

The American Chiropractic Board of Radiology *Candidate Guide*

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Twentieth edition



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radiography. Achieving a mark above this level will attest to the public and state licensing authorities that a Diplomate of the American Chiropractic Board of Radiology is qualified to function as a chiropractic radiologist.

DEFINITION OF A CHIROPRACTIC RADIOLOGIST

Chiropractic radiology is a specialty that provides consultation services. Chiropractic radiologists provide consultation in health care facilities (private offices, imaging facilities, hospitals, and teaching institutions) to meet the needs of referring doctors and their patients. The quality of the consultative services by the chiropractic radiologist in independent practice is reflected by the quality of their professional credentials.

Chiropractic radiologists recommend, order, supervise, and interpret diagnostic imaging studies. They advise referring physicians on the necessity and appropriateness of imaging studies and whether to select or to avoid certain diagnostic or clinical procedures.

Chiropractic radiologists may act as a private practitioner. They may conduct research, apply diagnostic radiologic procedures and may be called upon to act as expert witnesses in legal and administrative matters.

Chiropractic radiologists also are concerned with imaging technology including image production, the interaction of energy and matter, and demonstration of normal and abnormal anatomy. The advances in the technological facets of radiology are so rapid that only qualified radiologists can reasonably be expected to maintain the high level of proficiency required to supervise and

PURPOSE OF THIS GUIDE

This Candidate Guide has been developed by the American Chiropractic Board of Radiology (ACBR), hereafter known as the Board, so that candidates may be better prepared to face this comprehensive series of tests with maximum confidence. This guide does not take the place of thorough preparation by the candidate. The Board believes that if candidates are familiar with its policies, procedures, and the scope of examinations, candidates will be less apprehensive during the examination process and, therefore, will perform to their fullest capability.

HOW TO USE THIS GUIDE

To receive full benefit of this guide, read it thoroughly. Familiarize yourself with the policies and procedures of the Board. Understand the requirements for eligibility to sit for the examinations.

It is the intent of the Board to construct a series of examinations that will ensure that successful candidates have achieved a professional standard or minimal competency level in chiropractic

interpret these procedures. The practice of radiology involves the application of this technology to patient imaging and treatment. Radiology includes, but is not limited to plain film radiography, fluoroscopy, tomography, ultrasonography, radioisotope imaging, computed tomography, digital radiography, and magnetic resonance imaging. Individual practices may vary by intent, licensure, and scope of practice laws.

The Board only provides recognized status to individuals who have successfully passed the Part 1 and Part 2 examinations leading to the designation Diplomate, American Chiropractic Board of Radiology (DACBR). Prior to successfully passing the two part certification examination series, individuals desirous of that certification hold no status with the Board. Any claim of partial status such as Board Eligible, Board Qualified or board Candidate is invalid and not recognized. Academic degrees such as masters, PhD, or any other board certification, though they may include diagnostic imaging, do not confer the status of a chiropractic radiologist.

OBJECTIVES OF THE EXAMINATIONS

The ACBR examinations are designed to evaluate the competency of candidates in the specialty of chiropractic radiology and advanced imaging. Competency means that the candidate possesses the knowledge, skills and abilities necessary to function as a chiropractic radiologist to an acceptable standard. This standard is established to ensure quality, appropriateness and safety of radiologic services as part of the larger spectrum of health care services. The scope of these examinations is commensurate with the expectations of specialty performance,

reflects current academic standards and is supported by a professional practice analysis.

Specifically, these criterion referenced examinations consist of two parts. Part I tests the knowledge, understanding and application of knowledge by candidates as it relates to the comprehensive task of the chiropractic radiologist. Part II tests the candidates' ability to apply knowledge in a radiographic and clinical setting, and to evaluate diagnostic images and provide written patient recommendations. All examinations are provided in the English language only. Candidates must be proficient in reading and writing in the English language. Upon successful completion of Parts I and II of the examination, candidates will be awarded the status of Diplomate, American Chiropractic Board of Radiology (D.A.C.B.R.).

EXAMINATION SCHEDULING, ADMINISTRATION, AND FORMAT

PART I EXAMINATION

The ACBR Part I examination is offered once annually in the spring, at one or more testing centers. The location of testing centers is determined solely by the Board. Candidates wishing to take the Part I exam at their own training college can make a request to the Examination Coordinator to do so. An examination proctor at each location is responsible for all aspects of test administration. Additional examination proctors may also be present to distribute materials and to monitor test security. Punctuality and strict compliance with

instructions are essential.

The entire Part I examination will be scheduled over a two-day period.

The Part I examinations include:

- 1. Bone and Joint Imaging**
225 questions 4.5 hours
- 2. Imaging of the Thorax**
75 questions 1.5 hours
- 3. Neuroimaging**
90 questions 2 hours
- 4. Imaging of the Abdomen**
55 questions 1 hour
- 5. Rad Health and Physics of Imaging**
55 questions 1 hour

Candidates must sit for all five written multiple choice exams in one session. An overall successful completion of Part I is required to qualify to sit for the Part II examination. Successful candidates are those that have achieved the minimal competency level set for the total of all five-examinations. Candidates do not have to achieve a passing score in each individual examination.

PART II EXAMINATION

The Part II examination is offered annually at a single testing location determined by the Board. The Part II examination is comprised of three separate sections: oral interview, report writing and imaging interpretation. All sections encompass osseous and soft tissue image interpretation.

PART II-A: ORAL INTERVIEW SECTION

First time candidates are required to bring to the Part II Oral Interview four complete imaging studies. These studies must contain excellent quality images, free of any and all

extraneous marks. To protect patient privacy, patient identification must be removed from all films. The candidate does not need to be the primary physician involved in the case, but must have been directly involved.

Personal participation in a case must involve more than simply acquiring the images and must include direct patient care/management, interpretation of the patient's images or both. All imaging studies submitted must include an original written report generated by the candidate and cannot be merely a copy or rewording/reorganization of another individual's report. If the candidate is not the primary reviewer, the original report must be included in the appendix.

The candidate must provide the Board with one copy of each of the four cases. These cases become the permanent property of the Board and may not be presented, published, or disseminated in any form without written permission of the ACBR prior to or after taking the examination. The candidate must submit his or her own report(s) on each of the four cases. All candidates are required to provide nine copies of each report to the Examination Coordinator sixty (60) days in advance of the examination date, or as listed in the date section on the ACBR web site. These reports should be identical to reports that would be sent to a referring physician.

Candidates who have previously taken the Part II examination, but have not successfully completed it, are required to submit four (4) cases meeting the same criteria. Unique to the repeat candidates is that up to three (3) of the four cases may be re-submissions from their previous Part II examination attempts. However, the previously presented oral (case) may not be resubmitted. The new case should meet the

same quality and complexity / difficulty criteria as the other cases. Candidates should re-visit the resubmitted cases, update case follow-up, edit or improve any area that they believe would strengthen the case.

All cases should be submitted as follows and must contain:

1. Table of contents on one separate page outlining the types of study (plain radiographs, MRI, CT, contrast, etc.) and area (spine, chest, etc.) by case number and primary diagnosis.

2. A separate cover sheet for each case outlining pertinent history and clinical findings.

3. A radiology report on letterhead stationary to include:

- a. Date of study and date of report
- b. Biographical information (excluding patient identification)
- c. Radiologic findings (body of report)
- d. Conclusions/Impressions
- e. Recommendations
- f. Signature of candidate

4. A separate page for each case briefly outlining patient follow-up, including follow-through of recommendations made in the radiology report and the patient's outcome. Candidates should avoid, as much as possible, using cases in which the patient was lost to follow-up. If it is essential to use such cases, it should be clearly stated that follow-up information on the patient is unavailable.

5. **All primary reports for each case must be included in an appendix.**

6. All reports must be "3 hole-punched". Each set should be fastened together with paper clips. Do not bind or staple the reports

or place them in notebooks or other holders.

The Examination Coordinator will distribute these reports to the Board members for their study prior to the oral interview. A portion of the oral interview grade will be assigned from the cases submitted.

The four submitted cases must include:

- Three (3) musculoskeletal studies at least two must include conventional radiographs. At least one must be of the spine and at least one must have advanced imaging.
- One (1) to be either chest, abdomen or neuroradiology.
- One (1) case may be submitted to the exam coordinator in digital self extracting DICOM format. This case must be submitted by the date specified on the website.

Candidates are discouraged from bringing normal studies with the exception of uncommon normal variants and uncommon anomalies.

Candidates are required to present one of their cases at the discretion of the Board, during their oral interview. The candidate will discuss the case and answer questions from Board members. The questions may relate to any of the 4 submitted cases. Additionally, general questions in radiology may be asked. Liaisons may be present during the oral interview. If the Board deems it necessary, other guests may be in the room as observers (newly elected Board members, psychometrician, etc.). Only current Board members and appointed examiners will ask questions of the candidates or grade their performance. Exact appointment times for the oral interview and other sections of the exam will be assigned

and mailed to each candidate prior to the exam date.

PART II-B: REPORT WRITING

A report writing station will be included as part of the testing process during the film interpretation section. The candidate will hand-write two radiology reports on cases provided by the Board. Each candidate will have 30 minutes total to complete these two reports. The purpose of this station is to determine the candidate's ability to construct a complete radiographic report on a diagnostic imaging case. Reports must include findings, impressions, and recommendations.

PART II-C: FILM INTERPRETATION SECTION

This portion consists of 5-stations of 30-minutes duration with 6-diagnostic imaging cases per station. The examination content areas are based on a practice analysis and subject matter experts and are: 15 musculoskeletal, 6 neuroimaging, 5 chest/thorax and 4 abdominal cases. The chest/thorax and abdominal cases may include bone imaging cases where the chest or abdomen are of interest. The candidate must evaluate, interpret and discuss, all of the images at each station. The cases presented will consist of a variety of soft tissue and skeletal imaging studies including advanced imaging. In most cases, a history will be provided. Each case must be discussed completely in a logical order. Candidates are not allowed to add additional information to a completed case.

In interpreting these cases, candidates should be prepared to discuss the following:

1. Imaging study. Identify the type of

imaging study presented including the views or projections.

2. Findings. All imaging findings should be discussed in an organized manner. Pertinent negative findings should also be discussed.

3. Differential diagnosis. The list of possible diagnoses should be comprehensive yet concise and should begin with the most likely diagnosis. The length of the differential list is left to the candidate's discretion.

4. Additional imaging studies. In some cases, additional radiographs or advanced studies may be provided by the examiner as the candidate discusses the case. Candidates should be prepared to indicate which specific studies would be most appropriate to further evaluate the patient. In certain cases, additional advanced imaging studies will be provided only when the candidate specifically requests such films.

5. Recommendations. Candidates should make appropriate imaging and/or referral recommendations.

Candidates must pass each part in its entirety in one sitting. Part I must be passed before applying to take Part II.

INAPPROPRIATE TEST TAKING BEHAVIOR AND COLLUSION

Candidates may be disqualified from taking their examinations or from receiving examination grades if, in the opinion of the Board and/or the examination administrator or assistant, any of the statements made upon the application are false. Inappropriate

Candidate Guide

test taking behavior or collusion in any form will not be tolerated by the Board. Examiners, proctors and/or their assistants are authorized to intervene to the degree they deem appropriate in the event that cheating, collusion or other exam jeopardizing behaviors are suspected. Actions may include providing a verbal warning, relocating an examinee to a different location, confiscating the exam, refusing the candidate(s) to continue with the exam or receive a zero (0) for the entire Part I or Part II examination. This may jeopardize the candidate's eligibility for any future board examination.

Candidates will fail if they are found to be cheating as evidenced by observation or by statistical analysis of the answer sheets; the candidate has placed the integrity of any segment of the Board examination process in jeopardy; or if the candidate has engaged in any activity that would tend to jeopardize the legitimacy of the examination results. Engaging in any act or communication that gives a present or future candidate an unfair advantage, places another examinee at a disadvantage or places test results in peril shall be construed as cheating.

If, in the Board's opinion, any candidate is found to demonstrate inappropriate test taking behavior, permission to sit for future Board examinations will be determined by the Board following the outcome of their investigation. No outside reference materials or notes may be brought into the exam areas.

SCORING AND RESULTS

The Part I examination is a criterion referenced test. The raw score of all five Part

I examinations will be totaled with a minimum single PASS/FAIL score psychometrically determined for the entire Part I examination. Extreme caution must be used in completing the answer sheet and only the number 2 pencils provided should be used. Part I results will be mailed directly to candidates as soon as they are available. Verbal reporting of results is not permitted.

Scoring for Part II will consist of three sections: oral interview, report writing and film interpretation. The exam scores for each section are weighted with the greatest weight assigned to the film interpretation section. The weighted scores will be added to arrive at a total candidate score. Passing scores will be psychometrically determined for the entire Part II examination. Part II results will be mailed to each candidate. Verbal reporting of grades is not permitted.

SUGGESTIONS FOR PREPARING FOR THE ACBR EXAMINATIONS

Each candidate should review as many imaging studies as possible from every available source. Each candidate should approach these examinations as fully prepared as possible. It is imperative that all candidates read this guide thoroughly and follow all the recommendations. It is also strongly recommended that a detailed set of notes be created by the candidate, during the course of study that will help to reinforce and augment their learning process. These notes may be used as a reference and for review prior to the examination. Contact with a teaching hospital or imaging center to observe and participate in special procedures is highly recommended.

In the preparation of case studies to present to the Board, it is essential that the cases

and accompanying reports be reviewed by colleagues and radiology department faculty in order to make the presentation as complete and comprehensive as possible. Grammar, sentence structure and spelling are included in the evaluation. Every selected case should demonstrate excellent radiographic positioning and exposure, and comprise a complete series of the body part(s) under investigation.

The following suggestions are designed to help candidates prepare for the challenge of the Board examinations:

1. Read this guide thoroughly;
2. Be knowledgeable of the subject areas tested by the Board;
3. Plan and execute study time appropriately;
4. Begin review for the examinations early;
5. Identify and emphasize areas of weakness and spend additional time preparing in those subject areas;
6. Be familiar with Board policies, procedures, and testing format;
7. Arrive at the examination as rested as possible since the examination process can be quite fatiguing; and
8. Allow sufficient time should you have difficulty locating the examination site and/or room. Specific questions about examination location should be directed to the Examination Coordinator.

PROCEDURES TO ESTABLISH ELIGIBILITY TO SIT FOR THE EXAMINATIONS

Applicants must hold the degree of Doctor of Chiropractic and must be licensed to practice as a Doctor of Chiropractic or its equivalent and must be licensed/registered to practice as a chiropractor. Applicants must disclose any criminal conviction or administrative sanction against their license to practice in

any jurisdiction that has occurred within a 10 year period from the date of application. Applicants must also disclose any current probation or other license restriction under which they may be operating. Applicants must be enrolled in the final year, or have completed a three or four year full time postgraduate radiology residency program as established by the host facility. The postgraduate residency must be sponsored by a chiropractic college that holds status with a national chiropractic accrediting agency recognized by the United States Department of Education, or an agency having a reciprocal agreement with the recognized agency. The postgraduate residency in radiology must be taught by a D.A.C.B.R., or equivalent (Medical or Osteopathic Board Certified Radiologist) and should follow a comprehensive multisystem syllabus prescribed by the host facility. No individual will be denied eligibility based on race, gender, sexual orientation or religious preference.

The Board will accept new candidates for examination only on the specific written recommendation of the current radiology residency director and the postgraduate director/dean of the teaching institution that has provided their residency training.

The examination fee should be made in US funds payable to ACBR. The fee must be included with the candidate's application. Included in each examination fee (Part I and II) is a \$200.00 non-refundable charge. A \$50.00 returned check fee will be assessed. A letter of intent to sit for the exam must accompany all first time and retake examination fees. All fees and examination dates will be published annually on the ACBR web site. A letter of intent to sit for the Part II examination may be made only after having successfully passed the Part I examination. Two current identical passport

photos taken within thirty (30) days of your application and a signed letter on inappropriate test taking behavior and collusion must accompany the Part I application, and any retake examination. The Examination Coordinator must receive the completed application for Part I or any retake examination as well as all fees by the application deadline posted on the ACBR web site.

Applicants shall have four (4) consecutive calendar years to complete the two (2) part certification examination. Applicants will be allowed a maximum of three (3) attempts for any Part. The (4) year time of eligibility will begin on the date of taking the Part I examination for the first time. As an example: if an applicant's first attempt for part I is March 1st, 2012, then the applicant will have until February 20th, 2016 to successfully complete both parts of the examination. Eligibility may be re-established only by repeating a diagnostic imaging residency program recognized by the ACBR.

Only individuals who are residency trained in a program meeting the eligibility requirements (provided above) are eligible to sit the Part I and Part II examinations series. Non-residency trained individuals, or individuals trained in programs not meeting the eligibility requirements will not be allowed to sit the exam series.

The absence of a qualified residency director for greater than one academic term will constitute retroactive loss of progress toward eligibility.

EXTENSION OF ELIGIBILITY

Individuals may petition the Board to extend eligibility based on extenuating circumstances. Petitions of this nature will

be considered on an individual basis.

EXAMINATION ACCOMMODATIONS FOR PERSONS WITH DISABILITIES

The Board complies with all aspects of the Americans with Disabilities Act (ADA) of 1990. Any examination process carried out by the Board will be offered with appropriate reasonable accommodations to preclude discrimination on the basis of disability, in keeping with Title III, Section 309 of the ADA as well as Section 504 of the Rehabilitation Act of 1973.

Candidates with a disability must clearly state disability-related needs to the Board during the application process. The test accommodation forms may be obtained by contacting the Examination Coordinator. Candidates with a disability who may require some accommodation in taking this examination, should complete and submit a "Request for Accommodation" to the Examination Coordinator along with the examination application. If accommodation is not requested in advance by the application deadline date, the availability of on site accommodations cannot be allowed.

The Board, in keeping with ADA guidelines, requires documentation of any non-observable disability to establish the validity of the request for accommodation and to provide information as to what accommodations are required. This documentation should be completed and signed by a health-care professional qualified to document the candidate's disability. This documentation must be dated within 3 years of the request for the accommodation. Questions concerning this section should be directed to the Examination Coordinator.

EXAMINATION ENVIRONMENT

No testing environment is ideal. There are always issues arising for which the Board has no control. Noise level, activities of the center, and temperature are frequently beyond our control. Do not expect a perfect environment. Please wear clothes that are layered in case the temperature is too hot or too cold for your personal preferences. In case of an emergency during any exam the candidate will be escorted to a safe location by the examiner. The candidate will not be allowed to communicate with any other candidate.

APPLICATION PROCEDURES

To sit for any Board examination, the completed application and all examination fees must be received at least sixty (60) days prior to the examination date or as listed in the date section of the ACBR web site. Application forms and information about specific examination dates are available at www.acbr.org.

The application must be completed accurately and completely in order to ensure efficient and rapid processing. The following items should be received by the Examination Coordinator no less than sixty (60) days prior to the scheduled examinations or as listed in the date section of www.acbr.org:

FIRST TIME APPLICANTS FOR PART I:

1. Completed application form provided by the Board. (Return unfolded)
2. Examination fees payable to ACBR in US funds. The price of Part 1 is \$800.00 .
3. Signed letter on inappropriate test taking behavior and collusion (found at www.acbr.org under test information).

4. Two current identical passport size photos, signed on the back.
5. Letter of readiness/competency recommendation from the current residency director or radiology department chairperson.
6. Copy of current state or provincial chiropractic license or renewal certificate.

FIRST TIME APPLICANTS FOR PART II:

FIRST TIME PART II APPLICANTS WITHIN SIX MONTHS AFTER SUCCESSFULLY COMPLETING THE PART I EXAM:

1. Examination fees payable to ACBR in US funds. (\$1200.00)
2. Letter of readiness/competency recommendation from the current residency director or radiology department chairperson.

FIRST TIME PART II APPLICANTS MORE THAN SIX MONTHS AFTER SUCCESSFULLY COMPLETING THE PART I EXAM:

1. Letter of intent to sit for Part II.
2. Examination fees payable to ACBR in US funds. (\$1200.00)
3. Signed letter on inappropriate test taking behavior and collusion (found at www.acbr.org under test information).
4. Two current identical passport size photos, signed on the back

5. Letter of readiness/competency recommendation from the current residency director or radiology department chairperson.
6. Evidence confirming current licensure/registration.

RETAKЕ APPLICANTS FOR PART I OR PART II:

1. Letter of intent to retake the examinations.
2. Examination fees payable to ACBR in US funds.

3. Signed letter on inappropriate test taking behavior and collusion (found at www.acbr.org under test information).
4. Two current identical passport size photos, signed on the back.
5. Evidence confirming current state licensure.
6. For part II applicants submit complete cases and reports. Refer to page 7 part IIA oral interview section.

Candidates qualify to sit for the examinations only when the above materials have been received by the Examination Coordinator by the deadline listed in the date section of the ACBR web site.

APPLICATION FORM

The following pages demonstrate a sample application form. Please read this guide completely before completing an original form. The original application form must be returned unfolded to the Examination Coordinator of the ACBR.

The form must be typed or printed in black ink. You must provide the ACBR with letters of recommendation/personal/eligibility reference as indicated on page 3 of the application form. These letters should be typewritten on the reference's letterhead stationary, which shows their name, address and an indication of their profession. No letters of recommendation will be accepted that are hand written or from either relatives or individuals involved in candidate's training. The letters should be mailed directly to the Examination Coordinator.

The LEGAL name used in this application will be the name on your Diplomate certificate. Only one (1) application is necessary. For

retakes or for Part II applications, only a letter of intent and other materials as described on page 13 are required. Any change in the information contained in your application must be sent to the Examination Coordinator. Any communication from the Board will be sent to the last reported name/address/e-mail contact. Please keep the Board apprised of your current mailing address. The Board or its representatives shall not be held responsible for any outdated information.

Requests for original application forms and **ALL COMMUNICATIONS WITH THE BOARD MUST BE IN FORMAL TYPE WRITTEN LETTERS AND MAILED TO THE EXAMINATION COORDINATOR. FAXES AND E-MAIL ARE NOT ACCEPTABLE.** The official mailing address is on page 3 of this Guide.

**The following application forms are only samples.
Application forms are available from the Examination
Coordinator or can be downloaded from www.acbr.org under
testing information.**

**THE AMERICAN CHIROPRACTIC
BOARD OF RADIOLOGY**

APPLICATION FOR RADIOLOGY EXAMINATION

SAMPLE ONLY: DO NOT PHOTOCOPY

<i>NAME</i>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>DATE OF BIRTH</i> (M / D / Y)
-------------	-------------	--------------	---------------	-------------------------------------

HOME ADDRESS		CITY	STATE	ZIP	PHONE#
--------------	--	------	-------	-----	--------

OFFICE ADDRESS		CITY	STATE	ZIP	OFFICE#
----------------	--	------	-------	-----	---------

EMAIL ADDRESS			FAX #	
---------------	--	--	-------	--

SOCIAL SECURITY (OR OTHER IDENTIFICATION) NUMBER

CANDIDATES DO NOT WRITE BELOW THIS LINE

CERTIFIED _____ DIPLOMATE NUMBER _____
MONTH / YEAR

BOARD MEMBERS: PRESIDENT: _____ V.P.: _____

SECRETARY: _____

OTHERS: _____

EDUCATION

SAMPLE ONLY: DO NOT PHOTOCOPY

CHIROPRACTIC COLLEGE – UNDERGRADUATE

1. NAME: _____
2. YEARS MATRICULATED: _____
3. YEAR GRADUATED: _____

GRADUATE RADIOLOGY

1. SPONSORING COLLEGE: _____
2. DATES: FROM: _____ TO: _____
MONTH / YEAR MONTH / YEAR
3. LOCATION: _____
4. OTHER TRAINING IN RADIOLOGY: _____

LICENSURE

In what states are you licensed to practice chiropractic?

- | | | | |
|----|-------|-------|-------------------|
| 1. | _____ | _____ | _____ |
| | STATE | YEAR | ACTIVE / INACTIVE |
| 2. | _____ | _____ | _____ |
| | STATE | YEAR | ACTIVE / INACTIVE |
| 3. | _____ | _____ | _____ |
| | STATE | YEAR | ACTIVE / INACTIVE |

REFERENCES

SAMPLE ONLY: DO NOT PHOTOCOPY

You must provide the American Chiropractic Board of Radiology with the following references:

1. One letter must be from a chiropractic physician not involved in the resident's training.
2. One letter from another professional individual such as a non-D.C. physician, teacher, clergyman.
3. One letter of eligibility from your current residency department chair or residency director.
4. A letter of recommendation from your current residency department chair or residency director.

Include two passport size photographs (signed on the back) taken within the past thirty days to accompany this application.

Have you ever been convicted of a felony? _____

Have any malpractice suits ever been filed against you? _____

If yes, briefly describe dates, charges and disposition.

I hereby testify that all foregoing information is accurate according to my knowledge. Further, I have read and understand all information contained in the candidates guide. I understand that failure to accurately and properly complete all the requirements of this process may invalidate my application.

APPLICANTS SIGNATURE

(Examination Coordinator to
paste photo here after
signatures are verified)

APPEALS

The ACBR strives to produce accurate, fair and appropriate examinations that reflect the ACBR professional practice analysis and established minimal competency standards.

The Board does not advise or give feedback on a candidate's strengths or weaknesses.

If a candidate disagrees with a grade they have received for Part I or Part II of the Board examinations, the following steps may apply. Candidates have thirty (30) days from the date results are mailed to make an appeal. There will be a \$300.00 regrading fee for the exam.

For Part II, Oral Interview, report writing and Film Interpretation examinations are graded by the examiners. All failed exams automatically receive a full Board review.

All other concerns may be directed to the Examination Coordinator of the ACBR, or to the Chairperson of the ACCR Academics Committee.

CONFIDENTIALITY

The Board holds all candidate information in the strictest confidence. This includes all application materials, eligibility status, and examination scores. The Board will only release any part or all information if directed in writing by the candidate.

Please visit the ACBR Website at www.acbr.org

EXAMINATIONBLUEPRINTS

The examination blueprints for the ACBR Part I and Part II examinations are based on a "template" directly related to a professional practice analysis and the opinions of subject matter experts. The emphasis and number of questions for Part I as well as the emphasis, numbers, and types of cases for Part II are reflective of the current professional practice analysis and the opinions of subject matter experts.