

INTERNATIONAL BOARD OF ELECTRODIAGNOSIS

Application & Registration Packet for 2017 Diplomate Examination in Electrodiagnosis

Introduction Please complete all sections fully and add additional pages as necessary. Enclose all requested information with \$1500.00 Exam Fee and have educational institutions send Official transcripts directly to the IBE Secretary at the address listed on page 5.

Board Eligibility Requirements

1. Must hold a doctoral-level professional degree i.e.: DC, MD, DO
2. Must hold a valid license or certificate to legally practice profession in their country, state, or province of residence as appropriate.
3. Must have successfully completed a minimum of 300 hours of postgraduate studies in electrodiagnosis or a combination of 150 hours of postgraduate studies in electrodiagnosis and 150 hours of postgraduate studies in chiropractic neurology sponsored by one of the following:

An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)

Or an agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.

Or appropriate equivalent for candidate's profession.
4. Must submit completed application packet and required materials as specified by the IBE with \$1500.00 Exam Fee. All required information as requested (additional materials described and outlined below- including submitted studies) must all be approved by the Board.

Board Examination Schedule & Location

Part I: Thursday November 2, 2017 Part II: Friday November 3, 2017
Palmer College of Chiropractic Florida - Daytona Beach, FL

Examination Format

Part I: Written Test – Objective Format – 200 Questions

Part II: Practical Examination – OSCE Format

NOTE: PASSING GRADES ON BOTH PARTS AND SATISFACTORY BOARD APPROVAL OF ALL SUBMITTED MATERIALS, TRANSCRIPTS, STUDIES, AND RELATED INFORMATION ARE REQUIRED FOR DIPLOMATE STATUS

Costs

Parts I & II: Total Exam Fee: \$1500.00 **(NON-REFUNDABLE)**

Deadline

All Completed Applications Must Be Received 30 Days Prior To The Exam

**INTERNATIONAL BOARD OF ELECTRODIAGNOSIS
November 2017 Diplomate Examination in Electrodiagnosis Application**

Name: _____ **Degree:** _____

Date of Birth: _____ **SS#:** _____ **Male/Female**

Office Address:
Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Address:
Street: _____ **City:** _____ **State:** _____ **Zip:** _____

Office Phone #: _____ **E-mail:** _____

Office Fax #: _____ **Home Phone#:** _____

Cell Phone #: _____ **Emergency Contact#:** _____

Educational Background:

Professional Degree Institution(s): (Please Send Official Transcripts to IBE)

Name & Address: _____

Dates of Attendance: _____ **Degree:** _____

Graduate & Undergraduate College(s): (Transcripts not required except for professional degree)

Name & Address: _____

Dates of Attendance: _____ **Degree:** _____

Name & Address: _____

Dates of Attendance: _____ **Degree:** _____

Name & Address: _____

Dates of Attendance: _____ **Degree:** _____

Institutions of EDX & Neurology training: _____

(Please Send Official Transcripts of Electrodiagnosis Training to IBE. **NOTE: 300 Credit Hours required**)

Total # Transcribed Hrs in EDX: _____ Year Completed EDX Program: _____

Total # of Years Practicing EDX: _____ Total # of EDX Patients Examined (Approx): _____

Please Enclose 2 Complete Patient Examinations that you recently performed with the following:

1. Brief Patient History
2. Physical Examination Findings
3. Advanced Imaging Findings
4. All EDX Data Waveforms and Data Tables
5. Test Interpretation & Report

NOTE: Please remove all personal patient identifying information on the two above EDX Cases

Professional Licensure:

Please list each State, Providence, Nation, etc. that you are licensed to practice in:

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Please List all Professional Disciplinary Actions, Allegations, & Charges:

Have you ever been convicted of a serious crime? Yes / No

If yes, please explain:

Professional Recommendations & References

Names & Addresses of two professional colleagues:

1. _____
Name Profession Address

2. _____
Name Profession Address

Please supply, as references, the names and addresses of three additional professional people in your locality, whom are members of professions other than your own (i.e.: Professor, Attorney, CPA, etc.)

1. _____
Name Profession Address

2. _____
Name Profession Address

3. _____
Name Profession Address

Additional Documentation to be enclosed:

1. Photocopy of all University/College Diplomas of schools listed on Page 2.
2. Photocopy of all State/Providence Licenses listed on Page 3.
3. Copy of updated Curriculum Vitae/Resume.
4. Two identical recent color Passport size photos (2"x2" approx) & attach on Page 5.
5. Have entire completed packet signed and notarized on Page 5 before mailing.
6. Check or Money Order to: "INTERNATIONAL BOARD OF ELECTRODIAGNOSIS" for:
Exam Fee \$1500.00 (Non-refundable)

Please Mail Completed Application to:

International Board of Electrodiagnosis
Robert Ville, DC, DIBE
650 South Courtenay Parkway, Suite# 200
Merritt Island, Florida 32952

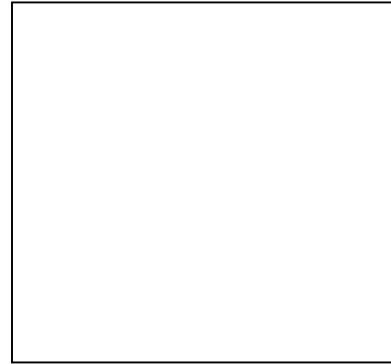
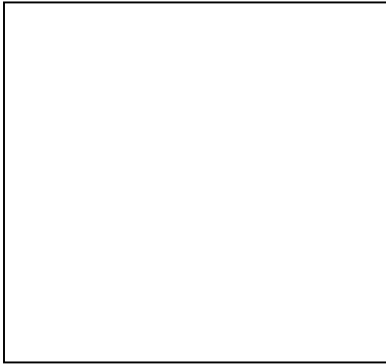
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Please Staple Two Photos Below:

RECENT COLOR PASSPORT PHOTO #1

RECENT COLOR PASSPORT PHOTO #2



Please sign completed application in the presence of a Notary Public before mailing to IBE.

I, _____, **HEREBY CERTIFY UNDER PENALTY OF**
(IBE DIPLOMATE CANDIDATE)

**PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE, TRUE, AND COMPLETE
TO THE BEST OF MY KNOWLEDGE.**

IBE DIPLOMATE CANDIDATE'S SIGNATURE

DATE

NOTARY SIGNATURE & SEAL

Sworn to before me this

_____ day of _____ 2017

Notary Public

Deadline

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