



DACBSP® PRACTICAL EXPERIENCE REQUIREMENT POLICY

Revised June 23, 2014, November 18, 2014, December 11, 2014

Candidates for the DACBSP certification must complete 100 credit hours of practical experience (Practicum) in addition to the 200-hour minimum of course instruction, successful completion of the written and practical examinations and written requirement.

Practical experience hours will be accepted:

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

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

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

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

1. By working or observing at athletic or sporting events approved by the ACBSP
2. By working or observing at other regional, national, or international events*
3. By working or observing at a Rehabilitation Center +
4. By working as a verified team doctor
5. By assisting or observing a team doctor (No more than 100 hours)
6. By administering and performing multi-disciplinary pre-participation physical examinations (No more than 100 hours) +
7. By participating in the USOC Volunteer Program.

* Such events must be appropriately verified (see below)

+ Special criteria apply (see below)

The ACBSP board of directors will consider requests for deadline extensions on a case-by-case basis. Extension requests must be submitted in writing to the ACBSP national office and must give a detailed and thorough account of the extenuating circumstances that merit consideration for an exception to this policy. The candidate must make a compelling



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argument for the board's consideration and include the number of practical experience hours already completed and an explanation of all of the candidate's efforts made to remedy or address the situation that has contributed to the need to request an extension.

Candidates requesting an extension must pay a \$50 processing fee.

If the board votes in favor of granting an extension, the candidate will be allowed up to a maximum of one additional year to complete the required number of practical experience hours. In addition to completing the required hours before the expiration of the extension deadline the candidate must also:

1. Attend an additional 12 hours of education of their choice from a DACBSP program.
2. Submit a 500-word essay on the practical experience completed during the extension period.
3. Complete all other requirements as defined by the DACBSP candidate handbook.

VERIFICATION PROCESS

1. If time is worked through an event approved by the ACBSP, written verification is performed by the event coordinator using the proper form.
2. Verification of events not approved by the ACBSP must be provided by the administrator. No verification will be accepted from coaches. Administrators are athletic directors, school principals, and administrators of various league sports. Verification forms for this purpose will be made available by the ACBSP. Alternate hours and verifications will be accepted only at Board discretion.

REHABILITATION CENTERS

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

PRE-PARTICIPATION SPORTS PHYSICAL EXAMINATION

1. Exam program must be multi-station in format and use varied personnel in addition to the candidate. (Multi-disciplinary approach is recommended).
2. Exams include obtaining a health history, performing physical examinations, exercise testing (when applicable), and interpretation of results and making clearance decisions.
3. The candidate must attach a written report of the examination process, number of athletes examined and any unusual cases. All patient Personal Health Information must be protected by not including any identifying information in the report.

OBSERVATION CREDIT

Partial credit may be obtained by the following categories of observation.



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Maximum credit is 40 hours per category.

1. Rounds performed with an orthopedic surgeon or physiatrist, whose practice emphasizes sports medicine.
2. Observation time spent riding in an ambulance.
3. Observation time spent in an emergency room.
4. Time spent observing or working in an exercise physiology lab in a University setting.
*The observing doctor must prepare a narrative report of their observations, and submit it to the appropriate committee in order to obtain credit.

SLIDING SCALE FOR PRACTICUM HOURS

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

DACBSP® PRACTICAL EXPERIENCE LOG

COMPLETION INSTRUCTIONS

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

1. Submit a brief typewritten report on each events or portion of your practical experience. Please include information on what you observed or treated and attach it.
2. Ensure that you have proper verification of the hours.
 - a. If time is worked through an event approved by the ACBSP, written verification is performed by the Event Coordinator using the proper form.
 - b. Verification of events not approved by the ACBSP must be provided by the administrator. No verification will be accepted from coaches. Administrators are athletic directors, school principals, and administrators of various league sports. Verification forms for this purpose will be made available by the ACBSP. Alternate verification will be accepted only at Board discretion.
3. Do not send your experience log in until you have fully completed your one hundred hours of experience.



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4. Email, fax, or mail the completed log to the ACBSP National Office. Please consult www.acbsp.com for current contact information for the ACBSP National Office.

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



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FIELD DOCTOR VERIFICATION FORM

All fields, excluding the signature field, of this form may be completed on computer and then saved to print and sign.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: _____ ALT. PREFERRED PHONE: _____

CCSP® Cert. Number: _____

SPORTS DIPLOMATE COLLEGE(S) ATTENDED: _____

PRACTICAL EXPERIENCE VERIFICATION

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

SIGNED: _____ DATE: _____

TYPE NAME: _____



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SPORTS EVENT FIELD DOCTOR PARTICIPATION FORM

All fields, excluding the signature field, of this form may be completed on computer and then saved to print and sign.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SPORTS DIPLOMATE COLLEGE COMPLETION DATE: _____

EVENT DATE: _____ HOURS: _____

EVENT NAME: _____

RESPONSIBILITIES: _____

EVENT COORDINATOR SIGNATURE: _____

EVENT COORDINATOR COMMENTS: _____

Please note: Sports administrators, athletic directors and school principals are authorized to verify participation. Coaching staff members are not authorized to do so. Complete as many of the forms as necessary to record all hours served.