

INTERNATIONAL ACADEMY OF CHIROPRACTIC NEUROLOGY
APPLICATION TO TAKE DIPLOMATE EXAMINATION

NAME LAST FIRST MIDDLE

ADDRESS CITY STATE ZIP

OFFICE TELEPHONE _____ HOME TELEPHONE _____

MAILING ADDRESS (If Different Then Above) _____

DATE OF BIRTH _____ Email Address _____

DATE OF EXAM _____ PART I PART II
(CIRCLE ONE OR BOTH)

Chiropractic Colleges

1. Name _____

2. Year matriculated _____ Year graduated _____

Postgraduate Chiropractic Neurology

1. Sponsoring college _____

2. Date-from _____ to _____
 MONTH/YEAR MONTH/YEAR

REFERENCES

Names and addresses of two professional colleagues:

1. _____
 NAME ADDRESS

2. _____
 NAME ADDRESS

Please supply, as references, names and addresses of two professional people in your locality, other than chiropractors (i.e. teacher, lawyer, medical physician, etc.).

1. _____
 NAME ADDRESS

_____ PROFESSION

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2. _____
NAME ADDRESS

PROFESSION

DISCLAIMER: Any examinee subsequently found not to have fulfilled all IACN requirements, either will not have his examination scored or, if already scored, exam will be disallowed by IACN.

LICENSURE

In what venue are you permitted to practice chiropractic?

COUNTRY _____ STATE _____ YEAR RECOGNIZED _____ LIC# _____

COUNTRY _____ STATE _____ YEAR RECOGNIZED _____ LIC# _____

COUNTRY _____ STATE _____ YEAR RECOGNIZED _____ LIC# _____

COUNTRY _____ STATE _____ YEAR RECOGNIZED _____ LIC# _____

Have you ever been convicted of a serious crime (felony) Yes No (Circle One)

If yes, explain _____

(ATTACH A SEPARATE SHEET IF NECESSARY)

I HEREBY CERTIFY THAT ALL FOREGOING INFORMATION IS ACCURATE ACCORDING TO MY KNOWLEDGE.

APPLICANT'S SIGNATURE DATE


NOTARIZED:

Recent passport size photograph must be attached to this notarized application.

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MEMORANDUM

- 
1. Completed notarized application with passport photo attached. The photo **MUST** bear part of the notary seal.
 2. Two recent passport-size photographs are required (no Polaroid's, please). One is to be attached to your application form and the other is to be signed on the back (over the face area) and attached by a paper clip to the upper right hand center of the application form. This loose photo will be used to make a security ID tag.
 4. A photocopy of your chiropractic diploma.
 5. A photocopy of your license or certificate to practice chiropractic.
 6. A copy of your post-graduate neurology transcript must be sent directly from the college(s) that provided your neurology diplomate education.

You should request, in writing, that the post-graduate division of the college forward the transcript directly to the IACN. Be sure to check with your college regarding a fee for this service. Your transcript must demonstrate evidence of a minimum of 300 hours with a passing grade of 80% in the diplomate program.

The IACN may request a copy of your college's syllabus for verification.

6. Be sure to enclose a \$650 (\$600.00 for IACN members) check for each part of the exam to be taken. (\$1300 or \$1200 as appropriate)
7. Be certain your application is signed.

Specific exam instructions (times, groups, hotels, etc.) will be sent to you in your exam candidacy letter, which will be sent once exam registration is closed; no later than 15 days in advance of the test.

Please send completed application and appropriate fees to:

Dr. Paul Dickerson, Chair IBCN
6522 N. 16th Street Suite #4
Phoenix, AZ 85016

INTERNATIONAL ACADEMY OF CHIROPRACTIC NEUROLOGY

APPLICATION TO TAKE DIPLOMATE EXAMINATION

TO: International Board of Chiropractic Neurology

FROM: _____ Chiropractic College, Postgraduate Division

RE: Postgraduate Neurology Hours

This is to certify that _____ of _____
(Name) (Address)

has successfully completed three hundred (300) clock hours of Clinical Neurology.

Offered in a Neurology Diplomate program under the auspices of _____

(Name of Chiropractic College)

Presented in:

(Class Location)

with a passing grade of _____. A transcript of these hours is appended.

Sincerely,

** TRANSCRIPT NOT VALID UNLESS SIGNED AND AFFIXED WITH CORPORATE COLLEGE SEAL.