STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7155

APPLICATION FOR CERTIFICATION TO USE ADJUNCTIVE PROCEDURES-$25.00 FEE

FEE - $25.00 – SUBMIT A CHECK OR MONEY ORDER MADE PAYABLE TO THE "COMMONWEALTH OF PA" WITH THIS APPLICATION. NOTE: A PROCESSING FEE OF $20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID, REGARDLESS OF THE REASON FOR NON-PAYMENT. FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

NOTE: IF THE APPLICATION PROCESS HAS NOT BEEN COMPLETED WITHIN ONE YEAR FROM THE DATE IT WAS RECEIVED, APPLICANTS WILL BE REQUIRED TO SUBMIT ANOTHER APPLICATION PROCESSING FEE AND SUPPORTING DOCUMENTS, AS NECESSARY.

NAME_____
LAST FIRST M.I.

ADDRESS_____
STREET

_____
CITY STATE ZIP CODE DAYTIME PHONE

PA CHIROPRACTIC LICENSE NUMBER: DC_____**Email:**_____

PLEASE CHECK ONE OF THE FOLLOWING QUALIFYING CATEGORIES:

____CATEGORY I - You have received a passing score on the Physiotherapy Section of National Boards. You must contact the National Board of Chiropractic Examiners, 901 54th Avenue, Greeley, Colorado 80634 (970)-356-9100 and request that the results of the Physiotherapy Section be sent directly to this office. (If you apply for this Certificate at the same time that you apply for your Chiropractic License, we will only need one submission of scores from National Boards. We will, however, require another copy of your Physiotherapy results directly from National Boards, if your Chiropractic application was processed prior to this application.)

-OR-

____CATEGORY II - You have completed a course which consisted of a minimum of 100 hours of study in the use of adjunctive procedures from an approved Chiropractic college, or from a Board approved continuing education program. You must contact the college or sponsor and request that official proof of completion be sent directly to this office.

_____ _____
APPLICANT'S SIGNATURE DATE