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Application For Certification Examination

The examination will be administered electronically at ACT test sites (see Handbook) during the period August 5 through 14, 2011. The fully completed and notarized application, along with all attachments, must be received on or before June 1, 2011. Please follow all of the instructions.

Checklist:

- Complete this three page application.
Attach a copy of your Chiropractic license and current renewal for the state you practice in.
Attach current Curriculum Vitae. (CV)
Request official transcripts of graduate and post graduate nutrition education from the chiropractic college, university, institution, foundation or agency that provided the nutrition education be forwarded directly to the Secretary of the CBCN.
Attach 2 Passport size (2x2) photos where indicated.
Application Fee: \$1040.00, includes \$100 test site fee and \$50.00 case history grading fee
Submit 2 case histories, in triplicate, under separate cover, as outlined in the Handbook.

Discrimination Notice. The CBCN does not discriminate for the purposes of application, examination, continuing education, recertification or any other activity of the Board on the basis of age, sex, religion, marital status, national origin, race, language, or disability.

Please print or type clearly. Non legible application will be returned unprocessed.

Name, Home Address, City, St, Zip, Office Address, City, St, Zip, Home Phone, Office Phone, E-Mail, Fax

How many years have you been in practice? _____

EDUCATION

Pre-professional School(s) _____ **Year Graduated** _____

Address _____ **Degree** _____

Professional School(s) _____ **Year Graduated** _____

Address _____ **Degree** _____

Postgraduate Diplomate Program in Nutrition (List on separate page if necessary)

Have official transcripts showing all programs attended sent directly to the CBCN Secretary

Sponsoring School _____ **Year completed** _____

Program _____ **Number of hours** _____

Other Nutritional Education (List on separate page if necessary)

Have official transcripts along with a detailed syllabus or hour by hour course outline for all programs completed sent directly to the CBCN Secretary

Sponsoring School _____ **Year completed** _____

Program _____ **Number of hours** _____

LICENSURE: List the State(s) or Province(s) you hold licensure and attach copy of your current license(s)

State _____ License# _____ State _____ License# _____

REFERENCES: Provide the name, address and phone number of two colleagues. Have them provide a letter of recommendation directly to the Board.

Name _____ **Phone** _____

Address _____

City, St, Zip _____

Name _____ **Phone** _____

Address _____

City, St, Zip _____

If you have a disability that the CBCN should be aware of, please explain here and advise what has been done to accommodate you in the past when sitting for examinations.

PROFESSIONAL AFFILIATIONS: Please list

_____	Member Since _____
_____	Member Since _____
_____	Member Since _____
_____	Member Since _____

Please answer yes or no to each of the following questions.

If there is a yes response, describe the circumstances on a separate sheet of paper.

Note: Answering yes to any question does not necessarily disqualify you from participation. The information is sought as part of the overall credentialing process and all information will be kept confidential as provided by laws of the United States.

Do you have any prior malpractice judgments or settlements in the past five years? Yes No

Have you ever been convicted of a felony? Yes No

Has your license to practice in any state or country ever been revoked, suspended, or otherwise limited? Yes No

Do you currently use drugs or alcohol to the point that it might affect your ability to practice? Yes No

Disclaimer: Any applicant subsequently found not to have fulfilled all CBCN requirements for examination will be disallowed by CBCN.

I, _____, have read the Handbook for Candidates and the Bylaws of the CBCN and understand I am responsible for knowing the contents. I am submitting 2 case histories, in triplicate, under separate cover, as outlined in the Handbook. I hereby certify that all information provided, including attachments, is accurate, correct and complete according to my knowledge. I understand my acceptance into the CBCN is based on the information provided and verified. I further agree my acceptance into the CBCN is at the sole discretion and final decision of the CBCN without recourse. I agree to have my name, contact information and dates of certification or recertification published on the CBCN website, www.cbcn.us, if I am successful in passing the examination.

Applicant's signature

Date

ATTENTION:

Attach **two (2)** recent 2" x 2" passport-sized photographs here. One must bear a part of a notary stamp. (Raised or ink stamp)

Sworn to and subscribed before me this

_____ day of _____, 201__ by _____ who personally appeared before me and who is personally known to me, or has produced identification, and who acknowledged before me that the facts and statements herein are true and accurate and whose photograph attached is that of the signee.

Notary Public _____

State of _____

County of _____

My commission expires: _____

PHOTOS

SEAL