



American Chiropractic Board of Sports Physicians™
 103 South 6th Street
 Estherville, IA 51334-2360
 Telephone: (712) 362-8860 ~ Fax: (712) 362-8609
 E-mail: acbsp@myclearwave.net ~ Website: www.acbsp.com

Please print clearly below.

Name _____

Mailing Address _____

City, State, Zip _____

Office Address (if different than mailing address) _____

City, State, Zip _____

Work PH _____ FX _____ Home PH _____

E-mail Address _____ Certification # _____

2009

RECERTIFICATION FORM & STATEMENT OF ANNUAL RECERTIFICATION FEES

	2009 FEES	2009 CEUS	CPR
AMOUNT REQUIRED	Pay by 1/31/09 = \$125 After 1/31/09 = \$140	CCSP = 12 DACBSP = 24	Must maintain a current certification at all times
DUE DATE	01/31/09*	12/31/09**	Within 60 days after CPR expiration date
AMOUNT ENCLOSED	\$ _____	_____ CEUs	Enclosed Not Enclosed

STEPS NEEDED TO COMPLETE RECERTIFICATION PROCESS

- 1) Send documentation of CEUs required (i.e. certificate of attendance, college transcript, etc. and completed between Jan. 1, 2009 and Dec. 31, 2009).
- 2) Check or Money Order payable to the **ACBSP** or Credit Card (MasterCard or Visa).
 ___ Check here if you would like to use this credit card to make automatic payments for future years.

Card Number													Exp.				
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Cardholder Signature _____

- 3) Send copy of current CPR card (ARC – Professional Rescuer or AHA – Healthcare Provider).
- 4) Read, sign and date the Certificant Agreement Form on the back of this form.
- 5) Make two copies of this form: send original with payment of dues (by 1/31/09); send one copy with submission of CEUs (no later than 12/31/09); and keep one copy for your records. If you are sending both the dues and CEUs at the same time, just one copy of this form is needed.
- 6) **Return this form, along with the requested documentation, fees, signature and date (located on the back of this form) to the address at the top of the page.**

* If Recertification Fee is not paid by 1/31/09, you will be required to pay \$140.
 ** The CEU requirement should be submitted within 30 days of completing the CEUs for 2009, but no later than 12/31/09. **CEUs do not need to and probably won't be completed before you send in the renewal fee.**

ACBSP™ CERTIFICANT AND CANDIDATE AGREEMENT AND RELEASE

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.
14. I agree that each year \$25 of my recertification fees goes towards a subscription to Journal of Chiropractic Medicine annually.

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

Signature: _____ Date: _____