payment status of each certificant. Any voting member in good standing may inspect the books and records of the ACBSP at any reasonable time. All files will be held in the strictest confidence.

File contents will not be discussed unofficially at meetings or informally in the office. The Board Secretary shall determine file content. A candidate database will be maintained to ensure consistent documentation of certification criteria. This includes examination scores and any other certification qualifications. ACBSP Board of Director members and all committees appointed by the ACBSP will maintain strict confidentiality of certification files and other candidate information. In addition, file contents will not be available to the public, employers or other certificants. Public information may include whether or not an individual has certification, the date of certification; however, specific examination scores or specific qualifications will not be made public. Information regarding minimum qualifications, which all candidates must satisfy, to be approved may be released.

Section 2: Reason for Policy - The Records Management policy will do the following: reduce the cost of records maintenance; retain records as required by federal, state, and other regulatory agencies; preserve the records that are vital to the ACBSP; and provide needed documentation in the event of litigation.

Section 3: Records Retention Schedule - The ACBSP Records Retention Schedule applies to all ACBSP certification materials. In addition, this retention schedule applies to all formats of information, including but not limited to hard copy paper records, electronic media, and microforms. Electronic records must be maintained according to the following retention schedule and destroyed when the retention period for that format has been met. Electronic records such as word processing documents may be destroyed if a paper copy has been made and filed in the ACBSP's record keeping system.

ACCOUNTS RECEIVABLE RECORDS

This series consists of documentation of charges made (i.e. invoices) and payments received for goods and services provided by the ACBSP. Accounts receivables exist when there is a timing difference between providing the goods or services and the payment of the same.

Recommended retention: 7 fiscal years

ACCREDITATION RECORDS

This consists of reports and supporting information documenting the process of becoming accredited by the ACBSP and/or activities associated with reporting and/or confirming accreditation or certification. These documents include examination applications, their supporting documentation and materials supporting a doctor's achievement of DACBSP®/CCSP® certification.

Recommended retention: Retain records pertaining to current certification as long as the certificant remains current. If the certificant fails to maintain their credential the certificants records will be maintained for two accreditation periods prior to destruction.

ADMINISTRATIVE POLICY RECORDS

This series may include chronological reading files, bound reports, tape recordings, photographs, examination results and other information types, all of which document the activities of the certificant.

Recommended retention: 3 years.

ADMINISTRATIVE SUPPORT RECORDS

This series documents the administrative records that are used to carry out the functions of the office.

Recommended retention: 3 fiscal years

ADMISSIONS APPLICATIONS

This series consists of applications of candidates that have been denied, declined admission or did not successfully complete the examination.

Recommended retention: 4 years from which application is processed provided no litigation is pending. As long as a candidate is eligible to complete the certification process, their files will be maintained.

ANNOUNCEMENTS AND INFORMATION: ROUTINE

This series consists of information transmitted between parties. This information does not result in the formulation of policy or contract. It may be transmitted electronically or in hard copy; internally between employees, or externally; and may include but is not limited to notices of seminars, conferences or workshops, queries regarding processes or ideas, electronic journals and general information of programs.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

ASSESSMENT RESULTS AND CANDIDATE SCORES

This series consists of answer sheets, practical grading sheets, cut score reports, job analysis reports and statistical reports.

Recommended retention: Permanently

BALLOTS

This series consists of ballots used by internal departmental or college committees.

Recommended retention: 60 calendar days after ballots counted and results posted.

BANK STATEMENTS

Recommended retention: 1 fiscal year.

BILLING RECORDS - SUBCONTRACTOR

This series consists of subcontractor information regarding billing, and includes monthly reconciliation records, invoices and correspondence.

Recommended retention: 3 fiscal years.

BUDGET FILES

This series consists of internal budget worksheets and files.

Recommended retention: 3 fiscal years.

COMMITTEE FILES

This series documents the service of individuals on ACBSP committees and boards.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

CONTINUING EDUCATION REQUIREMENTS

These documents are related to the certificants maintaining eligibility through continuing education.

Recommended retention: Documentation will remain in a certificant's individual file for a period of three years following the end of each certifying period. It is recommended that each certificant maintain his/her personal file of documentation of certification notice, CCSP® and/or DACBSP® certificate and maintenance of continuing education requirements. Upon notification that a candidate is deceased, their file will be retained for historic records and possible future recognition.

CONTRACT FOR PROFESSIONAL SERVICES

This series consists of contracts for consulting services provided by non-ACBSP sources.

Recommended retention: 3 fiscal years after termination of contract

ENDOWMENT/DONOR/GIFT FILES

This series documents financial contributions received from individual donors and from business and industry sources. Master record maintained at ACBSP offices.

Recommended retention: 5 fiscal years.

EQUIPMENT FILES

This series documents purchases of equipment, and may include but is not limited to warranties and purchase information.

Recommended retention: 4 years after disposal of equipment.

EXPENSE BUDGET / REVENUE FORMS

This series consists of the forms sent to the ACBSP Office, and are used to set up accounts and reimbursements.

Recommended retention: Budget Office: 3 fiscal years.

FINANCIAL REPORTS

This series consists of copies of departmental computer generated fiscal reports.

Recommended retention: Permanently.

GRIEVANCE RECORDS

This series consists of department copies of grievance files.

Recommended retention: 7 years after grievance resolved and appeal process is exhausted.

INFORMATION REQUEST RECORDS

This series consists of correspondence accumulated in answering inquiries from the public, and may be held electronically in word processing files.

Recommended retention: 60 days after response.

MEMORANDA

This series consists of interoffice or interdepartmental communications, which do not subsequently result in the formulation of policies.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

PAYROLL RECORDS

This series may include but is not limited to copies of payroll records, such as W-2's, Earnings Records, Deduction Registers, and departmental abstracts. Master record maintained at Payroll.

Recommended retention: Payroll Master Record: 7 calendar years.

CERTIFICANT EDUCATION RECORDS

This series consists of departmental copies of exam applications, transcripts, correspondence and certification information. Master record maintained at the ACBSP Office.

Recommended retention: Retain records pertaining to current certification as long as the certificant remains current. If the certificant fails to maintain their credential the certificants records will be maintained for two accreditation periods prior to destruction.

TELEPHONE MESSAGES

This series consists of common telephone message books or slips filled out by employees, and may also include electronic phone messages.

Recommended retention: Retain until obsolete, superseded or administrative value is lost.

VENDOR INVOICE (PV)

This series consists of the vendor invoice used to pay external billings from vendors. Master record maintained at Disbursement Services.

Recommended retention: 7 fiscal years.

WORKSHOP / SYMPOSIUM RECORDS

This series consists of registration fees, publications and correspondence related to workshops conducted or sponsored by the ACBSP.

Recommended retention: 3 fiscal years.

*Please refer to the ACBSP Continuing Education Policy for complete information regarding keeping your certification current and in good standing with the ACBSP.

Revised July 31, 1998

Revised May 1, 2003

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

SEAL AND EMBLEM USAGE POLICY

- A. The seal of the corporation contains the words "AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS" in circular form in addition to the letters ACBSP™ horizontally through its center.
- B. An official emblem is adopted which signifies the highest standards of excellence and clinical competence for chiropractors specializing in sports medicine and physical fitness.
- C. The words "American Chiropractic Board of Sports Physicians" appear thereon.
- D. The official ACBSP emblem is for use by ACBSP board members only. Use by individuals is expressly forbidden.
- E. Permission for the usage of the official emblem of the American Chiropractic Board of Sports Physicians (ACBSP) will be given only by written consent of the ACBSP Board.

Passed November 6, 1997

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

POLICY ON TESTING REGULATIONS/CANDIDATE EXAMINATION CONDUCT

Effective August 22, 2004

A. General Exam Administration Regulations and Procedures.

1. The examination will be given on the day and at the time scheduled.
2. You will be assigned a seat.
3. Testing aids and materials are not permitted at the test center. These prohibited materials include, but are not limited to, the following: pens; pagers; beepers; calculators; watch calculators; books; pamphlets; notes; rulers; highlighter pens; stereos or radios with headphones; telephones; cell phones; watch alarms (including those with flashing lights or alarm sounds); stop watches; dictionaries; translators; and any electronic or photographic devices.
4. You may not eat, drink, or use tobacco during testing time.
5. Dress in such a way that you can adapt to any room temperature.
6. While the test session is in progress or during breaks, you may not communicate with anyone other than test center staff concerning the examination.
7. You will not be permitted to leave the test center vicinity during the examination administration session or during breaks.
8. During the test session or during breaks, access to telephones and personal items, such as a cell phone, briefcase, or study materials, will not be permitted.
9. You may not remove, reproduce, and/or disclose test questions or any part of a test by any means (e.g., hard copy, verbally, electronically) to any person or entity.
10. Report to the test center at least 30 minutes before your scheduled appointment for check-in procedures. If you arrive late, you may not be admitted and your fee will not be refunded.
11. You will be asked to complete a confidentiality statement at the test center. If you do not sign the statement, you cannot sit for the exam, and your fees will NOT be refunded.
12. Other than personal identification, personal items are not allowed in the testing room. You may not have access to any personal items during the test session or during breaks.
13. Test centers do not have large waiting areas. Friends or relative who accompany you to the test center will not be permitted to wait in the test center or be in contact with you while you are taking the test.
14. Exam administration sessions begin at sign-in, end at sign-out, and include breaks. You will be required to sign the test center log before and after the test session and any time you leave or enter the testing room.
15. The test center administrator may provide you with scratch paper that may be replaced as needed during testing. You may not take your own scratch paper to the test, nor may you remove scratch paper from the testing room at any time.
16. If you need to leave your seat at any time, raise your hand and request permission. When granted, the timing of the test will not stop. You must have

the administrator's permission to leave the room during the test. Any time lost during an unscheduled break cannot be made up.

17. Repeated unscheduled breaks will be documented and reported to the ACBSP.
18. If at any time during the exam administration you have a problem, or for any reason you need the test center administrator, raise your hand.

In rare instances, unanticipated problems may require late starts and/or rescheduling of your examination. The ACBSP is not responsible or liable for any inconvenience, expenses, or other personal damages incurred by examinees because of a late start, rescheduled test, or delay in the reporting of scores.

B. Termination of Examination Administration/Grounds for Dismissal.

The test center administrator/supervisor or proctor is authorized to dismiss you from an examination administration, and the ACBSP may cancel your scores, or take other appropriate action, where there is a reasonable basis for concluding that the candidate has engaged in any of the following conduct:

1. Using or attempting to use someone else to take the test.
2. Failing to provide acceptable personal identification.
3. Having access to, or using, notes or any prohibited aid related to the test.
4. Creating a disturbance (disruptive behavior in any form will not be tolerated; the test administrator/supervisor has sole discretion in determining whether specific conduct constitutes disruptive behavior).
5. Communicating, in any manner, with another person other than the test administrator/supervisor or proctor, about the test during the administration, including attempting to give or receive assistance.
6. Attempting to remove scratch paper from the testing room.
7. Exceeding time permitted for a scheduled break.
8. Working on any part of the test or marking your answer sheet after time has been called.
9. Eating or drinking in the testing room.
10. Leaving the testing room or test center vicinity without permission.
11. Removing or attempting to remove, examination related materials, or portion of a test in any format from the testing room.
12. Engaging in any dishonest or unethical conduct, such as cheating.
13. Failing to follow any other examination administration regulations: set forth in ACBSP policies; given by the test administrator/supervisor; or specified in any examination materials.

The CCSP and Diplomate Certification Examinations are confidential, and contain copyrighted material. All test materials, including test books and answer documents, are the sole property of the ACBSP and must be returned to the test supervisor after each administration. No portion of such materials may be retained by examinees.

The ACBSP reserves the right to take all action including, but not limited to, barring you from future testing and/or canceling your scores for failure to comply with the test administrator/supervisor's directions. If your scores are canceled, you will be notified of such action and its basis, and your examination fees will not be refunded.

Although tests are administered under strict supervision and security measures, examination irregularities may sometimes occur. You are required to contact us as soon as possible to report any observed behavior that may lead to an invalid score – for example, someone copying from another test taker, taking a test for someone else, having access to test questions before the exam, or using notes or unauthorized aids. All information will be held in confidence.

C. Cancellation of Scores by the ACBSP.

Test Security Issues. The ACBSP strives to report scores that accurately reflect the performance of every testing candidate. Accordingly, the ACBSP’s standards and procedures for administering exams have two primary goals: giving candidates a fair and secure opportunity to demonstrate their abilities; and preventing some candidates from gaining an unfair advantage over others.

To promote these objectives, the ACBSP reserves the right to cancel any examination scores under the following circumstances, as determined by the ACBSP: **(1) examination administration irregularity; (2) discrepancy in candidate personal identification; (3) candidate misconduct; or (4) invalid scores.** Reviews of scores by the ACBSP are confidential.

1. Examination Administration Irregularities. “Examination administration irregularities” refers to problems with the administration of an exam. When examination administration irregularities occur, they may affect an individual or groups of test takers. Such problems include, without limitation, administrative errors (such as improper timing, improper seating, defective materials, and defective equipment); improper access to test content; and other disruptions of exam administrations (including, but not limited to, natural disasters and other emergencies). When examination administration irregularities occur, the ACBSP may decline to score the exam, or may cancel the examination scores. When deemed appropriate, the ACBSP may give affected candidates the opportunity to take the exam again as soon as possible without charge.
2. Personal Identification Discrepancies. When, in the ACBSP’s judgment or the judgment of the test center personnel, there is a discrepancy in a candidate’s personal identification, the candidate may be dismissed from the test center; in addition, the ACBSP may decline to score the exam, or may cancel the test scores.
3. Candidate Misconduct. When, in the ACBSP’s judgment or the judgment of the test center personnel, there is misconduct in connection with an exam or test administration, the candidate may be dismissed from the test center. Additionally, the ACBSP may decline to score the exam, or may cancel the test scores. Misconduct means a failure to comply with the requirements, procedures, and regulations described in ACBSP policies. Misconduct also includes access to secure test questions prior to the exam administration.
4. Invalid Scores. The ACBSP may also cancel scores if, in its judgment, there is substantial evidence that they are invalid for any reason. Evidence of invalid

scores may include, but is not limited to, the following: discrepancies with regard to a candidate's handwriting; unusual answer patterns; and inconsistent performance on different parts of the examination. Before canceling scores pursuant to this paragraph, the ACBSP will: notify the candidate in writing explaining its concerns; provide the candidate with an opportunity to submit information that addresses the concerns explained in such notice; consider any such information submitted by the candidate; and offer the candidate a choice of options. The options may include voluntary score cancellation, a free retest, or arbitration in accordance with ACBSP policies.

Part II

Academic Guidelines of the ACBSP™

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® EXAMINATION TEST PLAN

CATEGORY (PERCENTAGE OF TEST)

I. Basic Element (33.4%)

- A. Concepts of a Sports Physician (5.8%)
- B. Exercise Physiology (6.7%)
- C. Clinical Biomechanics (8.0%)
- D. Sports Nutrition (5.8%)
- E. Environment and the Athlete (4.0%)
- F. Medical/Legal Aspects (3.1%)

II. Clinical Element (66.6%)

- A. Clinical Competency (40%)
 - 1. Diagnosis of Sports Injuries (16%)
 - 2. Treatment of Sports Injuries (16%)
 - 3. Prevention of Sports Injuries (8.0%)
- B. Diagnostic Imaging (8.9%)
- C. CPR and Emergency Procedures (5.3%)
- D. Special Clinical Considerations (4.4%)
- E. Adjunctive Therapy (8.0%)

*Approximately 250 items on exam: multiple-choice format contained in two booklets with two hours of testing allowed per booklet. Scoring is administered by scantron through an independent examination service.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® PROGRAM GUIDELINES

100 HOURS

I. CONCEPTS OF THE SPORTS PHYSICIAN

- A. Sports Psychology
 - 1. Overview of psychology of the athlete
 - 2. Psychological evaluation of the athlete
 - 3. Psychological preparation of the athlete
 - 4. Clinical applications

- B. Exercise & Fitness Concepts
 - 1. Introduction to health and fitness programs
 - 2. Implementation of health and fitness programs
 - 3. Management of health and fitness programs

- C. The Sports Practice
 - 1. How to develop a sports practice
 - 2. The role of the chiropractic sports physician in the sports medicine team
 - 3. Philosophical considerations of treating athletes

- D. Pre-participation Exams
 - 1. Establishing a complete exam protocol (office or school)
 - 2. Evaluation of the young athlete
 - 3. Evaluation of the mature athlete
 - 4. Setting up multi-station/multi-disciplinary exams
 - 5. Medical legal aspects of the pre-participation exam

- E. Coaching Principals
 - 1. Motivation
 - 2. Skill development
 - 3. Coaching techniques

- F. Athletic Training Principals
 - 1. Fundamentals of physical training
 - 2. Speed, agility, neuromuscular coordination
 - 3. Cardiovascular endurance
 - 4. Strength and conditioning
 - 5. Detraining over training
 - 6. Off season training
 - 7. Specific Adaption to Imposed Demand (SAID) Principal

II. EXERCISE PHYSIOLOGY

- A. Muscle physiology
 - 1. Basic physiology of muscle contraction
 - 2. Fast twitch vs. slow twitch muscle fibers
 - 3. Muscle metabolism during exercise
 - 4. Delayed Onset Muscular Soreness (DOMS)
 - 5. Muscle fatigue
- B. Aerobic vs. Anaerobic Training
 - 1. Definitions
 - 2. Aerobic exercise concepts and clinical uses
 - 3. Anaerobic training/concepts of weight training
 - 4. Anaerobic threshold
- C. Cardiovascular Physiology (basic)
 - 1. VO2 Max
 - 2. Training effects on cardiac physiology
 - 3. Cardiorespiratory function
- D. Fuel Metabolism
 - 1. Fuel types during various forms of exercise
- E. Body Composition
 - 1. Measurement techniques
 - 2. Changes with different types of exercise
- F. Fitness Evaluation
 - 1. Fitness parameters
 - 2. Testing protocols

III. CLINICAL BIOMECHANICS

- A. Principals of Bio-physics (basic)
 - 1. Definition of force terminology
 - 2. Classes of levers
 - 3. Static and dynamics/principles of motion
- B. Functional Anatomy
 - 1. Muscle shape classifications
 - 2. Joint configurations
 - 3. Principals of leverage
- C. Kinesiology
 - 1. Eccentric vs. Concentric contraction
 - 2. Muscle actions
 - 3. Principals of muscle coordination
 - 4. Muscle substitution

- D. Mechanics of Injury
 - 1. Intrinsic and extrinsic causation
- E. Joint Function
 - 1. Proprioception
 - 2. Joint stability
 - 3. Physiological vs. Anatomical joint definitions
 - 4. Joint motion

IV. SPORTS NUTRITION

- A. Diet
 - 1. Principals of dietary composition
 - 2. Diet construction
 - 3. Principles of weight gain and loss
- B. Supplementation
 - 1. Vitamins and performance
 - 2. Supplementation principals
- C. Special Considerations
 - 1. Diabetes
 - 2. Anemia
 - 3. Eating disorders
- D. Ergogenic Aids
 - 1. Blood doping
 - 2. Erythropoietin
 - 3. Nutritional
 - 4. Drugs
- E. Diet and Metabolism
 - 1. Metabolic rates
- F. Drugs and Medications Commonly Used in Athletics
 - 1. Legal
 - a. Anti-inflammatories
 - b. Cortisone
 - c. Other drug classes
 - 2. Illegal
 - a. Growth Hormone (GH)
 - b. Anabolic steroids
- G. Substance Abuse
 - 1. Alcohol
 - 2. Drug testing
 - 3. Intervention

- H. Fluid Regulation
 - 1. Physiology of fluid and electrolyte regulation
 - 2. Fluid and electrolyte replacement

V. ADJUNCTIVE THERAPY/PROCEDURES

- A. Modalities
 - 1. Basic physics
 - 2. Specific clinical uses
 - 3. Indications/contraindications
 - 4. Current modalities commonly used
- B. Rehabilitation principals
 - 1. Muscle tension and rehab
 - 2. SAID principal
 - 3. Basic normative figures for measurement
 - 4. Techniques/apparatus
- C. Pain-Edema Spasm
 - 1. Physiology
- D. Supports/Taping (basic principals)
- E. Musculoskeletal/Neurological Therapeutics
 - 1. PNF
 - 2. Soft tissue treatment techniques
 - a. Nimmo
 - b. Stretch and Spray
 - c. Transverse friction massage
 - 3. Stretching techniques

VI. DIAGNOSTIC IMAGING FOR SPORTS INJURIES

- A. Interaction with Consultants
 - 1. Protocols for ordering studies
- B. Differential Examination Procedures (when to use what)
- C. Pediatrics/Adolescents
 - 1. Epiphyseal injuries
- D. Imaging Acute vs. Chronic Conditions
 - 1. Use of stress views
 - 2. Follow-up
- E. Special Modalities
 - 1. MRI

2. Bone scan
 - a. Ge
 - b. Te
3. CT
4. Arthrogram
5. Arthroscopy

VII. CPR AND EMERGENCY PROCEDURES

- A. First Aid
 1. Primary vs. secondary surveys
 2. ABC's
- B. Acute Care
 1. Head trauma
 2. Neck and spine trauma
 3. Chest and viscera trauma
 4. Environmental injury
 5. Diabetic emergencies
 6. Extremity trauma
- C. Patient Transport
- D. CPR Certification

VIII. CLINICAL COMPETENCY

- A. Head and Neck
 1. EENT
 2. Soft tissues
 3. Dental considerations
 - a. TMJ
 - b. Protective devices
 - c. Tongue, teeth, and gums
 4. Neurological Syndromes
 - a. Brachial plexus stretch injury ("Burners")
 - b. Thoracic outlet syndrome
 5. C-Spine
 6. Head trauma
- B. Extremities: Upper and Lower
 1. Differential diagnosis (by selective tension)
 2. Treatment/management
 - a. Of specific injuries
 3. Manipulative procedures
 - a. Specific joints
 - b. Kinetic chain

4. Bone and joint trauma
 - a. Fractures
 - b. Stress fractures/stress reaction
 - c. Sprain/strain
 5. Soft tissue injury
 - a. Sprain strain
 - b. Tendinitis/bursitis/capsulitis
 - c. Contusions (myositis ossificans)
- C. Thoracic Area - Spine, Rib Cage, Viscera
1. Cardiopulmonary considerations
 2. Diagnosis
 3. Treatment/management
 - a. Scoliosis
 - b. Scheuermann's
 4. Visceral injury
 - a. Pneumothorax
 - b. Hemothorax
 - c. Cardiac contusion
 5. Bone and joint trauma
 - a. Compression fractures
 - b. Rib fractures
 - c. Costochondritis
 6. Soft tissue injury
 - a. Intercostal strains
 - b. Back muscle strains
- D. Lumbar Area - Spine, Abdomen, Perineum, Pelvis
1. Diagnosis
 - a. Spondylosis/spondylolisthesis
 - b. Hyperextension injury
 - c. Pelvis stress fractures
 - d. Coccygeal injuries
 - e. Sacroiliac injuries
 2. Treatment/management
 3. Genital injury, etc.
 4. Bone and joint trauma
 5. Soft tissue Injury
 - a. Hernias
 - b. Abdominal strains
 - c. Organ trauma
 - d. Bursitis/tendonitis
 - e. Contusions
 - f. Strains

IX. ENVIRONMENT AND THE ATHLETE

- A. Heat/Cold
1. Acclimatization

- 2. Effects on activity
- 3. Injuries
 - a. Frostbite
 - b. Hypothermia
 - c. Hyperthermia
- B. Altitude
 - 1. Acclimatization
 - 2. Altitude sickness
- C. Pollution
 - 1. Effects on activity
 - 2. With pre-existing respiratory disease
- D. Surfaces/Terrain
 - 1. Shoe/surface interaction
 - 2. Surfaces and injury
 - 3. Field conditions (physical responsibility)
- E. Equipment (basics)
 - 1. Protective
 - 2. Participatory
 - 3. Fitting and maintenance overview

X. SPECIAL CLINICAL CONSIDERATIONS

- A. Systemic Conditions
 - 1. Skin
 - a. Infections
 - b. Abrasions
 - c. Infestations
 - 2. Anemia
 - a. Pathological
 - b. Exercise induced
 - 3. Diabetes
 - 4. Asthma
- B. Epilepsy
- C. Female Athlete
 - 1. Physiological differences from males
 - 2. Injury incidence
 - 3. Exercise and the menstrual cycle
 - 4. Exercise and pregnancy
- D. Pediatric
 - 1. Growth and injury
 - 2. Psychological motivation

- E. Geriatric
 - 1. Psychology and motivation
 - 2. Exercise and aging
 - 3. Underlying systemic disease
 - 4. Exercise prescriptions
- F. Cultural/Ethnic Considerations
 - 1. Black and Hispanic populations - special considerations- anthropometry
- G. Differentially Abled Athletes
 - 1. Special Olympics: pre-exam
 - 2. Overview of types of athletes

XI. MEDICO-LEGAL ASPECTS

- A. Ethics
 - 1. Athletes, teams, and the media
 - 2. Confidentiality
 - 3. Misconduct
 - 4. Sovereign immunity
- B. Negligence
 - 1. Definition and elements
 - 2. Legal duty
 - 3. Degrees of and contributory
 - 4. Waivers, releases, and statute of limitations
 - 5. Assumption of risk
- C. Malpractice
 - 1. Definition
 - 2. Variation in state laws
- D. Miscellaneous
 - 1. Civil vs. criminal
 - 2. Elements of tort actions
 - 3. Contract liability
 - 4. Respondeat superior - ultra vires acts

RECOMMENDATIONS FOR WEIGHT OF BODY AREAS FOR THE CLINICAL COMPETENCY PORTION OF THE CCSP EXAMINATION

DIAGNOSIS OF SPORTS INJURIES

- 1. Head and Neck
- 2. Thoracolumbar spine/Pelvis, Sacrum, Coccyx/Ribs

3. Lower Extremity (in order of importance)
 - a. Knee/ankle
 - b. Hip
 - c. Foot
 - d. Lower leg and thigh.
4. Upper Extremity (in order of importance)
 - a. Shoulder
 - b. Elbow
 - c. Wrist
 - d. Hand
 - e. Forearm
5. Heart/Lung/Abdomen Viscera

TREATMENT OF SPORTS INJURIES

1. Lower Extremity
2. Upper Extremity
3. Thoracolumbar Spine/Pelvis, Sacrum, Coccyx/Ribs
4. Head and Neck
5. Heart/Lung/Abdominal Viscera

PREVENTION OF SPORTS INJURIES

1. Heart/Lung/Abdominal Viscera (Emphasis on Cardiac)
2. Lower Extremity
3. Upper Extremity
4. Head and Neck
5. Thoracolumbar Spine/Pelvis, Sacrum, Coccyx /Ribs

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

CCSP® RECOMMENDED READING LIST

TEXTBOOKS

- Sports Injuries Assessment and Rehabilitation, Reid DC, 1st Edition, 1992, Churchill Livingstone, ISBN 0-443-08662-1
- ACSM's Handbook for the Team Physician, W. Ben Kibler, 1996, Williams & Wilkins
- Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities, Hammer W., Aspen Publishing Co., 1990
- Muscular Testing & Function: Kendall HO, Kendall FP, Wadsworth GE, Williams and Wilkins
- Orthopaedic Physical Assessment: Magee D., Saunders, 1987
- Myofascial Pain and Dysfunction: The Trigger Point Manual; Travell J, Simons R.; Boston, Williams and Wilkins, 1983
- Essentials of Skeletal Radiology, Yochum T, Rowe, L; Williams & Wilkins, 1987
- Illustrated Guide to Taping Techniques; Austin KA, Gwynn-Brett KA, Marshall SC. Mosby, 1994
- Essentials of Strength Training and Conditioning, Baechle TR, 1st Edition, Human Kinetics ISBN 0-87322-694-1
- Pre-Hospital Trauma Life Support: Basic and Advanced. 3rd Edition. Mosby-Yearbook, Inc. 1994

JOURNALS

- Strength and Conditioning, National Strength and Conditioning Association, Human Kinetics
- Clinics in Sports Medicine, Saunders
- Journal of Orthopaedic and Sports Physical Therapy, American Physical Therapy Association

RECOMMENDED READING

- Position Paper on Preparticipation Physical Examinations, American Chiropractic Board of Sports Physicians™, Fall 1998
- Position Paper on Weight Loss in Wrestling, American Chiropractic Board of Sports Physicians™, April 1999
- Position Paper on Blood Borne Pathogens, ACA Council on Sports Injuries & Physical Fitness
- Revised Concussion Parameters, American Academy of Neurology, March 1997
- American Chiropractic Board of Sports Physicians™ Certification Program Code of Ethics Outline and Structure, 1998
- Emergency Removal of Football Helmets. Patel MN, Rund DA, The Physician and Sportsmedicine. Vol. 22(9);57-59, 1994
- Inter-Association Task Force for Appropriate Care of the Spine Consensus Statement, May 1998

OTHER RECOMMENDED REFERENCES

- The Year Book of Sports Medicine, Shepard RJ, Mosby
- The Physician and Sportsmedicine, A peer reviewed Journal

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® TEST PLAN

CATEGORY (PERCENTAGE OF TEST)

- I. Biomechanics and Exercise Physiology (16%)**
 - A. Anatomical and Biomechanical Considerations (8%)
 - B. Exercise Physiology (8%)
- II. Examination and Evaluation (20%)**
 - A. Biomechanical/Performance analysis (4%)
 - B. Ortho-Neuro and Physical Examination (9.82%)
 - C. Imaging, Electrodiagnostics, Laboratory, Special Tests (6.18%)
- III. Conditions (18.18%)**
 - A. Upper Extremity (7.27%)
 - B. Lower Extremity (6.91%)
 - C. Head, Neck, and Trunk (4%)
- IV. Emergency Procedures, Traumatology, and On-Field Evaluation (12%)**
- V. Treatment Techniques (12%)**
 - A. Extremity and Spinal Osseous Manipulation Techniques (4%)
 - B. Soft Tissue Techniques and Physiotherapy Modalities (4%)
 - C. Sports Nutrition and Pharmacology (1.82%)
 - D. Taping, Bracing, and Casting (2.18%)
- VI. Case Management (21.82%)**
 - A. Rehabilitation Concepts (10.91%)
 - B. Stress Management and Sports Psychology (2.18%)
 - C. Sports Equipment (2.91%)
 - D. Special Considerations in Specific Athletic Groupings (2.91%)

E. Conditioning and Training Concepts (2.91%)

*Approximately 250 items on exam; multiple-choice format contained in two booklets with two hours of testing allowed per booklet. Scoring is administered by scantron through an independent examination service.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® PRACTICAL EXAMINATION GUIDELINES

**The following information is provided for use in the candidates' preparation for the DACBSP practical examination. The test outline should serve as a guide only and should not be considered as reflective of the entire spectrum of potential test material.*

FORMAT

The examination is constructed to assess the candidate's performance on selected skills and to evaluate the candidate's critical thinking. Candidates for the DACBSP should have advanced levels of knowledge in these skills. This is assessed at multiple stations during which the candidate will be engaged in simulated patient scenarios. The candidate is expected to perform tasks and offer verbal interpretations in the following areas: case management, emergency procedures, manual procedures, taping and bracing, and diagnostic imaging. The candidate will be allowed appropriate time to perform the required tasks at each station.

Candidates will be videotaped at each station. Candidates will be presented with a number at registration. The candidate will be directed to the video camera as she/he enters the station and should clearly show and say the number to the camera. Candidates will then receive written instructions regarding the task(s) they are to perform. Examiners will assess candidates in their skill's performance through the use of an objective task checklist. These checklists define the appropriate, step-wise progression in the performance of these tasks.

GRADING

Station grades are calculated from tallying the appropriate responses on these checklists. A passing grade of 70% is required at each station. **Successful completion of all stations is required to pass the examination.** Please refer to specific retake examination policies; available from the ACBSP Board Secretary.

GENERAL INFORMATION

Candidates may need to employ various physical positions and equipment during the course of this examination; therefore, casual attire is encouraged. Candidates may **not** bring beepers, cellular phones, recording or transmitting devices of any kind into the testing area. Once you have finished testing, you will not be permitted to reenter. Testing/registration may last 2-3 hours, although every effort will be made to keep on schedule. Candidates should therefore plan both their meal schedule and transportation arrangements accordingly. Specific information regarding the schedule of testing, directions to the site, etc. will be forwarded as your application is processed.

The following provides a broad outline of the scenarios that will be tested and the tasks the candidate is expected to perform. Candidates may be asked to perform or provide written or oral response in any of these areas. Each station is approximately 14 minutes long. The

candidate will be provided with a brief background on the patient in each station except for the Diagnostic Imaging station. This station will be given x-ray studies for evaluation.

STATION OUTLINES

CASE MANAGEMENT - TWO STATIONS: UPPER AND LOWER

Perform a focused examination of the joint. (Do not take more history).

- Mechanism of injury
- Epidemiology
- Risk factors
- Natural history of condition
- Tissue involvement

Examination Procedures

- Determine if advanced studies are needed (Example: X-ray)
- Evaluate for loss of joint play

Differential Diagnosis

Treatment/Management Protocols

- Manual procedures
- Set up for extremity adjustment. Technique will be evaluated for:
 - Segmental contact point on patient
 - Line of drive
- Set up for soft tissue treatment. Technique will be evaluated for:
 - Location of contact point on patient
- Appropriateness of the technique in relation to the physiological goal (e.g. myofascial release to reduce adhesions, transverse friction massage to stimulate cellular response).
- Exercise/Rehabilitation
- Nutrition/Diet
- Lifestyle modifications
- Management/Referral

Prognosis/Return to play criteria

EMERGENCY MANAGEMENT - SPINAL TRAUMA (*this may include head trauma*).

Assessment of the situation

Performance of a primary survey

Performance of procedures necessary to stabilize the patient

- CPR skills/Airway management
- Spinal trauma/stabilization

Performance of a secondary survey

- Stabilization of these injuries until the point of transfer to the appropriate emergency personnel.
- shock

- fracture management
- abdominal/chest injuries
- thermal/environmental injuries

***All procedures must be performed unless otherwise stated by the examiner (e.g.. palpation of pulse). The examiner will give the results of each procedure to the candidate.**

EMERGENCY MANAGEMENT - HEAD TRAUMA (this may also include spinal trauma).

Assessment of the situation

Performance of an evaluation of the athlete

Provide a clinical impression

Discuss return to play criteria

***All procedures must be performed unless otherwise stated by the examiner (e.g.. palpation of pulse). The examiner will give the results of each procedure to the candidate.**

TAPING AND BRACING

The candidate will be asked to perform two (2) procedures:

- 1) Ankle taping
- 2) Taping of one of the following areas:
 - wrist
 - thumb
 - elbow
 - lower leg
 - arch of the foot
 - trunk
 - shoulder

The candidate will be evaluated for:

- Indications/contraindications
- Adequate preparation of the area
- Correct position of the body area being taped
- Proper application of the tape (e.g. no crimping or wrinkling of tape)
- Proper removal of the tape

DIAGNOSTIC IMAGING

The candidate will be given x-rays studies for evaluation. The candidate will be evaluated for:

- Interpretation
- Special Studies
- Diagnosis
- Treatment/Management

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® PROGRAM GUIDELINES

200 HOURS

Revised December 1, 1991

Pre-requisite Information: The information offered in these additional hours is, of course, available to any licensed D.C. who properly enrolls in a postgraduate curriculum. However, in order to qualify for the examination leading to the designation *Diplomate of the American Chiropractic Board of Sports Physicians* (DACBSP), the D.C. must have completed the initial 100 hour course and passed the examination leading to the designation *Certified Chiropractic Sports Physician* (CCSP). The DACBSP is a designation which encompasses a minimum of 300 total academic contact hours plus completion of the practical and publication requirements outlined in this document.

NOTE: The approval of submitted documentation for completion of practical and written requirements will be carried out by a Board appointed committee. The colleges will be responsible for documentation of academic requirements only.

Content Information: Suggested Guidelines for contents of the additional 200 hours are as follows:

I. ADVANCED EXERCISE PHYSIOLOGY

- A. Review of Physiologic Responses to Exercise
 - 1. Cardiovascular
 - 2. Muscular

- B. Clinical Measurement of Athletic Performance and Physiological Response
 - 1. Measurement of muscular function
 - a. Isokinetic devices, ROM assessment devices
 - b. Mechanical influences of muscle function
 - 2. Measurement of cardiovascular function
 - a. Ergometers-VO₂, step test,
 - b. Spirometry
 - c. Blood lactate
 - 3. Measurement of ergonomic efficiency
 - a. Ergonomic analysis
 - (1). Gait analysis
 - (2). Other analysis
 - 4. Specificity of training responses in muscle
 - a. Defined exercise formats-concentric, eccentric, isokinetic
 - b. Fiber recruitment specificity

- C. Chemical and Hormonal Effects of Exercise

1. Hormonal Regulation of Fluid and Electrolytes
 - a. Exercise fluid shifts
 - b. Renin-angiotensin-aldosterone system
 - c. Vasopressin/ADH
 - d. Anterior pituitary hormones
 2. Fluid and Electrolytes in Endurance Training
 - a. Adaptation of fluid shift
 - b. Blood volume responses
 3. Stress hormone response to exercise/effect on energy metabolism
 - a. Catecholamine activity
 - b. Glucagon
 - c. Cortisol
 - d. Growth hormone
 4. Exercise and Endorphins
 - a. Principals of endorphin release
 - b. Effects of endorphins on physiology and performance
- D. Alterations in Physiological Response in Systemic Conditions
1. Asthma
 - a. Changes in Cardiovascular Response
 - (1) vital capacity
 - (2) ventilation
 2. Diabetes
 - a. Changes in energy utilization
 - b. Changes in stress hormone response
 - c. Effects upon performance

II. Rehabilitation Concepts and Their Application to Athletes

- A. Detailing of Rehabilitation Principals
 1. Integration of rehab into clinical practice
 2. Special vocabulary applicable to rehab
 3. Goals of rehab
- B. Relationship between Rehabilitation and Baseline Athletic Conditioning
 1. Application of monitoring of safe, challenging programs
 2. Proper use of needs analysis
 3. Assignment of program variables
- C. Specific Rehabilitation Protocols
 1. Sports specific
 2. Injury specific
 3. Application of SAID principle
 4. Proper use of proprioceptive challenge
 5. Return to sports judgements
- D. Sport-Specific Conditioning Programs
 1. Off-season
 2. Pre-season
 3. In-season

- E. Designing Practical Rehabilitation Protocols
 1. Psychological reactions of the injured athletes
 2. Scope and variety of available equipment/programs
 3. Dealing with overzealous/overprotective parent/coach
 4. Introduction to biomechanical impact as a causative and/or preventative factor

- F. Analysis of Athlete's Strength, Power and Endurance Status
 1. Use of computerized testing equipment
 - a. Graph analysis
 - b. Normative values
 - c. Use of digital testing apparatus
 2. Evaluation by the DeLorme method

III. Sports Specific Biomechanics

- A. Detailed Information on the Biomechanical Measurements of each of the Major Sports
 1. Upper extremity/torso -- kinematic upper quadrant
 2. Lower extremity/torso -- kinematic lower quadrant
 3. Contrast/Compare-- analysis of running, throwing, kicking and jumping movement

- B. Assessment Methodology of Various Biomechanical Measurements
 1. Phasing skills analysis
 2. High tech vs. low tech methodologies

- C. Video and Computer Analysis of Sports Biomechanics; Emphasis on Gait (running) and Pitching/Throwing Mechanics

IV. Advanced Diagnostics in Sports Medicine

- A. Imaging Modalities
 1. Plain radiographs
 2. Plain-film tomography
 3. Fluoroscopy
 4. Arthrography
 5. Ultrasonography
 6. Angiography
 7. Nuclear medicine bone scanning
 8. Computed tomography
 9. Magnetic Resonance Imaging (MRI)
 10. Thermography

- B. Electrodiagnostics
 1. Electroneuromyography (ENMG)
 - a. Nerve Conduction Studies
 - (1) Basic -Motor Nerve Conductive (MNCV)

- Sensory Nerve Action Potentials (SNAP)
 - (2) Special
 - F-Wave
 - H-Responses
 - Repetitive stimulation
 - b. Electromyography (EMG)
 - (1) needle electrode examination
 - c. Kinesiologic electromyography
- C. Intra compartmental Pressure Analysis
 - 1. Instrumentation
 - a. Slit catheter
 - b. Solid state Intra compartmental catheter
 - 2. Compartment Pressure Measurements
 - a. Acute compartment syndrome
 - b. Chronic exertional compartment syndrome
- D. Clinical Laboratory and Drug Testing Protocols
 - 1. Types of testing
 - a. Random testing
 - b. Scheduled testing
 - c. "Just Cause"
 - 2. Protocols for obtaining samples
 - 3. Methods of testing samples
 - a. Thin layer chromatography (TLC)
 - b. Immunoassay
 - (1) Radioimmunoassay (RIA)
 - (2) Enzyme-multiplied immunoassay (EMIT)
 - c. Gas Chromatography/Mass Spectroscopy
 - 4. Circumvention Techniques
 - a. Masking agents
 - b. Determination of drug shelf-life
 - c. Substitution of urine

V. **Adaptive and Functional Taping and Bracing**

- A. Therapeutic and prophylactic uses of bracing/taping
 - 1. Evaluation
 - 2. Braces
 - 3. Taping
- B. Hands-on Instruction in Taping Procedures for Different Injuries
 - 1. Sprained ankles
 - 2. Plantar fascia
 - 3. Thumb
 - 4. Wrist
- C. Functional vs. Supportive Aspects of Taping
 - 1. Definition
 - 2. Prescription guidelines

- D. Immobilization Techniques and Principals with Respect to Athletes and Specific Sports
 - 1. Types of immobilization/immobilizer
- E. Orthotics (foot orthoses)
 - 1. Indications
 - 2. Biomechanical analysis of athlete
 - 3. Types of materials
 - 4. Type of orthotics

IV. Stress Management Principals in Sports Medicine and Beyond

- A. Stress and Sports Psychology
 - 1. Evaluation and assessment of psychological stress
 - 2. Stressful conditions
 - 3. Stress related disorders
 - 4. Intervention strategies
 - a. Relaxation training
 - b. Visual training
 - c. Cognitive training
 - d. Hypnosis
 - e. Desensitization
 - f. Goal setting
 - g. Psychological skills training
 - h. Other
 - 5. Future directions in stress management
- B. Stress and the Injured Athlete
 - 1. Additional stresses associated with injury
 - 2. Personality types and the relationship to injury causation
 - 3. Intervention strategies for stress related phenomena and pain management
- C. Sports Performance
 - 1. Psychology of winning and losing
 - 2. Focus of control
 - 3. Intervention strategies for maximum sports performance
- D. Exercise, Stress, and Other Psychological Parameters
 - 1. Effects of exercise on stress
 - 2. Depression and exercise
 - 3. Self-concept and exercise
 - 4. Intellectual psychologic consequences of exercise
 - 5. Adverse psychological consequences of exercise
- E. Fitness and Stress
 - 1. Relationship of emotional issues to systemic disease
 - 2. Relationship of emotional stress to behavior

VII. Sports Equipment and Technology

- A. Sports Equipment
 - 1. Protective Equipment
 - a. Materials/mechanical properties
 - b. Standards for testing and certification
 - c. Equipment for specific body parts (to include head, face (eyes, ears, teeth), upper extremity, lower extremity, and trunk/groin, genitalia)
 - 2. Implements
 - a. Grips
 - b. Poles
 - c. Gloves
 - d. Racquet
 - e. Other (bats, etc)
 - 3. Clothing
- B. Athletic Shoes
 - 1. Construction/materials
 - 2. Mechanical properties
 - 3. Influence on biomechanics
 - 4. Types (e.g. training, competition)
- C. Surfaces
 - 1. Natural-grass/cinders/wooden
 - 2. Artificial-turf/composites, etc.
- D. Shoe-surface Interactions
 - 1. Physics of interaction
- E. Ergonomics of Various Exercise Equipment
 - 1. Bicycles
 - 2. Wheelchairs
 - 3. Treadmills
 - 4. UBE (Upper Body Ergometer)
 - 5. Weight machines
 - 6. Other (rowing machines, cross country ski machines, etc.)

VIII. Advanced Principals of Extremity Manipulation

The core material in the education for the Diplomate status must relate to and test proficiency in only that which is referenced by accepted sources. The following outline has been based upon such referenced material.

- A. Joint Dysfunction
 - 1. Hypermobility/hypomobility
 - 2. Concept of the parapsychological space and joint cavitation
 - 3. Joint mechanoreceptor
 - a. Proprioception
 - b. Gate theory

- B. Joint Play Assessment
 - 1. End feel
 - 2. Differential diagnosis of joint trauma

- C. Chiropractic manipulation of loss of joint play
 - 1. Upper extremity (including the following joints):

Temporomandibular	Scapulothoracic
Sternoclavicular	Acromioclavicular
Costochondral	Glenohumeral
Intercostal	Elbow-radiohumeral
Costotransverse	Humeroulnar
Costovertebral	Proximal radioulnar
Radiocarpal	Ulnomeniscotriquetral
Midcarpal	Distal intermetacarpal

fingers-m-ph and interphalangeal
 - 2. Lower extremity (including the following joints):

Coxofemoral	Patellofemoral
Femorotibial	Proximal
Tibiofibular	Subtalar
Foot-tarsometatarsal	Ankle mortise
-midtarsal	
-metatarsalphalangeal	

***Note:** This listing of joints is designed to insure the inclusion of joints which are sometimes neglected. It is not intended to limit instruction to only these joints, since there are obviously others with which the practitioner should be familiar.*

- D. Graded Mobilization (e.g. Maitland)

IX. ADVANCED SOFT ISSUE TECHNIQUES (Specific Myofascial Connective Tissue Therapy)

- A. Mechanism of Soft Tissue Injuries
 - 1. Macro-trauma
 - a. Intrinsic - pulled/ruptured
 - (1) faulty biomechanics
 - (2) adaptation/recruitment
 - (3) hypertonic-not stretched/warmed up
 - (4) imbalance with antagonist
 - (5) excessive load
 - b. Extrinsic - contusion
 - 2. Micro-trauma - strain/ _____itis
 - a. Intrinsic
 - (1) overuse
 - (2) faulty biomechanics
 - (3) adaptation/recruitment
 - b. Extrinsic
 - (1) contusion
 - (2) faulty biomechanics

- B. Pathology of Soft Tissue Injury
 - 1. Chemistry of injury
 - 2. Acute vs. Chronic injury states
 - 3. Repair mechanisms in the soft tissues
- C. Transverse Friction Massage
- D. Diagnosis of Altered Muscle Firing Orders
- E. Diagnosis of Muscular Dysfunction
 - 1. Structural
 - a. Spasticity
 - b. Rigidity
 - 2. Functional
 - a. Limbic system dysfunction
 - b. Interneuron dysfunction
 - c. Reflex contracture
 - d. Myofascial trigger points
 - e. Muscle tightness
- F. Treatment of Muscular Dysfunction
 - 1. Structural - medical referral
 - 2. Functional
 - a. Limbic system dysfunction - psychological referral
 - b. Interneuron dysfunction - adjustment
 - c. Reflex contracture - correct cause?EMS
 - d. Myofascial trigger points
 - (1) spray and stretch
 - (2) ischemic compression
 - (3) post isometric compression - PIR
 - (4) others
- G. Kaltenborn Approach
- H. Concepts of Sports Massage
 - 1. Pre-event
 - 2. Post-event
 - 3. Injury rehabilitation
- I. Therapeutic Muscle Stretching (TMS - PNF)
 - 1. Types of stretching techniques
 - 2. Indications for TMS
 - 3. Contraindications to TMS
- J. Myofascial Release

X. Special Considerations in Specific Athletic Groupings

- A. The Young Athlete
 - 1. Physiological Characteristics of this Age Group
 - a. Endurance-specific differences

- b. Musculoskeletal differences
- c. Special conditions
 - (1) scoliosis
 - (2) Scheuerman's disease
- 2. Psychological Characteristics of this age group
 - a. Issues of motivation and burnout
 - b. Pros and cons of organized sports
 - c. Issues of competitiveness
- 3. Preparticipation Screening
 - a. Age-specific issues
 - b. The maturity staging controversy
- 4. Specific Injuries: diagnosis and management
 - a. Soft tissue injuries-common areas
 - b. Fractures-common areas
 - c. Epiphyseal injuries
 - d. Apophyseal injuries
 - e. Conditions related to growth asymmetries

B. The Female Athlete

- 1. Physiologic and Anatomic Gender Differences
 - a. Skeletal
 - b. Cardiovascular
 - c. Thermal/metabolic
 - d. The role of neuromuscular conditioning in issues such as coordination/dexterity/injury rates.
- 2. Injury Patterns
 - a. Common areas of injury in female athletes
 - b. The role of strength and weight training in rehabilitation and prevention
- 3. Gynecological /Obstetric Considerations
 - a. Menstrual problems
 - (1) athletic amenorrhea
 - (2) dysmenorrhea
 - b. Exercise and pregnancy
 - c. Post-menopausal exercise
 - d. Female steroid and growth hormone use
- 4. Psychological considerations in female athletes
 - a. Issues of societal acceptability/gender identity, psychological aspects of competition.
 - (1) effect upon performance/compliance, etc.

C. The Geriatric Athlete

- 1. Pre-participation Screening
 - a. Importance of EKG analysis
 - b. Screening for underlying systemic conditions
 - c. Issues of musculoskeletal
 - d. Fitness in the elderly

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® RECOMMENDED READING LIST

TEXTS

Orthopaedic Sports Medicine, Dee Lee and Drez

Law and the Team Physician, Gallup EM, 1st Edition, 1995, Human Kinetics ISBN 0-87322-662-3

Resource Manual for Guidelines for Exercise Testing and Prescription, 2nd Edition, American College of Sports Medicine, Lea and Fibiger

Sports Injuries Assessment and Rehabilitation, Reid DC, 1st Edition, 1992, Churchill Livingstone, ISBN 0-443-08662-1

ACSM's Guidelines for the Team Physician, Cantu RC, Micheli LJ Editors, 1st Edition, 1991, Lea and Fibiger ISBN 0-8121-1370-5

ACSM's Handbook for the Team Physician, W. Ben Kibler, 1996, Williams & Wilkins

Functional Soft Tissue Examination and Treatment by Manual Methods: The Extremities, Hammer W., Aspen Publishing Co., 1990

Muscular Testing & Function: Kendall HO, Kendall FP, Wadsworth GE, Williams and Wilkins

Orthopaedic Physical Assessment: Magee D., Saunders, 1987

Myofascial Pain and Dysfunction: The Trigger Point Manual; Travell J, Simons R.; Boston, Williams and Wilkins, 1983

Essentials of Skeletal Radiology, Yochum T, Rowe, L; Williams & Wilkins, 1987

Essentials of Strength Training and Conditioning, Baechle TR, 1st Edition, Human Kinetics ISBN 0-87322-694-1

Illustrated Guide to Taping Techniques; Austin KA, Gwynn-Brett KA, Marshall SC. Mosby, 1994

Conservative Management of Sports Injuries, Hyde, TE & Gengenbach, MS Editors, Williams & Wilkins, 1997

JOURNALS

Journal of Sports Chiropractic and Rehabilitation, Williams & Wilkins

Strength and Conditioning, National Strength and Conditioning Association, Human Kinetics

Medicine and Science in Sports and Exercise, Official Journal of the American College of Sports Medicine, Williams & Wilkins

Journal of Strength and Conditioning Research, Kraemer WJ Editor, Human Kinetics

Clinics in Sports Medicine, Saunders

Journal of Orthopaedic and Sports Physical Therapy, American Physical Therapy Association

OTHER RECOMMENDED READINGS

American Chiropractic Board of Sports Physicians Certification Program Code of Ethics Outline and Structure, 1998

Position Paper on Preparticipation Physical Examinations, American Chiropractic Board of Sports Physicians, Fall 1998

Position Paper on Weight Loss in Wrestling, American Chiropractic Board of Sports Physicians, April 1999

Position Paper on Prepubescent Strength Training, National Strength and Conditioning Association, 1995

Position Paper on Blood Borne Pathogens, ACA Council on Sports Injuries & Physical Fitness

Revised Concussion Parameters, American Academy of Neurology, March 1997

Emergency removal of Football Helmets. Patel MN, Rund DA, The Physician and Sportsmedicine. Vol. 22(9); 57-59, 1994

Inter-Association Task Force for Appropriate Care of the Spine Consensus Statement, May 1998

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

DACBSP® PRACTICAL EXPERIENCE LOG

COMPLETION INSTRUCTIONS

The following packet of information is to be used for the completion of your practical experience hours. Please read all the enclosed materials before submitting your hours. Reviewing these guidelines will help to ensure your submitted hours will be accepted.

1. **Enclose a brief typewritten report on each portion of your practical experience, containing information on what you observed or treated and attach it.**
2. Make sure that you have proper verification of the hours. See the attached sheet for further information on the verification process.
3. Do not send your experience log in until you have fully completed your one hundred hours of experience.
4. Send your completed log to:

ACBSP™
103 SOUTH 6TH STREET
ESTHERVILLE, IA 51334-2360

***Remember to submit a brief typewritten description of your duties or observations to support your practical experience log.**

FIELD DOCTOR VERIFICATION FORM

PLEASE TYPE

NAME	
ADDRESS	
CITY	OFFICE PH
STATE	HOME PH
ZIP CODE	CCSP® CERT #
DIPLOMATE COLLEGE	

PRACTICAL EXPERIENCE VERIFICATION

I verify that the information that I have submitted concerning my practical experience hours is true and correct. I understand that if any false information has been included, my postgraduate degree may be withheld.

SIGNED _____ DATE _____

TYPE NAME _____

SPORTS EVENT FIELD DOCTOR PARTICIPATION FORM

NAME _____ PHONE _____

ADDRESS _____ STATE _____ ZIP CODE _____

SPORTS DIPLOMATE COLLEGE COMPLETION DATE _____

EVENT _____ DATE _____ HOURS _____

RESPONSIBILITIES _____

EVENT COORDINATOR SIGNATURE _____ DATE _____

EVENT COORDINATOR COMMENTS _____

Please note: Sports administrators, athletic directors and school principals are authorized to verify participation. Coaching staff are **not** authorized to do so. Please feel free to copy this sheet as often as needed.

AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™

EXAMINATION APPLICATION



Application Completion Instructions

1. The application will not be processed unless it is completely filled out and all necessary documentation is included.
2. You must include a copy of your chiropractic diploma or chiropractic license.
3. It is the responsibility of the applicant to have the college submit confirmation of CCSP® or DACBSP® course completion. Transcripts must be received no later than the application deadline.
4. The applicant must have a current CPR card in their possession at the exam site. You will **not** be allowed to take the examination without a current card. Your CPR certification must include the following components; One person and two person, adult, infant and airway obstruction management.
5. **This signed application, test fee and supporting documents must be received by the ACBSP™ no later than 45 days prior to the examination date.** There will be no exceptions made for late applications.
6. \$50.00 of the examination fee is non-refundable. Without documented medical emergency, no refund will be made unless a written notice of withdrawal is received at least two weeks prior to the exam date. Individuals filing withdrawal notices received 14-28 days prior to the exam will receive a 50% refund.
7. Applications should be sent to the ACBSP™, 103 South 6th Street, Estherville, IA 51334.

PLEASE TYPE

NAME	
ADDRESS	
CITY	STATE/ZIP CODE
E-MAIL ADDRESS	OFFICE PHONE OFFICE FAX HOME PHONE
College where you received your doctor of chiropractic diploma:	Date graduated:
College where you attended your CCSP®/DACBSP® course: <input type="checkbox"/> Videos <input type="checkbox"/> Online	Date course was completed:
Please indicate which term is to be used on your certificate (please check your state guidelines): <input type="checkbox"/> Physician <input type="checkbox"/> Practitioner	Location where you will take the examination:
Name as it should appear on your certificate:	

EXAMINATION FEE SCHEDULE:	CCSP® Exam	DACBSP® Written Exam	DACBSP® Practical Exam
1st Time Examinees:	<input type="checkbox"/> \$350	<input type="checkbox"/> \$400	<input type="checkbox"/> \$650
Retake Examinees:	<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$100 per Station

PAYMENT:

- Check Enclosed (payable to the ACBSP™)
 Visa MasterCard

Name on Card _____ Account # _____ Exp. Date _____

**It is the policy of the ACBSP™ to work affirmatively to ensure that all persons, regardless of race, color, creed, national origin, sex, religion, marital status, age, handicap status or reliance on public assistance, political opinion or affiliation, or military service will be treated fairly and equally in employment or program participation.*

ACBSP™ CERTIFICANT AND CANDIDATE AGREEMENT AND RELEASE

I hereby certify that the information I have provided in this application is accurate and complete.

By signing in the space provided below, I represent and agree to the following terms, conditions, and releases related to ACBSP™ certification:

1. I agree to satisfy and conduct myself in accordance with all ACBSP™ certification and recertification policies and requirements, including the ACBSP™ Code of Ethics, recertification requirements, and all other ACBSP™ Certification Program policies and procedures, in their current or amended form.
2. I agree that any intentional or unintentional failure to provide true, timely, and complete responses to questions in this application or renewal form, may lead to further investigation, and/or sanctions by the ACBSP™ Board of Directors.
3. I agree to notify the ACBSP™ Certification Program, in a timely manner, of changes concerning the information I have provided, including my current address and telephone number.
4. I understand that it is my responsibility to promptly notify the ACBSP™ of any legal or professional/occupational matters, proceedings, lawsuits, administrative agency actions, settlements and agreements, disciplinary or ethics matters, malpractice claims, or organizational actions relating to me, including all complaints relating to my professional activities as a chiropractic practitioner; or where I am the subject of matters or proceedings involving criminal charges, lesser offenses, or similar matters. I have reported and fully disclosed to the ACBSP™ any such matter(s) with my certification application, or will report and fully disclose to the ACBSP™ within sixty (60) days of becoming aware or receiving notice of such matter(s), and understand that full disclosure requires the submission of all related documents and materials. I understand that my failure to meet these and other related certification requirements may render me ineligible for certification or recertification, may result in the termination, suspension, or revocation of ACBSP™ certifications, or may result in other appropriate action(s), consistent with ACBSP™ policies and procedures. I understand and agree that I may be required to cease using ACBSP™ credentials, trademarks, certification marks, and any other representation that I am certified by the ACBSP™.
5. I agree that if my compliance with any of the terms of this agreement requires or includes an explanation and supporting documents, I will provide a complete and accurate explanation and true copies of the materials to the ACBSP™ Certification Program with this application.
6. I agree that the ACBSP™ Certification Program has the right to communicate with any person, government agency, or organization to review or confirm the information in this application or any other information related to my application or ACBSP™ certification. Further, I agree to, and authorize, the release of any information requested by the ACBSP™ Certification Program for such review and confirmation.
7. I agree that certification by the ACBSP™ does not imply licensure, registration, or government authorization to practice chiropractic sports medicine or to engage in related activities.
8. I agree that all materials that I submit to the ACBSP™ Certification Program become the property of the ACBSP™ Certification Program, and that the ACBSP™ Certification Program is not required to return any of these materials to me.
9. I agree that upon certification, all professional biographical data concerning me will be considered public information and may be made available to the public upon request.
10. I agree that information related to my participation in the ACBSP™ certification process may be used in an anonymous manner for research purposes only.
11. I agree that all disputes relating in any way to my application for certification, examination, and recertification will be resolved solely and exclusively by means of ACBSP™ Certification Program policies, procedures and rules, including the Certification Appeals Procedures.
12. I release and indemnify the ACBSP™ from all liability and claims that may arise out of, or be related to, my practice of chiropractic sports medicine and related activities.
13. I hereby release, discharge, and indemnify the ACBSP™, its directors, officers, members, examiners, employees, attorneys, representatives, and agents from any actions, suits, obligations, damages, claims, or

demands arising out of, or in connection with, this application, the scores given with respect to the examination, or any other action taken by the ACBSP™ Board of Directors and the ACBSP™ Certification Program with regard to certification, testing, and recertification, including, but not limited to, all actions related to ethics matters and cases. I understand and agree that any decisions concerning whether I qualify for any certification, as well as any decisions regarding my continuing qualification for any certification and my compliance with the ACBSP™ Code of Ethics, rest within the sole and exclusive discretion of the ACBSP™ Board of Directors and that these decisions are final.

I understand and agree to all of the terms set forth above.

Signature: _____ Date: _____

Revised 9/22/04