

# THE AMERICAN CHIROPRACTIC BOARD OF RADIOLOGY

## APPLICATION FOR RADIOLOGY EXAMINATION

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<i>NAME</i>	<i>LAST</i>	<i>FIRST</i>	<i>MIDDLE</i>	<i>DATE OF BIRTH</i> (M / D / Y)
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HOME ADDRESS		CITY	STATE	ZIP	PHONE#
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OFFICE ADDRESS		CITY	STATE	ZIP	OFFICE#
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EMAIL ADDRESS				FAX #
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SOCIAL SECURITY (OR OTHER IDENTIFICATION) NUMBER

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**CANDIDATES DO NOT WRITE BELOW THIS LINE**

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CERTIFIED \_\_\_\_\_ DIPLOMATE NUMBER \_\_\_\_\_  
MONTH / YEAR

BOARD MEMBERS:

PRESIDENT: \_\_\_\_\_ V.P.: \_\_\_\_\_

SECRETARY: \_\_\_\_\_ OTHERS: \_\_\_\_\_

# EDUCATION

## CHIROPRACTIC COLLEGE – UNDERGRADUATE

1. NAME: \_\_\_\_\_
2. YEARS MATRICULATED: \_\_\_\_\_
3. YEAR GRADUATED: \_\_\_\_\_

## GRADUATE RADIOLOGY

1. SPONSORING COLLEGE: \_\_\_\_\_
2. DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
MONTH / YEAR MONTH / YEAR
3. LOCATION: \_\_\_\_\_
4. OTHER TRAINING IN RADIOLOGY: \_\_\_\_\_

# LICENSURE

**In what locations are you licensed to practice chiropractic?**

1. \_\_\_\_\_  
STATE YEAR ACTIVE / INACTIVE
2. \_\_\_\_\_  
STATE YEAR ACTIVE / INACTIVE
3. \_\_\_\_\_  
STATE YEAR ACTIVE / INACTIVE

## REFERENCES

You must provide the American Chiropractic Board of Radiology with the following references:

- 1. Letter of readiness/competency recommendation from the current residency director or radiology department chairperson.**

Include two passport size photographs (signed on the back) taken within the past thirty days to accompany this application.

Have you ever been convicted of a felony? \_\_\_\_\_

Have any malpractice suits ever been filed against you? \_\_\_\_\_

If yes, briefly describe dates, charges and disposition.

I hereby testify that all foregoing information is accurate according to my knowledge. Further, I have read and understand all information contained in the candidates guide. I understand that failure to accurately and properly complete all the requirements of this process may invalidate my application.

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APPLICANTS SIGNATURE

(Examination Coordinator to  
paste photo here after  
signatures are verified)