

TO BE COMPLETED BY CHIROPRACTIC COLLEGE ONLY!
(Please send to your chiropractic college for completion)

CHIROPRACTIC COLLEGE CERTIFICATION

Name of Applicant _____

Address _____

City

State

Zip

Name of College _____

Address _____

City

State

Zip

Date of Matriculation _____

Date of Graduation _____

Total number of months _____ hours _____ in chiropractic college attendance.

Do you affirm that the above named applicant has satisfactorily completed not less than sixty (60) semester hours of pre-professional study (see page 7 for specific courses) from a college or university accredited by the Southern Association of Colleges and Schools or other regional accrediting agencies as recognized by the United States Department of Education and the Council on Higher Education or their successors?

Yes _____ No _____

Do you affirm that the Chiropractic College of which the above named applicant is a graduate was fully accredited by CCE or their successors at the time of the applicant's graduation?

Yes _____ No _____

Comments: _____

Signature of Registrar

Date _____

Initial Application of _____
Applicant must print name

Date

BOARD OF CHIROPRACTIC (MEDICAL, ETC.) EXAMINERS

State _____

Address _____

Phone () _____

SCHOOL LOGO
ADDRESS

CHIROPRACTIC COLLEGE CERTIFICATION

A. CERTIFICATION OF PRE-CHIROPRACTIC EDUCATION

The admissions requirements are established in cooperation with the United States Council on Chiropractic Education (CCE).

The candidate for admission must be a high school graduate (or present evidence of equivalency) and have completed at least 60 semester hours (or 90 quarter hours) leading to a baccalaureate degree. Pre-chiropractic credits must be earned at institutions listed in the United States Department of Education Higher Education Directory, unless described below:

COMMENTS:

B. CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that _____ entered _____ on the _____ day of _____, _____ and graduated on the _____ day of _____, _____, receiving the degree Doctor of Chiropractic. S/he completed _____ school terms of _____ months each, totaling _____ hours of _____ minutes each which includes transfer hours. The classroom and laboratory instruction in subjects and hours attended and completed are certified by the attachment of official chiropractic college transcripts.

_____ Chiropractic College has professional accreditation by the United States Council on Chiropractic Education, granted on _____.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

Signature Date

Typed or printed name and title

College Name

City State ZIP

College Seal

****This document is null and void unless received directly from the chiropractic institution named above.****