

CERTIFICATION SIGN OFF SHEET

Acquired brain injury support coordinator (ABISC)

Version: 5/2024

Division and privatized support coordinators:

Please sign off each module after you have worked through it and discussed any questions and/or concerns with the acquired brain injury (ABI) program administrator. The ABI program administrator will co-sign this sheet after reviewing the module with you.

The ABI program administrator will then send you the ABISC written exam (See the Introduction to ABISC Certification).

Please print your name: _____

Module #	Name of module	Date completed	Support coordinator signature	ABI program manager signature
I	Living with a brain injury			
II	ABI HCBS waiver program			
III	ABI eligibility determination guide			
IV	Brain injury comprehensive assessment			
V	Neuropsychological assessment			
VI	Brain injury and substance abuse			
VII	Recovering from brain injury			
VIII	Voc rehab for people with brain injuries			
IX	Guide for the consumer with ABI			
X	Glossary of terms for brain injury			
XI	Sample exam for QBIP Certification			