

ACBSP™ CCSP® Certification Candidates' Handbook

American Chiropractic Board of Sports Physicians

Table of Contents

Certified Chiropractic Sports Physician® (CCSP®) Certification Candidates' Handbook	4
Disclosure	4
CCSP® EXAMINATION POLICY	5
Pathways to Eligibility for the CCSP Examination.....	5
CCSP® Exam Application, Administration and Format.....	5
Fees	7
Cancellation/Refund Policy.....	7
Preparing for the ACBSP Examination	7
Special Needs Applicants	7
ACBSP SPECIAL NEEDS SPECIFIC ACCOMMODATION REQUEST FORM	8
ACBSP DOCUMENTATION OF DISABILITY RELATED NEEDS FORM	9
ACBSP Responsibilities to Applicants for Certification or Recertification	10
Description of Examination and Grading Procedures	10
Written Examination Description	10
Written Examination Construction.....	11
Exam Grading	12
POLICY ON TESTING REGULATIONS/CANDIDATE EXAMINATION CONDUCT	13
General Exam Administration Regulations and Procedures	13
Termination of Examination Administration/Grounds for Dismissal.....	14
Cancellation of Scores by the ACBSP	15
Reporting of Scores.....	16
Rewriting Failed Examination	16
Hand Grading.....	17
EXAM IMPROPRIETY POLICY	17
Appeals Procedures	18
Certification Program Actions and Decisions Concerning the Certification Process	20
Circumstances for Review or Appeal of an Adverse Certification Program Decision	20
Initial Request for Review/Content and Time Period for Submitting a Request for Review	20
Informal Review by the ACBSP Chief Operations Officer	21
First Appeal/Certification Appeals Committee	21
Contents Of and Grounds for First Appeal.....	22
Requests for Hearing of First Appeal/In-Person, Telephone and Record Hearings	22
First Appeal Hearings	23
First Appeal Determination/Decision of the Certification Appeals Committee.....	24
Final Appeal/Final Appeal to the Board of Directors	24
Time Period for Submitting Final Appeal/Content of Final Appeal	25
Board of Directors Final Appeal Process.....	25
Final Decision of the Board of Directors.....	26
Finalizing and Closing Appeals.....	26
CPR Policy	26
CCSP® Program Guidelines	27
CONCEPTS OF THE SPORTS PHYSICIAN	27
EXERCISE PHYSIOLOGY	28
CLINICAL BIOMECHANICS	28

SPORTS NUTRITION.....	29
ADJUNCTIVE THERAPY/PROCEDURES.....	30
DIAGNOSTIC IMAGING FOR SPORTS INJURIES.....	30
CPR AND EMERGENCY PROCEDURES.....	31
CLINICAL COMPETENCY.....	31
ENVIRONMENT AND THE ATHLETE.....	33
SPECIAL CLINICAL CONSIDERATIONS.....	33
MEDICO-LEGAL ASPECTS.....	34
RECOMMENDATIONS FOR WEIGHT OF BODY AREAS FOR THE CLINICAL	
COMPETENCY PORTION OF THE CCSP® EXAMINATION.....	34
DIAGNOSIS OF SPORTS INJURIES.....	34
TREATMENT OF SPORTS INJURIES.....	35
PREVENTION OF SPORTS INJURIES.....	35
AMERICAN CHIROPRACTIC BOARD OF SPORTS PHYSICIANS™ CCSP® EXAMINATION	
TEST PLAN.....	35
CCSP® Certification Reading List.....	36
ACBSP Position Statements.....	36
Texts.....	36
Other Position Statements.....	37
American College of Sports Medicine Position Statements and Team Physician	
Consensus Statements.....	37
Suggested Additional Reading.....	39
CODE OF ETHICS.....	40
Introduction.....	40
Preamble/General Guidelines.....	41
Section A: Compliance with Laws, Policies, and Rules Relating to the Profession.....	41
Section B: Professional Practice Obligations.....	42
Section C: Requirements Related to Research and Professional Activities.....	43
Section D: Conflict of Interest and Appearance of Impropriety Requirements.....	43
Section E: Compensation and Referral Disclosure Requirements.....	44
Section F: Confidentiality Requirements.....	44
Section G: Misconduct Prohibitions.....	44
CERTIFICATION MAINTENANCE AND CONTINUING EDUCATION POLICY.....	45
Introduction.....	45
Statement of Purposes.....	45
Certification Maintenance Process and Requirements.....	45
Annual Maintenance Fee.....	46
Annual Continuing Education Requirements.....	48
Continuing Education Activity Guidelines.....	50
Summary of Annual Certification Maintenance Requirements.....	54

Certified Chiropractic Sports Physician® (CCSP®) Certification Candidates' Handbook

Revised May 1, 2015

The American Chiropractic Board of Sports Physicians (ACBSP) is a private, non-profit, professional credentialing organization that 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 thorough, rigorous, examination-based, professional credentialing programs in the field of chiropractic sports medicine. The ACBSP Certification Program is designed to assess and objectively measure the professional knowledge and competency of chiropractic doctors, physicians, and practitioners engaged in the specialty of chiropractic sports medicine.

In order to earn the certification of Certified Chiropractic Sports Physician (CCSP), each candidate must satisfy all educational eligibility requirements established by the ACBSP Board of Directors, 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 the DACBSP 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 ACBSP for the DACBSP certification. Please refer to the DACBSP Candidate Handbook for more information. All individuals certified by the ACBSP Certification Program must also 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 does not discriminate against any candidate on the basis of an unlawful reason, and grants certification without regard to a candidate's membership or non-membership in any organization, association or other group.

It is the policy of the ACBSP to work affirmatively to ensure that all persons, regardless of race, color, religion, national origin, sex, religion, marital status, age, disability, sexual orientation, any other characteristic protected by law, or reliance on public assistance, political opinion or affiliation, or military service will be treated fairly and equally in employment or program participation, including certification and recertification.

Disclosure

This handbook is not to be construed as a contract. The ACBSP reserves the right, in its sole discretion, to modify, change, revise, or amend policies at any time, for any reason, and without prior notice. If there should be an inconsistency between the contents of this handbook and the contents of any other printed ACBSP material, your rights shall be determined by the ACBSP Board of Directors and not under this handbook.

In the event of a conflict between the information in this guide and the formal policy documentation, the formal documentation will govern.

CCSP® EXAMINATION POLICY

Effective January 1, 1992; Revised July 3, 2014, October 17, 2014

Pathways to Eligibility for the CCSP Examination

Licensed doctors of chiropractic who satisfy one of the following, and are able to provide official documentation demonstrating such, are eligible to take the CCSP examination.

1. Completed a minimum of 100 hours of postgraduate education in the Certified Chiropractic Sports Physicians® program at an accredited chiropractic college.
2. Possess a current Athletic Trainer Certification (ATC).
3. Completed a Masters of Science (MS) degree at an accredited college in an equivalent program in the domain of sports medicine.
4. Completed the first year of a sports medicine residency program at an accredited college.

All candidates must complete a post-graduate level hands-on emergency procedures course and a healthcare-provider level CPR certification course with a hands-on component. Online CPR courses that do not include a live, practical component are not acceptable. Candidates must provide documentation of successful completion of both courses prior to taking the exam. The CPR certification must be valid on the exam date. CPR education is not considered postgraduate education and should not be a component of the educational programming.

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

CCSP® Exam Application, Administration and Format

Application requirements and additional information may be obtained from participating chiropractic colleges' postgraduate departments, the ACBSP website at <http://www.acbsp.com>, or by contacting the ACBSP national office. All applications and supporting materials must be received no fewer than 45 days prior to the anticipated test date.

A complete application package will include the following.

1. A completed online application form and application fee paid in full. The online application form must be completed to begin the exam application process.
 - a. Please note that the application package will NOT be complete or processed until the remaining requirements listed below are received at the ACBSP national office. These must be received no fewer than 45 days prior to the exam date.

2. A copy of the candidate's healthcare provider level CPR card*. The CPR card must be valid on the exam date.
3. A copy of the candidate's state DC license*. The license must be valid on the exam date. If the candidate is not yet licensed a copy of his/her DC diploma* may be accepted.
4. The transcript record of the qualifying post-graduate training. Transcripts must be sent directly from the issuing college or certifying body to the ACBSP national office. The college may mail, fax, or email the transcript to the ACBSP. It is the candidate's responsibility to request the college or appropriate governing body to send the transcript to the ACBSP. The ACBSP will not make transcript requests. Appropriate records of evidence of post-graduate training include:
 - a. A CCSP® course transcript showing successful completion of a minimum of 100 hours.
 - i. All course hours must be reported on one transcript from a single accredited chiropractic college. If the candidate took course hours at more than one college, they will need to contact the colleges to learn how to transfer hours so that all of the hours are recorded and reported on a single transcript.
 - b. A transcript showing adequate completion of a qualifying MS degree or residency program.
 - c. Official documentation from NATA showing the currency of the ATC certification must be provided.

*These items may be emailed, faxed, or mailed to the ACBSP national office and must be received no fewer than 45 days prior to the exam date. If ALL application materials are not received before this deadline, you will not be permitted to take the exam.

Approximately 4-5 weeks before the date of the examination administration, the ACBSP's examination service will mail the applicant an admission letter that specifies the test site. The confirmation letter is typically delivered by USPS mail to the mailing address provided on the exam application form. This admission letter and a valid government issued photo ID must be presented at the exam site for check in. Anyone not in possession of the admission letter will not be permitted to take the examination.

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 receive written notification of your results 4 to 8 weeks following the date of the exam.

After successfully completing the certification examination, a certificate will be issued approximately 6-8 weeks after receipt of your test scores.

If you fail the examination, you may request re-examination at a subsequent test by reapplying. There is a re-application fee that includes a \$50 non-refundable administrative fee and follows the same refund policy as the original application fee described below. The exam may be taken a maximum of three (3) times before additional educational hours are required. In addition, candidates must successfully

complete and pass the written examination three (3) years from the date of completion of the CCSP program.

The American Chiropractic Board of Sports Physicians typically offers two official examination dates per year; one in the spring that is held in conjunction with annual Chiropractic Sports Sciences symposium and the other in November. The examination may be administered in more than one location simultaneously on those test dates. Scheduled examination dates will be published on the ACBSP website, www.acbsp.com, and are also available by contacting the ACBSP national office or the post-graduate department of participating colleges. The ACBSP reserves the right to modify the testing schedule and locations at any time at its sole discretion.

Fees

The fee for the initial attempt of the CCSP exam is \$350. Subsequent attempts require a \$300 fee for each attempt up to a maximum of three attempts, (which includes initial attempt,) within three years of completing the CCSP program.

Cancellation/Refund Policy

\$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.

Preparing for the ACBSP Examination

Candidates for examination should remember that the purpose of the ACBSP is to conduct certification activities in a manner that upholds standards for competent practice in the health care specialty of Certified Chiropractic Sports Physicians. Postgraduate CCSP programs are the foundation for ACBSP examination preparation. Candidates are encouraged to discuss the rigors of the examination with certificants, as well as with their course professors and instructors. The ACBSP does not conduct or sponsor review courses.

Special Needs Applicants

The ACBSP will give consideration to applicants requiring special testing arrangements due to handicap or religious conviction. In order to be eligible, applicants must indicate to the ACBSP that they are requesting special testing arrangements by submitting an ACBSP Special Needs Accommodation Request Form and an ACBSP Documentation of Disability Needs form. These forms can be found on the following pages and must be submitted with other examination application materials in accordance with the exam application deadline. The ACBSP reserves the right to review each request and evaluate it on its own individual merits.

ACBSP SPECIAL NEEDS SPECIFIC ACCOMMODATION REQUEST FORM

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ ALT. PREFERRED PHONE: _____

Email: _____

Accommodations requested for the exam administration date and location:

Check all that apply:

Accessible Testing Site

Large print exam

Taped exam

Reader as accommodation for visual impairment

Scribe/amanuensis as accommodation for visual or motor impaired

Sign Language Interpreter

Extended Time

Time-and-a-half

Double time

More than double time

Seated away from doors and walk-ways

Separate testing area Specify: _____

Other _____

Comments: _____

ACBSP DOCUMENTATION OF DISABILITY RELATED NEEDS FORM

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, medical physician or healthcare practitioner, psychologist, psychiatrist) to certify that your disability condition requires the requested test accommodation.

If you have existing documentation of having the same or similar accommodation provided to you in another test situation, you may submit such documentation instead of having this portion of the form completed.

I have known _____ since _____
(Name of candidate) (Date)
in my capacity as a _____
(Professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Accessible Testing Site | <input type="checkbox"/> Sign Language Interpreter |
| <input type="checkbox"/> Large print exam | <input type="checkbox"/> Extended Time |
| <input type="checkbox"/> Taped exam | <input type="checkbox"/> Time-and-a-half |
| <input type="checkbox"/> Reader as accommodation for visual impairment | <input type="checkbox"/> Double time |
| <input type="checkbox"/> Scribe/amanuensis as accommodation for visual or motor impaired | <input type="checkbox"/> More than double time |
| | <input type="checkbox"/> Seated away from doors and walk-way |

Signed: _____ Title: _____

Date: _____ License # _____ (if applicable)

ACBSP Responsibilities to Applicants for Certification or Recertification

1. The ACBSP complies 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 requires compliance of all contractors and/or providers of services for the certification and recertification programs.
2. The ACBSP provides competently proctored examination sites typically twice annually.
3. The ACBSP shall not accept alternatives to the criteria set forth as required for initial certification. Specifically, the clinical degree and license to practice are essential under the law and cannot be subsumed by any amount of alternative experience. The one hundred (100) hours of study in sports injuries and physical fitness; or the possession of an Athletic Trainer (ATC) Certification must be completed. To alter this requirement might serve to jeopardize the consumer of quality assured services.
4. The ACBSP, in notification of examination results, provides failing applicants with information on general content areas of deficiency.
5. The ACBSP assures that each applicant's examination results are held confidential. However, as stated in item 6 of this paragraph below, the ACBSP will update the public listing of active certificants within three months after each examination so that the consumer may make informed choices about providers according to certification status.
6. The ACBSP publishes, on their website, a current list of those persons certified including their name, certification designation, office address, telephone number and e-mail address. This listing is to assist the public and other certificants in making referrals to certified clinicians and choice of accredited providers. No other information shall be made public.
7. The ACBSP disciplines certificants for conduct deemed harmful to the public or inappropriate to the profession. Any disciplinary action may be contested through the Ethics or Appeals Procedures. Refer to Code of Ethics on page 41 for Appeals Procedures.

Description of Examination and Grading Procedures

Written Examination Description

1. The examination is prepared and scored by an examination service, and administered by the ACBSP.
2. It is written in a multiple-choice format, consisting of approximately 225 questions.
3. Mark only one response (or choice) for each question. Items that contain two or more marked responses (or no responses) shall receive no credit.
4. The examination consists of 4 hours of actual testing, with the entire administration taking approximately 5 hours.

5. Individual test questions are selected on an objective, national basis by the exam committee. The exam committee is composed of ACBSP appointed exam co-chairpersons and chiropractic college postgraduate faculty and chiropractic practitioners with active CCSP certifications. Each test question appearing on the examination undergoes extensive review, both before and after administration.
6. The ACBSP typically offers two official testing dates per year. The examination may be administered in more than one location simultaneously on those test dates. Determination of test sites is based upon applicants' geographic distribution and administrative considerations.
7. Upcoming test dates will be posted on the ACBSP website, www.acbsp.com or are available by contacting the ACBSP national office.
8. The ACBSP reserves the right to relocate and/or cancel an examination administration at one or more test sites for any legitimate reason due to circumstances beyond its control.

Written Examination Construction

All examination materials are copyrighted material of the ACBSP. No reproduction or duplication of these materials are permitted, unless authorized by the ACBSP. All draft materials utilized by examination development committee members are kept secured in a double locked enclosed area and inventoried regularly. All committee members sign confidentiality agreements when generating and/or reviewing examination materials. Any material considered unusable is shredded prior to disposal.

All duplication of examination materials has been done in a closed environment under secure arrangements. All test documents utilized by exam candidates have unique control numbers. Any examination materials delivered to an examination site by courier service have an inventory list that is signed off prior to delivery and upon opening. Once used and repackaged for courier shipment, the inventory list is completed and initialed again.

All candidates are examined utilizing the same form of the comprehensive written examination. No equivalent forms of the competency evaluation are needed. The ACBSP has established a policy that all examinations will be generated in English. Written translations of the competency evaluation are not available. No adaptations of the evaluation material are utilized at this time. Accommodations for candidates with disabilities are dealt with on an individual basis in accordance with the Americans with Disabilities Act.

Test items utilized in the examination have been keyed to an examination blueprint and validated by the collective judgment of the subject matter experts utilized as item writers, as well as source documents from the sports injury and physical fitness field. All of these activities have been conducted under the direction of a consultant psychometrician subject to standards acceptable to the National Organization of Certification Agencies (USA).

An outside panel of the examination development committee has been utilized to review the work of the committee and to monitor the validation procedures utilized by the committee, the linkages of the test items to the examination blueprint, and associated content

specifications. The procedures utilized by the panel minimized content error on the part of the committee and have provided assurances that the committee followed generally accepted principles in item development. Each examination question has undergone this process and the items were entered into an item-banking computerized program, which allows the ACBSP to maintain all of the specifications of the test item relating to its linkage to the examination blueprint, job analysis and content validity.

After a sufficient pool of questions was developed and banked into the software, an assessment was made of the number of test items developed for each content domain to ensure that there was a sufficient pool of items in each major/minor content area. Once satisfied that a sufficient pool of items existed, a form of the examination was generated according to the content specifications. This form was subjected to yet another field reviewed by a selected group of certificants. After signing the appropriate confidentiality forms, the reviewers rated the worthiness of the test and test items according to predetermined criteria. A consultant psychometrician reviewed comments, edits, and recommendations and made necessary changes.

A cut-score committee was assembled to establish the passing point of the examinations. The committee members selected were screened for their qualifications in the field of sports injuries and physical fitness. The members selected did not include any certificants involved in the item development process. The cut-score procedure utilized was a modified Angoff procedure for determining the various passing points on the written exam. Each member of the committee rated each criterion that will be used in the grading of the examinations and a running mean score was calculated. When completed, the cut score for each of the examinations was determined, including the variance, standard deviation and the standard error of measurement. Each member of the multiple-choice exam Angoff cut-score committee was responsible for determining the passing point as it related to the minimally competent candidate. Prior to their initial rating, committee members were trained on cut-score methodology and provided a worksheet outlining the process with space on the worksheet to be used in describing the minimally competent candidate.

Exam Grading

After the administration of the multiple-choice examination, Scantron answer sheets are shipped to the consultant psychometrician for grading. Each examination answer sheet is machine scored. After scoring, a roster of candidate scores for each examination is generated. After the rosters have been generated, a determination of passing and failing scores is made based on the predetermined cut score.

After the scores are generated and verified, each exam form is subject to item analysis procedures. The item analysis program is designed to determine the strength of the test item as it relates to the ability of the test item to discriminate between candidates who know the information and candidates who are deficient. The item analysis program also provides information regarding the performance of individual test items in relation to a candidate's overall performance. An alpha reliability coefficient and the difficulty level of individual items are calculated. If there is an issue surrounding the validity and reliability of the examination form in relation to candidate performance, a standard error of measurement is computed. The rationale for utilizing a standard error of measurement rests on the assumption that a sampling error may occur in the selection of test items from

the content areas outlined. If warranted, the standard error of measurement can be utilized to adjust the cut score in either direction.

For those candidates who do not achieve the required cut score, diagnostic score reports will be generated outlining the passing and failing percentage scores in each of the outlined major content areas. All passing candidates will receive a letter indicating their successful achievement on the competency evaluation. Once score reports have been generated and disseminated, aggregate information is assembled into a report summarizing the examination process. All of the information will be reported in aggregate fashion with no breach in confidentiality as it relates to individual candidates and their respective scores.

POLICY ON TESTING REGULATIONS/CANDIDATE EXAMINATION CONDUCT

Effective August 22, 2004

General Exam Administration Regulations and Procedures

1. The examination will be given on the day and at the time scheduled.
2. Candidates 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. Candidates may not eat, drink, or use tobacco during testing time.
5. Candidates should dress in such a way that they can adapt to any room temperature.
6. While the test session is in progress or during breaks, candidates may not communicate with anyone other than test center staff concerning the examination.
7. Candidates 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. Candidates 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. Candidates must report to the test center at least 15 minutes before their scheduled appointment for check-in procedures. If they arrive late, they may not be admitted and the exam fee will not be refunded.
11. Candidates will be required to complete a confidentiality statement at the test center. If they do not sign the statement, they cannot sit for the exam, and their fees will NOT be refunded.
12. Other than personal identification, personal items are not allowed in the testing room. Candidates 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 relatives who accompany a candidate to the test center will not be permitted to wait in the test center nor will they be permitted to be in contact with the candidate at any time during the administering of test.
14. Exam administration sessions begin at sign-in, end at sign-out, and includes breaks. Candidates will be required to sign the test center log before and after the test session and any time they leave or enter the testing room.
15. The test center administrator may provide the candidates with scratch paper that may be replaced as needed during testing. Candidates may not take their own scratch paper to the test, nor may they remove scratch paper from the testing room at any time.
16. If a candidate needs to leave his/her seat at any time, he/she must raise his/her hand and request permission. When granted, the timing of the test will not stop. The candidate 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 a candidate has a problem, or for any reason they need the test center administrator, they must raise their hand.

In rare instances, unanticipated problems may require late starts and/or rescheduling of an 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.

Termination of Examination Administration/Grounds for Dismissal

The test center administrator/supervisor or proctor is authorized to dismiss a candidate from an examination administration, and the ACBSP may cancel their 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 the 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 DACBSP 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 administrator/supervisor after each testing session. No portion of such materials may be retained by examinees/candidates. The ACBSP reserves the right to take all action including, but not limited to, barring a candidate from future testing and/or canceling their scores for failure to comply with the test administrator/supervisor's directions. If a candidate's scores are canceled, they will be notified of such action and its basis, and their examination fees will not be refunded. Although tests are administered under strict supervision and security measures, examination irregularities may sometimes occur. Candidates are required to contact the ACBSP 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.

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 scores cancellation, a free retest, or arbitration in accordance with ACBSP policies.

Reporting of Scores

1. A passing grade shall be determined by appropriate psychometric standard deviation.
2. Exam results will be mailed directly to all candidates approximately 8-10 weeks after the administration of the examination. Scores will NOT be reported over the telephone. Telephone calls requesting score information or special handling only delay processing.
3. After successfully completing the certification examination, a certificate will be issued approximately 4-8 weeks after receipt of the test scores.

Rewriting Failed Examination

1. Failed candidates are eligible to sit for a re-examination at a subsequent test by reapplying.
2. The examination may be taken a maximum of 3 times before additional educational hours are required. At that time, the additional educational hours of postgraduate study in sports injury must be taken and proof of such hours must be submitted to the ACBSP in writing from an accredited chiropractic college. Such educational hours should be in those areas determined as deficient on the failing doctor's previous examination(s).

3. Candidates must successfully complete the written examination 3 years from the date of completion of the CCSP program.

Hand Grading

The ACBSP, in conjunction with their professional examination service, conducts extensive post examination analyses to ensure that reported scores are accurate. Included in these analyses is a comparison of the scores obtained in samples of answer sheets that have been both mechanically scored and scored by hand. Also, all unsuccessful written examination scores found to be at or near the cut score are hand scored. Thus, it is unlikely that any examination score will be changed from “fail” to “pass” if rescored manually. For this reason, the ACBSP does not encourage examinees to request hand grading for verification of their scores. However, in the event that an applicant feels that an error in scoring may have occurred, the ACBSP will honor a request for hand grading. Such a request must be submitted in writing and because there are expenses involved with regrading a written or practical examination (and is the responsibility of the doctor requesting the regrading) must be accompanied by the currently applicable fee. Requests for hand grading must be received within 30 days after scores are released to examinees. This written request should be sent by certified mail to the ACBSP office. The written request for review must contain the following information.

1. Identity and signature of the candidate submitting the request.
2. Reason the request is being made.
3. The specific examination(s) the evaluation is to address.

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 fee for regrading the written exam is \$200 and is non-refundable.

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 “C” 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.

Appeals Procedures

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.

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.

Participants. The ACBSP Chief Operations Officer or authorized representative, 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.

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.

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.

Confidentiality. In order to protect the privacy of all parties involved in matters arising under these procedures, all materials prepared by, or submitted to, the ACBSP Certification Program will be confidential. Disclosure of materials prepared by, or submitted to, the

ACBSP Certification Program is permitted only when specifically authorized by ACBSP Certification Program policy, the Board of Directors, or the Chief Operations Officer or authorized representative.

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

1. Published certification and eligibility criteria;
2. Records and materials which are disclosed as the result of a legal requirement;
3. 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,
4. All final published decisions and orders of the Board of Directors, the Certification Appeals Committee, or the Chief Operations Officer or authorized representative.

Failure to Disclose/Improper, False, or Misleading Representations. The ACBSP Chief Operations Officer or authorized representative, 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.

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

Prevention of Certification or Maintenance of Certification. Following notice, and a reasonable opportunity to present a response to the Board of Directors, the ACBSP Chief Operations Officer or authorized representative, 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 the ACBSP Certification Program under this Section issues a penalty, discipline, order, or other directive, the candidate or certificant involved may seek review and appeal under these procedures.

Certification Program Actions and Decisions Concerning the Certification Process

Certification Application Actions. Under the supervision of the Chief Operations Officer or 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.

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).

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.

Circumstances for Review or Appeal of an Adverse Certification Program Decision

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:

1. The candidate was found to be ineligible to take or complete the CCSP or the DACBSP Certification Examination(s);
2. The candidate did not pass and successfully complete the CCSP or the DACBSP Certification Examination(s); or,
3. 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.

Initial Request for Review/Content and Time Period for Submitting a Request for Review

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 Chief Operations

Officer or authorized representative 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 with the initial written request for review. 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 Chief Operations Officer or authorized representative.

Informal Review by the ACBSP Chief Operations Officer

Chief Operations Officer Actions. Upon receipt, and in the first instance, the ACBSP Chief Operations Officer or authorized representative will consider all requests for review initially. Following review of the candidate's or certificant's appeal and request for review, the Chief Operations Officer or authorized representative will acknowledge receipt of the request within thirty (30) days and may take one of the following actions:

1. Uphold or modify the adverse action or decision, or take other appropriate action, in writing with the approval of the Board of Directors; or,
2. Refer the matter to the Certification Appeals Committee for review and resolution as an appeal.

Referral of Request/First Appeal. In the event that a request for review is referred to the Certification Appeals Committee for resolution, the Chief Operations Officer or authorized representative will provide the Certification Appeals Committee with all relevant materials, including the documents and materials submitted by the candidate or certificant.

First Appeal/Certification Appeals Committee

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 Chief Operations Officer or authorized representative; or, a candidate or certificant is dissatisfied with the final informal review and action of the Chief Operations Officer or authorized representative, and requests an appeal consistent with these procedures.

Only the following actions and decisions of the Chief Operations Officer or authorized representative may be appealed by the candidate or certificant:

1. The candidate was found to be ineligible to sit for the CCSP or the DACBSP Certification Examination(s);
2. The candidate was barred or otherwise prohibited from taking or completing the CCSP or the DACBSP Certification Examination(s);
3. The candidate's CCSP or the DACBSP Certification Examination(s) was re-scored and he/she has failed to pass the examination(s);
4. 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,
5. 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.

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 notice of the final action and decision of the Chief Operations Officer or authorized representative. The time for filing the appeal may be extended by the Certification Appeals Committee upon written request by the candidate or certificant received at least fifteen (15) days prior to the appeal deadline.

Contents Of and Grounds for First Appeal

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:

1. The identity and signature of the individual candidate or certificant submitting the appeal;
2. All objections, corrections, and factual information the candidate or certificant believes to be relevant to the appeal;
3. 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,
4. Copies of any and all relevant documents, exhibits, or other information the candidate or certificant wants to submit in support of the appeal.

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:

1. The candidate's eligibility to sit for the CCSP or the DACBSP Certification Examination(s), or other eligibility for certification, was denied incorrectly
2. 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);
3. The candidate was barred or otherwise prohibited incorrectly from taking the CCSP or the DACBSP Certification Examination(s); or,
4. 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.

Requests for Hearing of First Appeal/In-Person, Telephone and Record Hearings

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:

1. 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;
2. 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,
3. 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.

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.

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.

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 Chief Operations Officer or authorized representative 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.

Final Appeal/Final Appeal to the Board of Directors

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:

1. **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;
2. **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;

3. 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
4. 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.

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 the President of the Board of Directors grants special permission.
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.

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.

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.

Finalizing and Closing Appeals

Conditions for Closing the Appeal. An appeal will be closed, and all proceedings ended, when any of the following occurs:

1. An appeal has been resolved and decided by the Chief Operations Officer or authorized representative, or the Certification Appeals Committee and the allowable time period for the filing of an appeal under these procedures and rules has passed or lapsed; or,
2. The Board of Directors has resolved and decided the appeal.
3. The appeal has been withdrawn or terminated by the candidate or certificant.

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. CPR education is not considered postgraduate education and should not be a component of the educational programming.
2. 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 January 1, 2006

3. In addition to the above requirements, the CPR class must have a hands-on component where the student demonstrates skills to an instructor. Online CPR courses that do not include a live, practical component are not acceptable.
4. When submitting an application to sit for the CCSP or DACBSP examination, a candidate must submit proof of current CPR certification. CPR certification must not expire before the examination. Failure to comply will result in inability to sit for the exam.
5. The ACBSP™ requires that doctors maintain current recertification in CPR. (Please refer to the ACBSP Certification Maintenance and Continuing Education policy for additional information).

CCSP® Program Guidelines

The Certified Chiropractic Sports Physician® (CCSP®) certification program consists of a minimum of 100 hours of course work provided by an accredited postgraduate program.

CONCEPTS OF THE SPORTS PHYSICIAN

1. Sports Psychology
 - a. Overview of psychology of the athlete
 - b. Psychological evaluation of the athlete
 - c. Psychological preparation of the athlete
 - d. Clinical applications
2. Exercise & Fitness Concepts
 - a. Introduction to health and fitness programs
 - b. Implementation of health and fitness programs
 - c. Management of health and fitness programs
3. The Sports Practice
 - a. How to develop a sports practice
 - b. The role of the chiropractic sports physician in the sports medicine team
 - c. Philosophical considerations of treating athletes
4. Pre-participation Exams
 - a. Establishing a complete exam protocol (office or school)
 - b. Evaluation of the young athlete
 - c. Evaluation of the mature athlete
 - d. Setting up multi-station/multi-disciplinary exams
 - e. Medical legal aspects of the pre-participation exam
5. Coaching Principals

- a. Motivation
- b. Skill development
- c. Coaching techniques
- 6. Athletic Training Principals
 - a. Fundamentals of physical training
 - b. Speed, agility, neuromuscular coordination
 - c. Cardiovascular endurance
 - d. Strength and conditioning
 - e. Detraining over training
 - f. Off season training
 - g. Specific Adaption to Imposed Demand (SAID) Principal

EXERCISE PHYSIOLOGY

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

CLINICAL BIOMECHANICS

- 1. Principals of Bio-physics (basic)
 - a. Definition of force terminology
 - b. Classes of levers
 - c. Static and dynamics/principles of motion

2. Functional Anatomy
 - a. Muscle shape classifications
 - b. Joint configurations
 - c. Principals of leverage
3. Kinesiology
 - a. Eccentric vs. Concentric contraction
 - b. Muscle actions
 - c. Principals of muscle coordination
 - d. Muscle substitution
4. Mechanics of Injury
 - a. Intrinsic and extrinsic causation
5. Joint Function
 - a. Proprioception
 - b. Joint stability
 - c. Physiological vs. Anatomical joint definitions
 - d. Joint motion

SPORTS NUTRITION

1. Diet
 - a. Principals of dietary composition
 - b. Diet construction
 - c. Principles of weight gain and loss
2. Supplementation
 - a. Vitamins and performance
 - b. Supplementation principals
3. Special Considerations
 - a. Diabetes
 - b. Anemia
 - c. Eating disorders
4. Ergogenic Aids
 - a. Blood doping
 - b. Erythropoietin
 - c. Nutritional
 - d. Drugs
5. Diet and Metabolism
 - a. Metabolic rates
6. Drugs and Medications Commonly Used in Athletics
 - a. Legal
 - i. Anti-inflammatories
 - ii. Cortisone
 - iii. Other drug classes
 - b. Illegal

- i. Growth Hormone (GH)
 - ii. Anabolic steroids
- 7. Substance Abuse
 - a. Alcohol
 - b. Drug testing
 - c. Intervention
- 8. Fluid Regulation
 - a. Physiology of fluid and electrolyte regulation
 - b. Fluid and electrolyte replacement

ADJUNCTIVE THERAPY/PROCEDURES

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

DIAGNOSTIC IMAGING FOR SPORTS INJURIES

- 1. Interaction with Consultants
 - a. Protocols for ordering studies
- 2. Differential Examination Procedures (when to use what)
- 3. Pediatrics/Adolescents
 - a. Epiphyseal injuries
- 4. Imaging Acute vs. Chronic Conditions
 - a. Use of stress views
 - b. Follow-up

5. Special Modalities
6. MRI
7. Bone scan
 - a. Ge
 - b. Te
8. CT
9. Arthrogram
10. Arthroscopy

CPR AND EMERGENCY PROCEDURES

1. First Aid
 - a. Primary vs. secondary surveys
 - b. ABC's
2. Acute Care
 - a. Head trauma
 - b. Neck and spine trauma
 - c. Chest and viscera trauma
 - d. Environmental injury
 - e. Diabetic emergencies
 - f. Extremity trauma
3. Patient Transport
4. CPR Certification

CLINICAL COMPETENCY

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

- ii. Kinetic chain
- 7. Bone and joint trauma
 - a. Fractures
 - b. Stress fractures/stress reaction
 - c. Sprain/strain
- 8. Soft tissue injury
 - a. Sprain strain
 - b. Tendinitis/bursitis/capsulitis
 - c. Contusions (myositis ossificans)
- 9. Thoracic Area - Spine, Rib Cage, Viscera
 - a. Cardiopulmonary considerations
 - b. Diagnosis
 - c. Treatment/management
 - i. Scoliosis
 - ii. Scheuermann's
 - d. Visceral injury
 - i. Pneumothorax
 - ii. Hemothorax
 - iii. Cardiac contusion
 - e. Bone and joint trauma
 - i. Compression fractures
 - ii. Rib fractures
 - iii. Costochondritis
 - f. Soft tissue injury
 - i. Intercostal strains
 - ii. Back muscle strains
- 10. Lumbar Area - Spine, Abdomen, Perineum, Pelvis
 - a. Diagnosis
 - i. Spondylosis/spondylolisthesis
 - ii. Hyperextension injury
 - iii. Pelvis stress fractures
 - iv. Coccygeal injuries
 - v. Sacroiliac injuries
 - b. Treatment/management
 - c. Genital injury, etc.
 - d. Bone and joint trauma
 - e. Soft tissue Injury
 - i. Hernias
 - ii. Abdominal strains
 - iii. Organ trauma
 - iv. Bursitis/tendonitis
 - v. Contusions

vi. Strains

ENVIRONMENT AND THE ATHLETE

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

SPECIAL CLINICAL CONSIDERATIONS

1. Systemic Conditions
 - a. Skin
 - i. Infections
 - ii. Abrasions
 - iii. Infestations
 - b. Anemia
 - i. Pathological
 - ii. Exercise induced
 - c. Diabetes
 - d. Asthma
 - e. Epilepsy
2. Female Athlete
 - a. Physiological differences from males
 - b. Injury incidence
 - c. Exercise and the menstrual cycle

- d. Exercise and pregnancy
- 3. Pediatric
 - a. Growth and injury
 - b. Psychological motivation
- 4. Geriatric
 - a. Psychology and motivation
 - b. Exercise and aging
 - c. Underlying systemic disease
 - d. Exercise prescriptions
- 5. Cultural/Ethnic Considerations
 - a. Black and Hispanic populations - special considerations- anthropometry
- 6. Differentially Abled Athletes
 - a. Special Olympics: pre-exam
 - b. Overview of types of athletes

MEDICO-LEGAL ASPECTS

- 1. Ethics
 - a. Athletes, teams, and the media
 - b. Confidentiality
 - c. Misconduct
 - d. Sovereign immunity
- 2. Negligence
 - a. Definition and elements
 - b. Legal duty
 - c. Degrees of and contributory
 - d. Waivers, releases, and statute of limitations
 - e. Assumption of risk
- 3. Malpractice
 - a. Definition
 - b. Variation in state laws
- 4. Miscellaneous
 - a. Civil vs. criminal
 - b. Elements of tort actions
 - c. Contract liability
 - d. Respondant 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® EXAMINATION TEST PLAN

CATEGORY (PERCENTAGE OF TEST)

Basic Element (33.4%)

1. Concepts of a Sports Physician (5.8%)
2. Exercise Physiology (6.7%)
3. Clinical Biomechanics (8.0%)
4. Sports Nutrition (5.8%)
5. Environment and the Athlete (4.0%)
- Medical/Legal Aspects (3.1%)

Clinical Element (66.6%)

1. Clinical Competency (40%)
 - a. Diagnosis of Sports Injuries (16%)
 - b. Treatment of Sports Injuries (16%)

- c. Prevention of Sports Injuries (8.0%)
- 2. Diagnostic Imaging (8.9%)
- 3. CPR and Emergency Procedures (5.3%)
- 4. Special Clinical Considerations (4.4%)
- 5. Adjunctive Therapy (8.0%)

CCSP® Certification Reading List

Effective May 1, 2015

This list is to serve as a guide for candidates pursuing ACBSP certification and educational institutions hosting preparatory courses for the CCSP examinations. Links are provided for applicable documents, when available, at <http://acbsp.com/node/282>

ISBN numbers are provided for texts where available. Enter the ISBN number that is shown after the colon at www.isbnsearch.org and information regarding the publication will be shown as well as options for purchasing the book.

ACBSP Position Statements

1. ACBSP™ Blood Born Pathogen Position Statement (1999)
<http://acbsp.com/sites/default/files/BLOODBORNE%20PATHOGENS%20OPINION%20STATEMENT.pdf>
2. ACBSP™ Position Stand on Preparticipation Examinations (2015)
<http://acbsp.com/sites/default/files/ACBSP%E2%84%A2%20Position%20Stand%20on%20Preparticipation%20Examinations.pdf>
3. ACBSP™ Position Statement on Sports Related Concussion in Athletics (2014)
http://acbsp.com/images/ACBSP_Concussion_Statement_WithoutForm_rev2.20140407%20FINAL%20for%20web%20upload.pdf.pdf

Texts

1. American Academy of Family Physicians; American Academy of Pediatrics; American College of Sports Medicine; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; and American Osteopathic Academy of Sports Medicine. Preparticipation physical evaluation, 4th ed. Bernhardt DT, Roberts, WO, editors. American Academy of Pediatrics; 2010.
ISBN-10: 158110376X; ISBN-13: 9781581103762
<http://www.aap.org/en-us/about-the-aap/Committees-Councils-Sections/Council-on-sports-medicine-and-fitness/Pages/PPE.aspx>
2. American Heart Association. BLS for healthcare providers student manual. Hazinski, MF, editor.
ISBN- 13: 9781616690397
OR
American Red Cross. CPR/AED for the professional rescuer and health care provider, 4th ed. StayWell Health & Safety Solutions; 2011.
ISBN- 13: 9781584804949

3. Brukner, P, Khan, K. Brukner and Khan's clinical sports medicine, Australian ed. McGraw-Hill Book Company Australia; 2011.
ISBN-10: 0070998132; ISBN-13: 9780070998131
4. Cook, C, Hegedus, E. Orthopedic physical examination tests: An evidence-based approach, 2nd ed. Prentice Hall; 2012.
ISBN- 10: 0132544784; ISBN- 13: 9780132544788
5. Hammer, WJ. Functional soft tissue examination and treatment by manual methods, 3rd ed. Jones and Bartlett Publishers; 2007.
ISBN- 10: 0763752878; ISBN- 13: 9780763752873
6. Hyde, TE, Gengenbach, MS. Conservative management of sports injuries, 2nd ed. Jones and Bartlett Publishers; 2007.
ISBN-10: 0763732524; ISBN-13: 9780763732523
7. Marchiori, D. Clinical imaging: With skeletal, chest, & abdominal pattern differentials, 3rd ed. Mosby; 2013.
ISBN-10: 0323084958; ISBN-13: 9780323084956
8. Mistovich, JJ, Karren, KJ, Hafen, B. Pre-hospital emergency care, 10th ed. Prentice Hall; 2013.
ISBN-10: 0133369137; ISBN-13: 9780133369137
9. Perrin, DH. Athletic taping and bracing, 2nd ed. Human Kinetics; 2005.
ISBN-10: 0873225023; ISBN-13: 9780873225021

Other Position Statements

1. McCrory, P, Maeuwisse, WH, Aubry, M, Cantu, B, Dvorak, J, Echemendia, RJ, et al. Consensus statement on concussion in sport: the 4th International Conference on Concussion in Sport held in Zurich, November 2012. Br J Sports Med. 2013;47:250-258.
<http://bjsm.bmj.com/content/47/5/250.full>
2. Inter-Association Task Force for Appropriate Care of the Spine-Injured Athlete: Kleiner, DM, Almquist, JL, Bailes, J, Pepper Burruss, T, Feuer, H, Griffin, LY, et al. Prehospital care of the spine-injured athlete. NATA;1998.
<https://www.proctoracademy.org/ftpimages/3/download/NATAPreHospital-2.pdf>

American College of Sports Medicine Position Statements and Team Physician Consensus Statements

The ACBSP recognizes the Position Statements and Team Physician Statements of the American College of Sports Medicine that are listed below. They can be found at <http://journals.lww.com/acsm-msse/Pages/collections.aspx?Collection=Topical>

1. American Academy of Family Physicians; American Academy of Orthopaedic Surgeons, American College of Sports Medicine; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; American Osteopathic Academy of Sports Medicine. Selected issues for nutrition and the athlete: A team physician consensus statement. MSSE 2013;45(12):2378-2386.

- http://journals.lww.com/acsm-msse/Fulltext/2013/12000/Selected_Issues_for_Nutrition_and_the_Athlete_A.21.aspx
2. American Academy of Family Physicians; American Academy of Orthopaedic Surgeons; American College of Sports Medicine; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; The American Osteopathic Academy of Sports Medicine. Selected issues in injury and illness prevention and the team physician: A consensus statement. MSSE 2007;39(11):2058-2068.
http://journals.lww.com/acsm-msse/Fulltext/2007/11000/Selected_Issues_in_Injury_and_Illness_Prevention.23.aspx
 3. American Academy of Family Physicians; American Academy of Orthopaedic Surgeons; American College of Sports Medicine; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; American Osteopathic Academy of Sports Medicine. The team physician and conditioning of athletes for sports: A consensus statement. MSSE 2001;33(10):1789-1793.
http://journals.lww.com/acsm-msse/Fulltext/2001/10000/The_Team_Physician_and_Conditioning_of_Athletes.27.aspx
 4. American College of Sports Medicine. Exercise and fluid replacement. MSSE 2007;39(2):377-390.
http://journals.lww.com/acsm-msse/Fulltext/2007/02000/Exercise_and_Fluid_Replacement.22.aspx
 5. American College of Sports Medicine; American Academy of Family Physicians; American Academy of Orthopaedic Surgeons; American Medical Society for Sports Medicine; American Orthopaedic Society for Sports Medicine; American Osteopathic Academy of Sports Medicine. Female athlete issues for the team physician: A consensus statement. MSSE 2003;35(10):1785-1793.
http://journals.lww.com/acsm-msse/Fulltext/2003/10000/Female_Athlete_Issues_for_the_Team_Physician_A.26.aspx
 6. American College of Sports Medicine; American Heart Association. Joint position statement: Automated external defibrillators in health/fitness facilities. MSSE 2002;34(3):561-564.
http://journals.lww.com/acsm-msse/Fulltext/2002/03000/Joint_Position_Statement_automated_external.27.aspx
 7. American Dietetic Association; Dietitians of Canada; American College of Sports Medicine. Nutrition and athletic performance. MSSE 2009;41(3):709-731.
http://journals.lww.com/acsm-msse/Fulltext/2009/03000/Nutrition_and_Athletic_Performance.27.aspx
 8. Armstrong, LE, Casa, DJ, Millard-Stafford, M, Moran, DS, Pyne, SW, Roberts, W. Exertional heat illness during training and competition. MSSE 2007;39(3):556-572.

- http://journals.lww.com/acsm-msse/Fulltext/2007/03000/Exertional_Heat_Illness_during_Training_and.20.aspx
9. Castellani, JW, Young, AJ, Ducharme, MB, Giesbrecht, GG, Glickman, E, Sallis, RE. Prevention of cold injuries during exercise. MSSE 2006;38(11):2012-2029.
http://journals.lww.com/acsm-msse/Fulltext/2006/11000/Prevention_of_Cold_Injuries_during_Exercise.19.aspx
 10. Herring, SA, Kibler, WB, Putukian, M. Team physician consensus statement: 2013 update. MSSE 2013;45(8):1618-1622.
http://journals.lww.com/acsm-msse/Fulltext/2013/08000/Team_Physician_Consensus_Statement_2013_Update.24.aspx
 11. Herring, SA, Kibler, WB, Putukian, M. The team physician and the return-to-play decision: A consensus statement—2012 Update. MSSE 2012;44(12):2446-2448.
http://journals.lww.com/acsm-msse/Fulltext/2012/12000/The_Team_Physician_and_the_Return_to_Play.25.aspx
 12. Nattiv, A, Loucks, AB, Manore, MM, Sanborn, CF, Sundgot-Borgen, J, Warren, MP. The female athlete triad. MSSE 2007;39(10):1867-1882.
http://journals.lww.com/acsm-msse/Fulltext/2007/10000/The_Female_Athlete_Triad.26.aspx
 13. Oppliger, RA, Case, HS, Horswill, CA, Landry, GL, Shelter, AC. ACSM Position Stand: Weight loss in wrestlers. 1996;28(10):135-138.
http://journals.lww.com/acsm-msse/Fulltext/1996/10000/ACSM_Position_Stand_Weight_Loss_in_Wrestlers.49.aspx

Suggested Additional Reading

Texts

1. American College of Sports Medicine. ACSM's sports medicine: A comprehensive review. LWW; 2012.
ISBN-10: 1451104251; ISBN-13: 9781451104257
2. Cameron, MH. Physical agents in rehabilitation: From research to practice, 3rd ed. Saunders; 2008.
ISBN-10: 1416032576; ISBN-13: 9781416032571
3. Cook, C. Orthopedic manual therapy: An evidence-based approach, 2nd ed. Prentice Hall; 2011.
ISBN-10: 0138021732; ISBN-13: 9780138021733
4. Gulick, D. Sport notes: Field and clinical examination guide. F.A. Davis Company; 2008. ISBN-10: 0803618751; ISBN-13: 9780803618756
5. MacAuley, D, Best, T, editors. Evidence-based sports medicine, 2nd ed. BMJ Books; 2007.
ISBN-10: 1405132981; ISBN-13: 9781405132985
6. Shamus, E, Shamus, J. Sports injury prevention and rehabilitation. McGraw-Hill Medical; 2001.

Journal Articles

1. Cantu, RC, Li, YM, Abdulhamid, M, Chin, LS. Return to play after cervical spine injury in sports. *Curr Sports Med Rep*. 2013 Jan-Feb;12(1):14-7.
*not open access
<http://www.ncbi.nlm.nih.gov/pubmed/23314078>
2. Green, BN, Johnson, C, Moreau, W. Is physical activity contraindicated for individuals with scoliosis? A systematic literature review. *JCM* 2009;8:25-37.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697577/pdf/main.pdf>
3. Harmon, KG, Dreszner, JA, Gammons, M, Guskiewica, KM, Halsted, M, Herring, SA, Kutcher, AP, Putukian, M, Roberts, WO. American Medical Society for Sports Medicine position statement: Concussion in sport. *Br J Sports Med*. 2013;47:15-26.
http://www.amssm.org/Content/pdf%20files/2012_ConcussionPositionStmnt.pdf
4. Keogh, MJ, Batt, ME. A review of femoroacetabular impingement in athletes. *Sports Med*. 2008;38(1):863-78.
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<http://www.ncbi.nlm.nih.gov/pubmed/18803437>
5. Thomas Byrd, JW. Femoroacetabular impingement in athletes: Current concepts. *Am J Sports Med*. 2014 Mar;42(3):737-751.
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<http://ajs.sagepub.com/content/42/3/737>
6. Valovich MeLeod, TC, Decoster, LC, Loud, KJ, Micheli, LJ, Terry Parker, J, Sandrey, MA, White, C. National Athletic Trainers' Association position statement: Prevention of pediatric overuse injuries. *JAT* 2011;46(2):206-220.
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070508/pdf/i1062-6050-46-2-206.pdf>

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 and recognize when said conditions may negatively affect patient care.
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 that 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 that 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.

CERTIFICATION MAINTENANCE AND CONTINUING EDUCATION POLICY

Effective: January 1, 2001; Revised June 23, 2014, October 29, 2014

Introduction

Effective January 1, 2001, this policy sets forth information regarding ACBSP™ certification maintenance 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.

Statement of Purposes

The ACBSP Board of Directors has established a continuing education program as part of the certification maintenance process for ACBSP certificants: Diplomate American Chiropractic Board of Sports Physicians® (DACBSP®) and Certified Chiropractic Sports Physicians/Practitioners® (CCSP®). This policy applies to all active certificants, and is designed to protect the integrity of ACBSP certificants and the patients they serve. Among other purposes, the Certification Maintenance and Continuing Education Policy is intended to:

- Promote continued competence by requiring ACBSP certificants to demonstrate a current level of professional knowledge and skills in the specialty of chiropractic sports medicine; and,
- Encourage ACBSP certificants to advance and enhance their knowledge and skills within the domain of chiropractic sports medicine.

Certification Maintenance Process and Requirements

As explained in this policy, certificants may maintain their certification 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 as defined in this policy. Additionally, all certificants must maintain a current healthcare provider level CPR certification in order to maintain ACBSP certification. All examination policies, deadlines, fees and site availability rules apply to examinations completed for certification maintenance purposes.

1. **Certification Examination for Certification Maintenance.** Certificants may choose to retake their respective certification examination(s) in lieu of complying with the annual continuing education requirements in order to maintain their certification.
 - a. CCSP Requirement. Successful completion of the CCSP certification examination.
 - b. DACBSP Requirement. Successful completion of both the written and practical DACBSP certification examinations.
2. **Continuing Education Requirement for Certification Maintenance.** Certificants may maintain their certification 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:
 - a. CCSP Requirements. Completion of twelve (12) CEUs every, January 1 to December 31, one-year period.
 - b. DACBSP Requirements. Completion of twenty-four (24) CEUs every, January 1 to December 31, 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.

3. **Maintenance of Healthcare Provider Level CPR Certification.** In order to maintain certification with the ACBSP, all certificants must maintain current healthcare provider level CPR/AED certification from one of the following organizations: American Heart Association (BLS for the Healthcare Provider) or American Red Cross (Professional Rescuer) or equivalent.

Compliant CPR courses must include:

- Hands-on training
- CPR for infants, children, and adults
- One person and two person CPR methods
- AED

Healthcare provider level CPR courses that include online education and a hands-on component are acceptable and meet ACBSP compliance criteria. Online education only courses are not acceptable.

Annual Maintenance Fee

The ACBSP will assess an annual maintenance fee to support board and organizational business operations including direct and indirect costs related to providing certificant and certification management services. The Board of Directors will determine the maintenance fee and penalty fee on an annual basis.

The annual fee will be assessed to all active certificants each maintenance period and must be paid by January 31 each year. A late fee will be assessed to all certificants who neglect to

pay the maintenance fee prior to January 31. In order to maintain an active certification status certificants must pay the maintenance fee and applicable late fee no later than June 30. Certificants not in compliance by June 30 will receive a notification of non-compliance via email. Those not in compliance will be required to comply within 30 days. Certificants who do not comply within 30 days from the date of the notification of non-compliance will be removed from the ACBSP™ Certificant Directory on the ACBSP website and their certification will be placed in an inactive status (see Inactive Certification Status below).

1. **Maintenance Fee and Due Date for New CCSP Certificants.** Upon notification of successfully earning the CCSP certification, new CCSP certificants will be assessed a prorated maintenance fee according to the fee schedule below. Upon receipt of the fee the new certificant’s name, office address, office phone number, and a link to the doctor’s office website will be entered into the ACBSP™ Certificant Directory on the ACBSP website.

Date of Notification of Certification	Maintenance Fee Due Date	% Annual Maintenance Fee
January 1 – March 30	April 1 or within 14 days of notification of certification whichever is later	75%
April 1 – June 30	July 1 or within 14 days of notification of certification whichever is later	50%
July 1 – September 30	October 1 or within 14 days of notification of certification whichever is later	25%
October 1 – December 31	January 1 or within 14 days of notification of certification whichever is later	100%

2. **Reduction or Waiver of Annual Maintenance Fee.** The ACBSP will consider requests for the reduction or waiver of annual maintenance fee requirement based on specific, individual, mitigating circumstances, including undue hardships and unforeseen circumstances that prevent timely completion of the requirement. Requests for the reduction or waiver of the requirement must be submitted in writing and must contain complete, accurate, and compelling 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.
 - a. **Retired/Disabled/Military Certificants.** Any certificant who has withdrawn from active chiropractic practice due to retirement, disability, or active-duty military service and wishes to keep his/her certification active must immediately notify the ACBSP in writing. Maintenance fees may be reduced by 50% for only the time that the certificant is not practicing. Other certification maintenance requirements such as continuing education and CPR certification will still be required per this policy.

Documentation of retirement, disability, or active-duty military services must be provided to the ACBSP office for verification.

- b. **Full-time Faculty Certificants.** Any certificant who is also a full-time faculty member and wishes to keep his/her certification active must immediately notify the ACBSP in writing. A formal letter confirming full-time faculty status from the school's president or department chairperson must be provided to the ACBSP on an annual basis. Maintenance fees may be reduced by 50% for only the time that the certificant is a full-time faculty member. Other certification maintenance requirements such as continuing education and CPR certification will still be required per this policy.

Annual Continuing Education Requirements

The ACBSP has established a yearly (12 month) time period, or cycle, for the completion of certification maintenance requirements. Under the continuing education program, a certificant must earn the required number of CEUs within each, January 1 to December 31, one-year period in order to maintain their certification.

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 (e.g. traumatic brain injury, concussion) and, although emergency medicine skills may be infrequently required, mastery and maintenance of these skills is of paramount importance.

1. **Initial Period.** The initial period under this policy began January 1, 1996 and ended December 31, 1998.
2. **New Certificants: Initial Maintenance Period.**
 - a. New CCSP certificants. Must fulfill the annual continuing education requirement beginning January 1 of the year that immediately follows the date of certification.
 - b. New DACBSP certificants. Must fulfill the CCSP annual continuing education requirement for the year in which the DACBSP certification is earned. Beginning January 1 of the year immediately following the date of the DACBSP certification the certificants must fulfill the DACBSP annual continuing education requirement.
3. **Maintenance of Continuing Education Records.** All certificants must maintain verified, valid evidence of completion of any applicable continuing education activity, including copies of any documentation submitted to the ACBSP.
4. **Attestation of Compliance.** Effective January 1, 2015, when completing registration, all certificants will be required to declare their current and future compliance with the ACBSP certification maintenance criteria including compliance with annual continuing education requirements, CPR maintenance requirement, and maintenance of records documenting compliance with this policy. Refer to item 5 below for more information.
5. **Annual Audit Process.** Effective January 1, 2015, the ACBSP will no longer require or accept routine submission of evidence of certificants' continuing education activities; rather, the ACBSP will require all certificants to attest to their compliance with all applicable policies including maintenance of evidence records of compliance. The

statement of attestation of compliance will be included on the web-based registration form. Each active certificant is required to complete the registration form to process their annual certificant maintenance.

An annual audit will be conducted on a representative sample of active certificants to verify compliance. No later than January 15 of each year a random number generator will be used to create an appropriate sample of certificate numbers from the list of active certificate numbers. The certificants who hold these certificates will be contacted via email no later than January 31 and required to submit evidence of their continuing education activities for the prior one-year maintenance period (prior calendar year) and current, valid CPR certification. Certificants selected for the audit sample must submit valid and verifiable evidence to the ACBSP no later than March 17. Submitted evidence will be reviewed and compliance status will be determined and recorded. The ACBSP may request additional information or clarification of a specific program or activity prior to final acceptance. Final audit results will be recorded no later than June 30 and a notification of non-compliance will be sent to pertinent certificants via email. Certificants found to not be in compliance, including those that did not respond to the audit notification, will then have 30 days from the date of the notification of non-compliance to provide additional evidence of compliance or otherwise appeal the audit results. If, after the 30-day period expires, the non-compliance determination has not been reversed or the certificant has not responded to the initial notification or the notification of non-compliance the individual's certification will be placed in an inactive status (see Inactive Certification Status below).

6. **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 that prevent timely completion of such requirements. Requests for the reduction or waiver of continuing education requirements must be submitted in writing and must contain complete, accurate, and compelling 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.
7. **Inactive and Suspended Certification Status.**
 - a. **Failure to Meet Certification Maintenance Requirements.** Although the CCSP and DACBSP certifications do not have an expiration date, failure to comply with ACBSP certification maintenance policies will result in the individual's certification being designated as inactive. Once the certification is placed into inactive status, the doctor is prohibited from using the ACBSP™ owned certification marks and from identifying themselves as certified by the ACBSP. Once the certification is designated as inactive the doctor's information will be removed from the ACBSP™ Certificant Directory on the ACBSP website.
 - b. **Voluntary Certification Suspension Status: Withdrawal from Practice/Retired.** Any certificant who has withdrawn from active chiropractic practice but wishes to maintain their certification must immediately notify the ACBSP and will be placed

on a voluntary certification suspension list. Such retired certificants are permitted to retain suspended certification status and may seek to activate certification upon application to the ACBSP, provided that the individual complies with appropriate policies (see Reduction or Waiver of Annual Maintenance Fees and Reduction or Waiver of Continuing Education Requirements above).

In order to regain active status, a certificant must appeal to the ACBSP in writing. In order to be considered, the certificant is required to submit a written statement to the ACBSP Board, explaining in detail the reason/basis for the reactivation. If permitted to attempt returning the certification to an active status the individual will be required to complete the appropriate recertification requirements consistent with this policy. The appropriate recertification requirements include providing verifiable evidence of having earned the cumulative total number of hours of continuing education for the inactive period and CPR certification, in addition to payment of the required maintenance, penalty, and administrative fees. Under their sole discretion, the Board of Directors may place a minimum or maximum limit on the total number of continuing education hours and fees required to regain active status. The board will make such determinations on an annual basis.

The Board of Directors, under their sole discretion, may deny any request for reactivation of a certification. In this instance the individual may be permitted to reapply for certification and successfully complete the respective certification process.

Continuing Education Activity Guidelines

All continuing education activities are subject to ACBSP review and approval.

1) **Categories of Acceptable Activities.** Unless otherwise noted by this policy, all continuing education activities must be sports medicine or fitness related and directly related to patient care in order to be accepted by the ACBSP.

a) **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 this policy (see Quality Program Guidelines and Requirements below).

b) **Professional Conferences, Meetings, Seminars, Workshops.** This category includes attendance at qualified professional conferences, meetings, seminars and workshops designed to enhance physician knowledge and clinical competency and to improve patient care. Participation in events must satisfy the quality guidelines described in Section 3, 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.

c) **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 relevance to the field and the number of CEUs granted will not exceed 50% of the annual continuing education requirement.

- d) **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:
- i) Service on ACBSP examination committees, including Angoff value, item writer and item evaluation committees, and practical exam committees.
 - ii) Defined service in a specific project as a professional consultant or subject matter expert related to the field of chiropractic sports medicine.
 - iii) Service on a medical team or as a treating doctor during a nationally recognized athletic event.

CEUs for service on ACBSP examination committees, including Angoff value, item writer and item evaluation committees, and practical exam committees, will be calculated as 1 CEU per hour of active participation and these CEUs may be applied in a 1:1 ratio to meet part or all of the participating certificant's annual ACBSP™ continuing education requirement; however, the CEUs will not be submitted for states' approval and therefore, may or may not meet a doctor's state licensure requirements.

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. These CEUs will only apply to ACBSP continuing education hours and may not apply to state licensure requirements. 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 certificant 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

- e) **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.

- f) **Online Courses and Home Study.** This category includes structured and self-paced educational activities designed to enhance knowledge and clinical competency and to improve patient care.

Online Education: CEUs can be earned online and must satisfy the quality guidelines described in section 3 below. In any given one- year period, CCSP and DACBSP certificants may earn a maximum of 50% of the annual continuing education requirement per year. Effective January 1, 2015, certificants may meet 100% of the ACBSP annual continuing education requirement via online education.

Home Study: 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 submitted to the ACBSP national office. 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, CCSP and DACBSP certificants may earn a maximum of 3.0 CEUs under this category.

- g) **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, CCSP and DACBSP certificants 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.
- h) **Instruction Research Hours.** Certificants may earn continuing education credit for researching and teaching post-graduate level courses that are directly related to the field of sports medicine. 1.0 CEU credit(s) will be provided, on a one time basis, for

each live hour of a new sports medicine presentation to provide credit for the research activities performed by the certificant. No additional credits are made available for instruction of the course. Instruction Research hours may not exceed more than 50% of the total annual CEU requirements. The ACBSP recommends submitting the lecture notes or another form of confirmation to the Board of Directors. The Board of Directors, in their sole discretion, may deny any submitted request for continuing education credits.

- i) **Other Continuing Education Activities.** This category includes other continuing education activities that adhere to guidelines indicated below, that may be considered for credit by the ACBSP.
- 2) **Categories of Unacceptable Activities.** As stated in Categories of Acceptable Activities above, all continuing education activities must be sports medicine or fitness related and directly related to patient care in order to be accepted by the ACBSP; therefore, the following continuing education program topics are not acceptable:
 - a) Manipulative techniques,
 - b) Practice management and philosophy,
 - c) Billing and coding, insurance, and Medicare,
 - d) Laws and legislation.
- 3) **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.
 - a) **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.
 - b) **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.
 - c) **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.
 - d) **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.

- e) **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.
 - f) **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.
 - g) **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.
- 4) **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.
 - 5) **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.

Summary of Annual Certification Maintenance Requirements

- 1) All CCSP® certificants are required to obtain 12 hours of continuing education specific to the topic of sports medicine each calendar year.
- 2) All DACBSP® certificants are required to obtain 24 hours of continuing education specific to the topic of sports medicine each calendar year.
- 3) All certificants must maintain an active healthcare provider level CPR certification at all times from the American Red Cross, American Heart Association, or equivalent certification.
- 4) All certificants must pay an annual maintenance fee as set by the board of directors.
- 5) All certificants must complete a certification maintenance registration form annually. The web-based registration form requires each active certificant to:
 - a) Provide current personal and business demographic data.
 - b) Attest to his/her current compliance and continued compliance with the requirements of the ACBSP Certification Maintenance and Continuing Education Policy.

- c) Attest to his/her acceptance of the Certificant and Candidate Agreement and Release.
- 6) All ACBSP certifiants are required to maintain personal records as evidence of meeting the requirements described here.