INTERNATIONAL BRAIN INJURY ASSOCIATION (IBIA) FELLOW

APPLICATION FORM

APPLICANT INFORMATION

- Full Name: _____
- Professional Title: _____
- Institution/Affiliation: _____
- Email Address: _____
- Phone Number: _____
- Country of Residence: _____

APPLICATION TYPE

☐ Self-Nomination
☐ Nomination by Another Individual

If nominated by another individual:

- Nominator Name: _____
- Nominator Email: _____
- Relationship to Applicant: _____

SECTION 1: IBIA MEMBERSHIP

- Current IBIA Membership Status:
  ☐ Association Member
- Total Years of IBIA Membership: _____
- Please indicate membership history (include years and membership category):

☐ I confirm I meet the minimum requirement of four (4) years of IBIA membership, including at least three (3) consecutive years immediately preceding this application. Years of Section Member, SIG Only and Trainee Membership do not count to this requirement.

SECTION 2: WORLD CONGRESS PARTICIPATION

Please list IBIA World Congress meetings attended (must include at least 2 of the last 5, including the most recent prior to application):

Year Location Role (Attendee, Presenter, Chair, etc.)

☐ I confirm attendance meets IBIA Fellow eligibility requirements.

SECTION 3: SERVICE TO IBIA

Please indicate all applicable service contributions (check all that apply and provide details):

☐ Board of Governors (BoG) Member
☐ Executive Committee Member
☐ Section or SIG Representative to BoG
☐ SIG Chair or Co-Chair
☐ Symposium or Pre-Congress Workshop Chair
☐ Presenter (minimum of two symposia/workshops)
☐ Webinar/Online Conference Speaker
☐ Editorial Advisory Board Member (Brain Injury Journal)
☐ Congress Leadership Committee Member

Details of Service (include years, roles, and contributions):

SECTION 4: PROFESSIONAL ACHIEVEMENT

A. Scholarly Contributions (Boyer Framework)

Please describe your contributions (check all that apply):

☐ Discovery (Original Research)
☐ Integration
☐ Application
☐ Teaching & Learning

Description of Contributions: (500 Word Limit)

B. Leadership Contributions

Please indicate areas of recognized leadership:

☐ Clinician
☐ Researcher/Scientist
☐ Educator
☐ Administrator
☐ Advocate

Description of Leadership Impact (national/international): (500 Word Limit)

SECTION 5: LETTERS OF REFERENCE

- Two (2) letters of support are required. These should be uploaded with the nomination submission. These letters should be from **esteemed professionals in the transdisciplinary brain injury field**

1:
Name: _____
Title/Affiliation: _____
Email: _____

2:
Name: _____
Title/Affiliation: _____
Email: _____

☐ I confirm that letters will address IBIA service and professional impact.

SECTION 6: SUPPORTING DOCUMENTATION

Please attach the following:

☐ Curriculum Vitae or Professional Portfolio (Full CV, limited to 10 pages, including representative citations related to the candidate's activities and the submitted nomination, limited to the past five years.
☐ Two Letters of Reference.

SECTION 7: APPLICANT ATTESTATION

I certify that the information provided in this application is accurate and complete. I understand that election to Fellow status requires approval by the IBIA Executive Committee.

- Signature: _____
- Name (Printed): _____
- Date: _____

FOR IBIA USE ONLY

- Application Received: _____
- Eligibility Verified: ☐ Yes ☐ No

- Executive Committee Decision: ☐ Approved ☐ Not Approved
- Date of Decision: _____

Submission Instructions:
Completed applications and supporting materials should be submitted according to IBIA guidelines. Applications are reviewed annually. Inaugural Class of IBIA Fellow nominations are due December 1, 2026. Fellows will be named and honored at the 2027 World Congress on Brain Injury in Halifax, NS, May 23-26, 2027.

Submission Link: https://tinyurl.com/2027IBIAFellow
