

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: _____