



The American Chiropractic Board of Radiology

Candidate Guide

Twenty-ninth Edition

© Copyright 2019 American Chiropractic Board of Radiology, all rights reserved. This guide takes effect December 15, 2019 and supersedes all previous editions of this guide and supplements to this guide. Please be advised that all communication to and from the Board shall be in the English language. This publication may be printed by the primary end user and should not be copied in whole or in part without the expressed written permission of the American Chiropractic Board of Radiology.

The American Chiropractic Board of Radiology *Candidate Guide* is published by the American Chiropractic Board of Radiology. Although great care is taken to ensure accuracy, the ACBR is not responsible for any errors, omissions, or inaccuracies in this publication.

Table of Contents

OFFICIAL ACBR MAILING ADDRESS	2
CURRENT ACBR BOARD MEMBERS	2
ADDITIONAL ADDRESSES	3
PURPOSE OF THIS GUIDE	4
HOW TO USE THIS GUIDE	4
DEFINITION OF A CHIROPRACTIC RADIOLOGIST	5
OBJECTIVES OF THE EXAMINATION	6
PROCEDURES TO ESTABLISH ELIGIBILITY TO SIT FOR THE EXAMINATIONS	7
EXTENSION OF ELIGIBILITY	7
EXAMINATION ACCOMMODATIONS FOR PERSONS WITH DISABILITIES	8
EXAMINATION ENVIRONMENT	9
APPLICATION	10
EXAMINATION SCHEDULING, ADMINISTRATION, AND FORMAT: PART I	12
EXAMINATION SCHEDULING, ADMINISTRATION, AND FORMAT: PART II	13
INAPPROPRIATE TEST TAKING BEHAVIOR AND COLLUSION	16
SCORING AND RESULTS	17
SUGGESTIONS FOR PREPARING FOR THE ACBR EXAMINATIONS	18
APPEALS AND RE-GRADING	19
CONFIDENTIALITY	20
EXAMINATION BLUEPRINTS	21

Contacts

OFFICIAL ACBR MAILING ADDRESS

American Chiropractic Board of Radiology

Heather Miley, MS, DC, DACBR

Examination Coordinator

PO Box 8502

Madison WI 53708-8502

Phone: (920) 946-6909

E-mail: exam-coordinator@acbr.org

Make checks payable to ACBR

CURRENT ACBR BOARD MEMBERS

Tawnia Adams, DC, DACBR

President

E-mail: president@acbr.org

Matthew Richardson, DC, DACBR

Vice President

E-mail: vice-president@acbr.org

Christopher Smoley, DC, DACBR

Secretary

E-mail: secretary@acbr.org

Robert Tatum, DC, DACBR

Ex Officio Treasurer

E-mail: treasurer@acbr.org

Jamie Bedle, DC, DACBR

Member-at-Large

E-mail: jbedle@acbr.org

Ken Lustik, DC, DACBR

Member-at-Large

E-mail: klustik@acbr.org

Alisha Russ, DC, DACBR

Member-at-Large

E-mail: aruss@acbr.org

Contacts

ADDITIONAL CONTACTS

American Chiropractic College of Radiology

Whitney Fuqua, DC, DACBR

Secretary/Treasurer

E-mail: secretary-treasurer@accr.org

Matthew Eurich, DC, DACBR

Chairperson, ACCR Academics Committee

Phone: (562) 947-8755 ext. 435

E-mail: mattheweurich@scuhs.edu

Council on Diagnostic Imaging

Bryan Hosler, DC, DACBR

President

Phone: (513) 489-0055

E-mail: bkhdiagnosticimaging@gmail.com

Purpose of the Guide

PURPOSE

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 capacity.

HOW TO USE THE 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 radiology. 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 diagnostic imaging 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 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 I and Part II examinations leading to the designation Diplomate, American Chiropractic Board of Radiology (DACBR), and maintained certification. 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 master's degree, 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 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 radiologic and clinical settings, evaluate diagnostic images, and provide written patient recommendations. All examinations are provided in the English language only, and candidates must be proficient in reading and writing in the English language. Upon successful completion of Parts I and II, candidates will be awarded the status of Diplomate, American Chiropractic Board of Radiology (DACBR).

Procedures to Establish Eligibility to Sit for the Examinations

Applicants must hold the degree of Doctor of Chiropractic and must be licensed/registered to practice as a Doctor of Chiropractic or its equivalent. 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 DACBR 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 or the postgraduate director/dean of the teaching institution that has provided their residency training. The letter of recommendation should verify the candidate's competency to sit for the examination, as well as fulfillment of all time requirements as a resident.

Applicants shall have four (4) consecutive calendar years to complete the two-part certification examination. Applicants will be allowed a maximum of three (3) attempts for any part. The four-year time of eligibility will begin on the initial date of taking the Part I examination. As an example: if an applicant's first attempt for Part I is March 1, 2020, then the applicant will have until February 29, 2024 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 residency trained individuals from a program meeting the eligibility requirements provided above are eligible to sit for the Part I and Part II examination series. Non-residency trained individuals or individuals trained in programs not meeting the eligibility requirements will not be allowed to sit for the examination series. The absence of a qualified residency director for greater than one academic term will constitute retroactive loss of progress toward eligibility.

It is the discretion of the Board to determine whether a candidate is eligible to sit for an examination.

EXTENSION OF ELIGIBILITY

Individuals may petition the Board to extend the time period of 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 and 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 the examination(s) should complete and submit a "Request for Accommodation" to the Examination Coordinator with the examination application. If accommodation is not requested in advance by the application deadline date, the availability of on-site accommodation cannot be allowed.

The Board, in keeping with ADA guidelines, requires documentation of any non-observable disability to establish validity of the request and provide information as to what accommodations are required. This documentation should be completed and signed by a healthcare professional qualified to document the candidate's disability. This documentation must be dated within three 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 may be issues arising over 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 layered clothing in case the temperature is too warm or too cold for personal preferences. In case of an emergency during any exam, the candidate will be escorted to a safe location by the examiner. Candidates will not be allowed to communicate with other candidates.

Only candidates, examiners, and those associated with the ACBR shall be allowed at the Part I and Part II testing sites. All others shall be excluded from these areas.

Application

FIRST-TIME APPLICANTS FOR PART I:

- 1) Letter of intent to sit for Part I.
- 2) Completed Part I application form.
- 3) \$1200.00 examination fee payable to ACBR in U.S. funds.
- 4) Signed Inappropriate Test Taking Behavior and Collusion form.
- 5) Letter of recommendation/readiness/competency from current residency director or postgraduate director/dean of the teaching institution.
- 6) Copy of current state or provincial chiropractic license or renewal certificate.

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

- 1) Letter of intent to sit for Part II.
- 2) \$1,200.00 examination fee payable to ACBR in U.S. funds.
- 3) Letter of recommendation/readiness/competency from current residency director or postgraduate director/dean of the teaching institution.
- 4) Complete set of cases and reports. Refer to pages 14-15 under *Part II-C: Oral Interview Section*.

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

- 1) Letter of intent to sit for Part II.
- 2) \$1,200.00 examination fees payable to ACBR in U.S. funds.
- 3) Signed Inappropriate Test Taking Behavior and Collusion form.
- 4) Letter of recommendation/readiness/competency from current residency director or postgraduate director/dean of the teaching institution.
- 5) Copy of current state or provincial chiropractic license or renewal certificate.
- 6) Complete set of cases and reports. Refer to pages 14-15 under *Part II-C: Oral Interview Section*.

RE-TAKE APPLICANTS FOR PART I OR PART II:

- 1) Letter of intent to retake the Part I or Part II examination.
- 2) \$1200.00 examination fee payable to ACBR in U.S. funds.
- 3) Signed Inappropriate Test Taking Behavior and Collusion form.
- 4) Copy of current state or provincial chiropractic license or renewal certificate.
- 5) For Part II applicants, complete set of cases and reports. Refer to pages 14-15 under *Part II-C: Oral Interview section*.

All application materials must be accurate and complete to ensure efficient and rapid processing. To sit for any Board examination, all application fees and materials described below must be **received by** the dates listed in the *Dates* section of the ACBR website which are published and updated annually at www.acbr.org. The Board recommends use of a documentable delivery service to confirm receipt of all items sent to the Examination Coordinator. Any applications or application materials not received by the due date will be considered incomplete. **Any incomplete application and application materials will deny/prohibit a candidate from sitting the examination.** A 10-day late application extension may be granted by request to the Examination Coordinator. Applications completed during this 10-day extension must be accompanied by a \$150.00 late fee.

Letter of intent: A letter of intent to sit for either the Part I or Part II exam must be submitted for all first-time and retake applicants prior to the examination date, as listed in the *Dates* section of the ACBR website. A letter of intent to sit for the Part II examination may only be made after having successfully passed the Part I examination.

Examination fee: The examination fee should be made in U.S. funds payable to ACBR and must be included with the candidate's application. The examination fee may be paid with check or money order, or electronically through the ACBR website via PayPal. Each examination fee (Parts I and II) includes a \$200.00 nonrefundable deposit. A \$50.00 returned check fee will be assessed on all returned checks.

Part I application form: The Part I application form must be completed accurately and completely in order to ensure efficient and rapid processing. The Part I application form must be typed or printed in black ink. The LEGAL name used in this application will be the name on the Diplomate certificate. Digital signatures are not accepted. Only one (1) application is necessary. The application form may be mailed or submitted electronically, as instructed by the ACBR Examination Coordinator.

Letter of recommendation/eligibility: A letter of recommendation/eligibility reference as previously described (see page 7 under *Procedures to Establish Eligibility to Sit for the Examinations*) must be submitted directly to the Examination Coordinator. This letter should be typed/written on the reference's letterhead stationery, which includes their name, current contact information, and indication of their profession.

Any change in 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. **Communication with the Board may be via mail or e-mail to the Examination Coordinator.** The official contact information and mailing address of the ACBR Examination Coordinator is on page 2 of this guide.

Candidates qualify to sit for the Part I or Part II examinations only when the above materials have been received by the Examination Coordinator by the deadline listed in the Dates section of the ACBR website.

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 examination 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.

Only candidates, examiners, and those associated with the ACBR shall be allowed at the Part I testing sites. All others shall be excluded from these areas.

The entire Part I examination will be scheduled over a two-day period, as determined by the *Dates* section of the ACBR website.

The Part I examination includes:

- 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) Radiation Health and Physics of Imaging
55 questions, 1 hour

Candidates must sit for all five written multiple choice exams in one administration. 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: imaging interpretation, report writing, and oral interview. All sections encompass osseous and soft tissue image interpretation.

Only candidates, examiners, and those associated with the ACBR shall be allowed at the Part II testing site. All others shall be excluded from these areas. If the Board deems it necessary, other guests may be in the room as observers (e.g., newly-elected Board members, psychometrician, liaison, etc.) during any portion of the Part II examination. Only current Board members and appointed examiners will ask questions of the candidate and grade their performance.

Exact appointment times for the oral interview and other sections of the Part II examination will be assigned and sent to each candidate prior to the examination date.

Part II-A: Imaging Interpretation Section

This portion consists of five stations of 30 minutes duration and six diagnostic imaging cases per station. The examination content areas are based on a practice analysis and chosen by subject matter experts, and include: 15 musculoskeletal, 6 neuroimaging, 5 chest/thorax, and 4 abdominal cases. The chest/thorax and abdominal cases may be bone imaging cases where the chest or abdomen is 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 skeletal and soft tissue imaging studies, including advanced imaging. In most cases, a history will be provided. Each case should be discussed completely and in a logical order. Candidates are not allowed to add additional information once a case is completed. However, if time remains at the end of that station, the candidate will be allowed to return to one case only but may not evaluate the initial set of images if follow-up imaging was provided for that case. In this scenario, additional comments would be limited to the follow-up imaging only.

While 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) **Diagnosis/differential diagnosis.** The list of possible diagnoses should be comprehensive, yet concise, and consistent with the presentation. If possible, it should begin with the most likely diagnosis. The length of the differential list is left to the candidate's discretion.
- 4) **Additional imaging studies.** Candidates should indicate when additional imaging is needed, and which specific study would be most appropriate to further evaluate the patient. In some cases, additional radiographs or advanced imaging studies may be provided by the examiner as the candidate discusses the case. Once the candidate begins the next set of imaging for a case, they may not return to any previous imaging for that case.
- 5) **Recommendations.** Candidates should make appropriate imaging and/or referral recommendations where applicable.

Part II-B: Report Writing Section

Multiple report writing stations will be included as part of the testing process during the imaging interpretation section. The written report section may require candidates to be familiar and utilize Microsoft Word to generate and submit their reports. Candidates should be familiar with the program. The candidate will generate radiology reports on cases provided by the Board to include plain film and specialized imaging. Each candidate will have 30 minutes total to complete up to two reports at each station. The purpose of these stations is to determine the candidate's ability to construct a complete radiographic report on a diagnostic imaging case. Reports must be complete, and include findings, impressions, and recommendations, if appropriate.

Part II-C: Oral Interview Section

During the oral interview section of the Part II examination, the candidate should be prepared to discuss and answer questions based on: the report writing station cases and reports; the imaging interpretation cases; the candidate's submitted cases and reports; as well as other general radiology questions.

First time candidates are required to submit to the Board prior to the Part II examination one copy each of four complete imaging cases. The radiologic studies must contain excellent quality images, free of any and all extraneous marks. To protect patient privacy, patient identification must be removed from all images and reports/records. Submitted cases must not have been previously submitted to the Board by another individual, have been published, or used as an exchange case through the ACCR. 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 four submitted cases must include:

- 1) three (3) musculoskeletal studies. A minimum of two must include conventional radiographs, at least one be a primary diagnosis of spinal pathology, and at least one must include advanced imaging.
- 2) one (1) of either chest, abdomen, or neuroradiology pathology.

Candidates are prohibited from submitting normal studies, with the exception of uncommon normal variants and uncommon anomalies.

The candidate must also generate and submit an original written report on all imaging studies for each of the four cases, and cannot merely copy or reword/reorganize another individual's report. These reports should be identical to reports that would be sent to a referring physician. The original imaging reports for all cases must be included in an appendix. All candidates are required to provide nine copies of each report and additional case information (as described below) to the Examination Coordinator as listed in the *Dates* section on the ACBR website. Alternatively, candidates may submit one hard copy of each report and case information along with a digital copy of the entire packet. The digital copy must be in PDF format and submitted as one document to the Examination Coordinator via USB or digital upload.

All cases should be submitted as follows and must contain:

- 1) Title page.
- 2) Table of contents on one separate page outlining the types of study (e.g., plain film radiographs, MRI, CT, contrast, etc.) and area (e.g., spine, chest, etc.) by case number and primary diagnosis.
- 3) A separate cover sheet for each case outlining pertinent history and clinical findings.
- 4) A radiology report on letterhead stationery to include:
 - a. Date of study and date of report.
 - b. Biographical information (excluding patient identification).
 - c. Radiologic findings (body of report).
 - d. Conclusion/Impressions.
 - e. Recommendations, if appropriate.
 - f. Signature of candidate.
- 5) 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.
- 6) **All primary/original reports for each case must be included in an appendix.**

If any of the submitted cases do not meet these requirements, it will be reflected in the candidate's overall score.

Cases should be submitted to the Examination Coordinator in a medium consistent with the practice of a radiologist: in film, digital self-extracting DICOM format (via USB), or in DICOM format only (via USB). It is the responsibility of the candidate to ensure digital cases open and function properly; otherwise, the case will be considered incomplete. Submission of all imaging on one USB is preferred, if possible.

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. Any new case(s) should meet the same quality and complexity/difficulty criteria. Candidates should re-visit the re-submitted cases, update case follow-up, and edit or improve any area of the reports they believe would strengthen the case. Repeat candidates should inform the Examination Coordinator as soon as possible as to which cases, if any, will be re-submitted.

The Examination Coordinator will distribute the submitted cases and reports to Board members prior to the Part II examination. A portion of the oral interview grade may be assigned from the submitted cases.

Please note: Candidates should bring a copy of their cases and reports for the oral interview section of the examination.

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 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 the exam, or receiving 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 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.

Please note: No outside reference materials or notes may be brought into the exam areas.

Scoring and Results

Both Part I and Part II examinations are criterion referenced examinations. There is no set failure rate. For both examinations a score is set that takes into account the difficulty level of the questions or cases used on the examination. This score is the minimal competency level which a candidate must achieve in order to be considered professionally competent in the field of chiropractic radiology. It is quite possible that all candidates in a set year could be successful. An unsuccessful candidate will not have demonstrated that they are professionally competent by meeting or exceeding the passing score set by subject matter experts.

For the Part I examination, the scores from each of the examinations are totaled. Each examination subset may include test questions which are scored and considered for future test use, but do not contribute to a candidate's grade. Questions that count toward a candidate's grade are those for which performance data is available and the expected score of a minimally competent candidate has been set by subject matter experts. The Part I examination raw score is out of 500 possible points. Candidates must achieve the minimum competency level for the totaled score. Candidates do not have to achieve a passing score on each of the subsets. Extreme caution must be used in completing the answer sheet. Bubbles should be filled in completely and not filled in with an "x," a dot, or a check mark. Erasures must be complete. Any single-best answer question with two or more bubbles filled in will be graded as incorrect. Part I results are sent directly to candidates as soon as available. Verbal reporting of results is not permitted.

Scoring for Part II consists of two sections: oral interview and imaging interpretation. The imaging interpretation section is an objective structured practical examination with each of six subject matter experts contributing equally to a candidate's score. The exam scores for each section are weighted, with the greatest weight assigned to the imaging interpretation section. The weighted scores are added to arrive at a total candidate score. Passing scores are determined for the entire Part II examination; candidates do not have to pass each section. Part II results are sent to each candidate. Verbal reporting of grades is not permitted.

All candidate results are anonymized until pass/fail decisions are made.

The ACBR may provide feedback on candidate attributes as assessed by the subject matter experts who rate the candidates on examination days. For Part I of the examination, feedback may be provided for each of the five topics assessed in the form of a transformed scale from 0 to 800; where 350 is the professional competency level established to be successful with a standard deviation of 100. For Part II of the examination, feedback may be provided regarding the attributes of: 1) knowledge of the field of radiology; 2) accuracy of imaging findings; 3) smoothness of diagnostic/imaging scans; 4) organization of the presentation of findings; 5) accuracy of diagnosis and differential diagnoses; 6) appropriateness of recommendations/management; and 7) recommendation as to the candidate being successful/unsuccessful on the day of assessment.

Suggestions for Preparing for the ACBR Examinations

Each candidate should approach these examinations as fully prepared as possible. Each candidate should review as many imaging studies as possible from every available source. 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. It is imperative that all candidates read this guide thoroughly and follow all the recommendations.

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 an effort 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 familiar with Board policies, procedures, and testing format.
- 3) Be knowledgeable of the subject areas tested by the Board.
- 4) Plan and execute study time appropriately.
- 5) Begin review for the examinations early.
- 6) Identify and emphasize areas of weakness and spend additional time preparing in those subject areas.
- 7) Arrive at the examination as rested as possible since the examination process can be quite fatiguing.
- 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.

Appeals and Re-grading

The American Chiropractic Board of Radiology (ACBR) strives to produce accurate, fair, and appropriate examinations that reflect the ACBR professional practice analysis and establish competency standards suitable for a professional-certified chiropractic radiologist.

If a candidate disagrees with a grade they have received, the following steps apply:

For the Part I examination, candidates have fourteen (14) days from the date results are sent (e-mail and regular post) to request a re-grading or appeal. There is a \$300.00 fee for re-grading of the exam or an appeal. The re-grade consists of a manual re-grading of each of the 500 answers provided by the candidate. Each answer is compared to the scoring key approved by subject matter experts. Appeals will only address those extraordinary circumstances that may have occurred during the Part I examination, and that are reported prior to the candidate leaving the examination. Although a re-grading of the examination may result in a change of candidate status (from unsuccessful to successful), an appeal will not change that status.

For the Part II examination – the oral interview, report writing, and imaging interpretation examinations (the objective structured practical examination) – candidates are graded by subject matter experts. The score forms for all unsuccessful candidates and those candidates with borderline scores are reviewed by all ACBR Board members present on the day of the examination. Candidates have fourteen (14) days from the date the results are sent (e-mail and regular post) to appeal. Appeals will only address those extraordinary circumstances that may have occurred during the Part II examination, and that are reported prior to the candidate leaving the examination. There is a \$300.00 fee for the Part II appeal. A successful appeal will not result in a change in status, however, may result in a one-year extension of eligibility.

Review of an appeal is conducted by a panel of three (3) certified Chiropractic Radiologists who are members of the American Chiropractic College of Radiology and are not currently serving as officers of the ACBR.

All other concerns are to be directed to the Examination Coordinator of the ACBR.

Confidentiality

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

Examination Blueprints

The examination blueprints for the ACBR Part I and Part II examinations are based on a “template”; 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.