

# American Naturopathic Board of Sports Physicians

## Sport Medicine Division Volunteer Program

### Doctor of Naturopathic Application Criteria and Procedures

#### Preface

Volunteer Naturopathic Doctors together with American Naturopathic Board of Sports Physicians (ANBSP) full-time staff provide collaborative, integrated, multidisciplinary health care services to athletes. Athlete load, (i.e. competitions, tournaments, and practices) dictates the number of sports medicine volunteers invited per event. If selected to participate in the ANBSP Sports Medicine Division Volunteer Program all travel to the event is at the volunteer's own expense.

#### Purpose

The purposes of the ANBSP Sports Medicine Volunteer Program are to:

1. Identify highly qualified and skilled sports medicine healthcare professionals who are willing to participate in the ANBSP Sports Medicine Volunteer Program in support of the participants and athletes partaking in events we are a part of.
2. Provide evidenced based sports performance medicine in support of the training and competition needs of athletes of all skill levels.
3. Identify qualified and skilled sports medicine healthcare providers who may work more closely with specific athletes to assist them with their service and event needs.
4. Become familiar with policies, procedures, rules and guidelines of the ANBSP.

#### Application Process

1. Upon receipt of the completed application and required supporting documents, applications are Accepted by the ANBSP. Once needs have been identified, invitations will be offered. Invitations are first-come, first served.

2. Required Application Documents:

\* Cover Letter

\* Program Application

\* Resume or Curriculum Vitae

\* Letter of reference from an individual who can attest to your role in sport and/or orthopedic practice (i.e. Supervisor, Team Physician, Athletic Director or Head Coach)

\* Copy of State License/Registration

\* Copy of completed certifications and additional skillsets

\* Copy of Malpractice Insurance (medical malpractice declaration page)

\* Copy of current CPR/AED certificate

### Qualification Criteria

All Sports Medicine Volunteers:

1. Must complete all requirements outlined in “Application Process” section above in full.
2. Must have two (2) years of ongoing professional experience post certification or Licensure Or have played an active part in a sports medicine club/affiliate at your school.
3. Must take and pass the SafeSport Certification. Safesport seeks to create a healthy, supportive environment for all participants. You will be required to take the Safesport certification. The U.S. Center for SafeSport is an independent nonprofit committed to ending all forms of abuse in sport. This includes bullying, harassment, hazing, physical abuse, emotional abuse, and sexual misconduct and abuse. The Center provides services to sport entities on abuse prevention techniques, policies and programs and provides a safe, professional and confidential place for individuals to report sexual abuse. The certification takes about 90 minutes to complete. And will cost you \$20. It is a requirement to be a part of ANBSP. The link: <https://safesport.org/>
4. Must be actively engaged in the sporting community including providing care and sport orthopedic involvement within the past four (4) years (i.e. event volunteering, coverage, local sport team care). Does include but not limited to Bastyr Sports Medicine Club, a sports medicine club within your school, or the liking.
5. May never have been convicted of a felony or any conviction for health care fraud.
6. May not have any disciplinary license actions.
7. May not have any actions, sanctions or discipline on clinical privileges or employment as the result of sexual abuse/harassment or substance abuse.
8. The ANBSP must be notified by the volunteer of any pending criminal charges or disciplinary action by any medical organization, board, or licensing agency as soon as they are filed at any time while serving in the ANBSP medical volunteer program.
9. Must be current on health care provider level CPR and AED.
10. Must have malpractice insurance,

- a. The policy minimum is \$1,000,000 – 3,000,000.
  - b. Provide a current copy of the declarations page.
  - c. The malpractice policy must cover the applicant while volunteering for the ANBSP.
  - d. While volunteering, the volunteer’s insurance is primary.
  - e. If a health care practitioner is sued independent from the ANBSP for actions or inactions on behalf of the ANBSP, the ANBSP cannot guarantee that the volunteer will be covered by ANBSP insurance.
  - f. Applicants must disclose any malpractice claims.
11. Must submit a cover letter that summarizes their sports medicine experience with an emphasis on the last 2 years of sports medicine experience and why they would like to be a part of the ANBSP Sports Medicine Volunteer Program.

#### Naturopathic Sports Physician Specific Requirements:

Must hold an active ANBSP professional membership.

Must possess a current active state license and must provide a copy of this license.

May have no disciplinary actions pending on license.

#### Volunteer Duties and Responsibilities

1. Work in conjunction with all medical professionals at the events to provide continuity of care and a cohesive medical team.
2. Document all injury/illness encounters, daily treatment logs and athlete visits.
3. Ensure that all medical records are legible and complete.
4. Follow all established procedures for the evaluation and treatment of athletes, coaches and guests in the cases of injury, illness, or other emergency.
5. Assist in the medical care for athletes i.e. bracing, taping, manual therapy, stretching and physical modality treatments.
6. Interface with local community medical resources.
7. Assist with pre-practice set-up, post-practice tear-down, and attendance of all practices and competitions of the assigned sport.

8. Oversee and supervise Bastyr Sports Medicine Club students at events. These students range and differ in skill levels of Sports/Physical Medicine. It is your job to watch and oversee their clinical skills.

## American Naturopathic Board of Sports Physicians

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Full Legal Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Gender: Male    Female

Date of Birth \_\_\_\_\_

Work address:

\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Contact Preference: Work / Home

\*You are responsible for keeping your information up to date with ANBSP

Education

Institution Granting

Degree: \_\_\_\_\_ Date: \_\_\_\_\_

Highest

Degree: \_\_\_\_\_

Specialty

Training: \_\_\_\_\_

Specialty Training Beyond N.D.? If yes, please list and provide supporting documentation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Professional Information

Medical License - Please List All Professional Licenses Ever Held:

State	License #	Type	Effective Date	Currently Valid
_____	_____	_____	_____	Yes No
_____	_____	_____	_____	Yes No

Facilities Where You Have Clinical Privileges:

Name	City, State	Privilege Type	Are Privileges Restricted?
_____	_____	_____	Yes No
_____	_____	_____	Yes No

National Provider Identifier (NPI) Number: \_\_\_\_\_

What type of care do you provide (clinical, practice, competition)?

\_\_\_\_\_

Do you speak any foreign languages? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list : \_\_\_\_\_

Contact/Combat Sport Experience:

\_\_\_\_\_

Non-Contact Sport Experience:

\_\_\_\_\_

Medical and Criminal History

Have you ever been convicted of a felony or any misdemeanor, or are you presently formally charged with committing a criminal offence? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer is yes, please provide details of the conviction, offence, location, dates, and sentence on a separate piece of paper.

Do you have any physical or mental condition or substance abuse problem that could affect your ability to exercise your clinical privileges or that require an accommodation for you to exercise those privileges safely and completely? Yes \_\_\_\_\_ No \_\_\_\_\_

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer yes, please furnish details on a separate piece of paper.

During the past three (3) years, have you had any malpractice claims made against you?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever voluntarily relinquished your medical privileges? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had any actions taken against your license to practice or professional certification, including restriction or suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the American Board of Naturopathic Sports Physicians to make inquiries of law enforcement agencies and courts with respect to my public record. I make this authorization based upon the Code of Federal Regulations 1301.90.93.

"By accepting an invitation to serve as a volunteer Doctor of Naturopathy in the American Board of Naturopathic Sports Physicians Volunteer Program, I understand that I will function without pay or recompense as a licensed Doctor of Naturopathy under the general supervision of its Medical Officer. I accept complete responsibility for the professional attentions that I provide or choose not to provide".

In signing this application, I affirm that all information is complete and accurate. All information provided in my application is true and accurate and no sanctions have been placed on my license(s) or credential(s). I certify that I am in good standing for any specialty boards I have membership in:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_