

INSTRUCTIONS

NBCE Written Examinations: September 10–12, 2010

Please refer to these instructions when completing the written examination application. For more details, see the current *NBCE Examination Information* brochure, available online at www.nbce.org, from NBCE headquarters, or from college registrars' offices. You may enter application information online, or print a blank application to type or complete in ink. If you wish to speak to an NBCE representative about this application, call 800-964-6223.

Registration for NBCE examinations requires a current, properly completed and notarized application, mailed by postmark deadlines with appropriate fees in U.S. guaranteed funds. **Any incomplete application and/or application without guaranteed funds will be RETURNED and charged a \$50 incomplete application fee.** Applicants must then resubmit a complete application with the \$50 fee, postmarked by the late cutoff deadline, or it will be rejected. The NBCE assumes no responsibility for misdirected mail due to illegible address or postal error. The NBCE recognizes and accepts only official U.S. Postal Service or international postal cancellation marks.

APPLICANT INFORMATION:

- **Reference number:** If available, enter your NBCE reference number. Applicants who have never submitted an application to the NBCE will not have a reference number.
- **Test accommodations, courtesies or religious convictions:** If you have a disability, a temporary condition (i.e., nursing mother or broken limb), or religious conviction for which you would like to request a deviation from the standard testing environment, check the box on Page 1 of the application and submit all required forms and documentation. For more information, see the current *NBCE Test Accommodations Guidelines* brochure, available online at www.nbce.org, or from NBCE headquarters, college registrars or learning disability coordinators.
- **Legal name:** Enter your legal name as it appears on your driver's license or other government-issued identification card. If you have taken NBCE examinations under a different name, you must attach a copy of your certificate of marriage or court-ordered name change.
- **Mailing address:** Enter your current, complete mailing address. Do not abbreviate street or city names. Confirmation letters will be mailed to this address two weeks before the examination. Score letters will be mailed within seven weeks following the examination.
- **Other information:** Enter your date of birth, telephone number with area code, United States social security number, your anticipated chiropractic college graduation date and your e-mail address.
- **Chiropractic college:** Enter the chiropractic college you attend or attended.
- **Test site requested:** Enter the name of the test site from the list in the current *NBCE Examination Information* brochure or select it from the online drop-down list. Test site change requests must be submitted in writing, postmarked by August 6, 2010, and must include a \$50 fee. Test sites may not be changed after August 6, 2010.

EXAMINATIONS:

- 1) **First time applicants:** Check the appropriate box to indicate if this is the first time you will take the specified NBCE examination. See first-time eligibility requirements below.
 - For **students** taking any examination for the first time, obtain your authorized college representative's signature to certify your eligibility. Check with your school for details.
 - For **graduates** taking one of the following examinations for the first time:
 - Part I or Part II: 1) Obtain the signature of an authorized college representative, or 2) submit a copy of your D.C. degree.
 - Part III: 1) Obtain the signature of an authorized college representative, or 2) submit a copy of your D.C. degree if you've passed Part I, or 3) submit a copy of a valid chiropractic license issued on or before December 31, 1988.
 - **Physiotherapy or Acupuncture:** 1) Obtain the signature of an authorized college representative, or 2) submit post-graduate documentation reflecting adequate number of hours.
- 2) **Retakes:** Check the appropriate box to indicate if you are retaking a full Part I, Part II, Part III, Physiotherapy or Acupuncture examination. If you are retaking the examination due to state requirements, indicate the state. If you are applying to retake individual subjects within Part I or Part II, check the subject(s) you wish to retake, enter the total number of subjects checked and multiply by the subject examination fee. You may not retake more than two subjects in a part. No signature is required for retakes of any examination.

FEES:

- **Examination fees:** Fill in the fees due for each examination.
- **Late filing fees:** Applications addressed to the NBCE and postmarked after July 6, 2010, but by July 20, 2010, will be assessed a \$50 late fee. Applications postmarked after July 20, 2010, will not be accepted.
- **Religious convictions fee:** Include \$50 for each subject in Part I and Part II, or \$100 each for Part III and Acupuncture.

Add the examination fees with any other applicable fees and remit the total fees due. **All fees must be made payable to the NBCE in U.S. guaranteed funds** (cashier's check, money order or certified check). The NBCE does not accept personal checks, business checks or credit cards. Your application will be returned to you unprocessed if you do not enclose the appropriate guaranteed funds.

PHOTO IDENTIFICATION: Attach a 2" x 2" original passport-quality photo, showing head and shoulders only. No paper copies.

AFFIDAVIT and NOTARY PUBLIC VERIFICATION: Sign the affidavit in the presence of a notary. The notary must sign, and seal or stamp the affidavit, or attach a statement of verification.

APPLICATION

NBCE Written Examinations: September 10–12, 2010

Applicant Information:

NBCE reference #

To request test accommodations, courtesies (i.e., for nursing mothers or broken limbs), or religious convictions, check box and submit all required forms.

Enter your legal name (no nicknames):

<i>Last name</i>	<i>First name</i>	<i>Middle name</i>	<i>Suffix</i>

<i>Current mailing address (street address, include apartment #)</i>	<i>Birth (month/day/year)</i>	<i>Telephone (with area code)</i>
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<i>U.S. social security number</i>	<i>Graduation date (MM/YY)</i>

<i>City</i>	<i>State</i>	<i>Postal code</i>	<i>Country</i>

<i>E-mail address</i>	<i>Chiropractic college attended</i>	<i>Name of test site requested</i>

Include city and state

Include city and state

Examinations and Fees:

	First time	Retake	Enter state if retaking for state licensure	College authorization signature See instructions	Date	Exam fee	=	Fees due
Part I (all)						\$510	=	
Part II (all)						\$510	=	
Part III						\$510	=	
Physiotherapy						\$235	=	
Acupuncture						\$460	=	

Individual Subject Retake:

<table style="width: 100%; text-align: center;"> <tr> <td>GEA</td><td>SPA</td><td>PHY</td><td>CHE</td><td>PAT</td><td>MIC</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table> <p style="text-align: center;">Part I (maximum of 2)</p>	GEA	SPA	PHY	CHE	PAT	MIC	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<table style="width: 100%; text-align: center;"> <tr> <td>GED</td><td>NMS</td><td>DIM</td><td>PRI</td><td>PRA</td><td>ACS</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td><td><input style="width: 20px; height: 20px;" type="checkbox"/></td> </tr> </table> <p style="text-align: center;">Part II (maximum of 2)</p>	GED	NMS	DIM	PRI	PRA	ACS	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	# of subjects	Subject exam fee	=	
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		X	\$210	=																									

DO NOT WRITE IN THIS SPACE

Exam Fees _____ Total Fees _____

LATE FEE if postmarked after 07/06/10 but by 07/20/10 = \$50

Incomplete application fee = \$50

If requested, religious convictions = \$50 per subject (Part I or Part II);
\$100 (Part III or Acupuncture)

TOTAL FEES DUE in guaranteed funds
(Do not combine fees for written examinations with fees for other NBCE examinations.)

Photo

STAPLE TOP AND BOTTOM OF ONE 2" x 2" PASSPORT QUALITY PHOTO HERE

IMPORTANT! To prevent loss, **print your name on the back of the photo** before stapling to the application.

Photo Identification:

All applications must have new, original photos attached, regardless of previous application submissions, and must be recent, showing head and shoulders ONLY.

Photos must be original, on photo-quality paper; no machine or newspaper copies accepted. No photos with hats or dark glasses will be accepted.

Beards, hair styles, etc., must be as applicant will appear at the test site. If applicant wears regular glasses, they must show in photograph.

NOTE: You will be required to present two forms of identification at registration, including one government-issued photo ID.

AFFIDAVIT

NBCE Written Examinations: September 10–12, 2010

Print your legal name: Last, First Middle

Application Affidavit of:

I understand that I can be disqualified or permanently excluded from taking or continuing to sit for an examination, or from receiving scores from an examination, if the National Board of Chiropractic Examiners (NBCE) or the examination administrator concludes that: 1) I have provided any false or misleading information on my application. 2) I take an examination for another person or another person takes an examination in my place. 3) I am found to be cheating, based either upon observation or statistical analyses of answer sheets. 4) I engage in any act or conduct that jeopardizes or could jeopardize the security or integrity of NBCE examinations; such action or conduct may include, but is not limited to, copying or reproducing any portion of the examination, or memorizing questions and answers and furnishing those memorized questions and/or answers to any other person at any time. 5) I have engaged in any other conduct that might invalidate the examination results, including, but not limited to, removing items from the testing room. 6) I engage in any behavior that is deemed to be disruptive, offensive, or inappropriate in any way to the testing environment. Further, I understand that in the event I direct any inappropriate behavior to any representative of the NBCE, my actions may be referred to the president or other official of my school. Additionally, transcripts to state boards may be annotated in the event of any of the aforementioned behaviors.

For security reasons, I understand that I may NOT bring any materials to the testing room. Such materials include, but are not limited to, notes, reference materials of any kind, writing instruments, purses, backpacks, bookbags of any kind, cameras, cellular phones, electronic devices (including remote keyless entry devices for vehicles), weapons, watches, coats, hooded sweatshirts or shirts with pockets, hats, food, drinks, or any other items that may be questioned by security personnel. I understand that I may have a sweater or a sweatshirt without pockets available in case the temperature is below my comfort level. **I understand that examinees may be subject to individual security screening procedures, including the use of metal detection devices. I understand that examinees who refuse to submit to individual security screenings may be denied entrance to or be expelled from the testing area.**

I acknowledge that any failure to adhere to instructions given at the examination site, or any conduct or communication during an examination by which I obtain information from another examinee or give information to another examinee, or bring notes into the testing room, thereby placing myself or any other examinee at an advantage he or she otherwise would not have had, shall constitute cheating. Additionally, the NBCE reserves the right to withhold, cancel, or revoke an examinee's results and require an examinee to retake any examination(s) if there is sufficient evidence that the security of the examination or the validity of the examinee's results has been compromised, notwithstanding the absence of an examinee's involvement in any violation of the rules, as previously set forth.

Further, as an applicant, I give my express authorization to the NBCE to release a report of my examination scores to an authorized representative of my school or college. Additionally, I give permission to my school to release personal information, such as address and telephone number, to the NBCE for confirmation purposes. I understand that the reference text list contained in the *NBCE Examination Information* brochure is not comprehensive and acknowledge that study of such texts cannot guarantee that an individual will pass any NBCE examination.

This application and the examination shall be deemed to have been made and accepted in Colorado where the National Board of Chiropractic Examiners' principal place of business is located. The application and examination shall be interpreted, and all transactions hereunder and all rights and liabilities of the parties thereto, shall be determined and governed as to validity, interpretation, enforcement and effect by the laws of the State of Colorado. The United States District Court and the District Courts for the State of Colorado shall have exclusive jurisdiction over all actions and proceedings arising directly or indirectly from this application and examination and applicant hereby consents to the jurisdiction of these courts.

Applicant signature (signed in the presence of a notary)

Date

Notary Public Verification:

STATE OF _____ COUNTY OF _____

_____, applicant, being first duly sworn, on his/her oath states that he/she is the applicant named and pictured, and proved to me on the basis of satisfactory evidence to be the person who appeared before me, and who signed the foregoing Application Affidavit, that he/she has read the information stated therein and that the same is true.

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary public

My commission expiration date

**SEAL OR
STAMP**

For your records:

APPLICATION SUBMISSION CHECKLIST

NBCE Written Examinations: September 10–12, 2010

- VERIFICATION:** Confirm that all fields on your application contain correct information and spelling. Pay special attention to the test site you requested. Read, but do not yet sign the Application Affidavit. See the Notarization section below.
- AUTHORIZATION:** Follow the guidelines below if you are taking any NBCE examination for the first time.
 - If you are still in college, you must obtain the signature of an authorized college representative to certify your eligibility. Please note that schools may impose their own deadlines for authorization processing. Allow enough time for your school to process your application prior to the NBCE postmark deadline. Check with your school for details.
 - For graduates applying for Parts I or II, 1) submit a copy of your D.C. degree or 2) obtain the signature of an authorized college representative.
 - For graduates applying for Part III, 1) submit a copy of your D.C. degree if you've passed Part I, or 2) obtain the signature of an authorized college representative, or 3) submit a copy of a valid chiropractic license issued on or before December 31, 1988.
 - For graduates applying for Acupuncture, 1) submit post-graduate documentation reflecting 100 hours of acupuncture instruction or 2) obtain the signature of an authorized college representative.
 - For graduates applying for Physiotherapy, 1) submit post-graduate documentation reflecting 120 hours of physiotherapy instruction or 2) obtain the signature of an authorized college representative.
- PHOTO IDENTIFICATION:** Staple one 2" x 2" passport-quality photo to the application in the appropriate box. **Legibly print your full name on the back of the photo.**

NOTE: You will be required to present two forms of identification at registration, including one government-issued photo ID (e.g., driver's license).
- NOTARIZATION:** Sign the Affidavit in the presence of a notary. The Notary Public Verification must be signed and include a notary seal, stamp or statement.
- FEES:** Remit the total fees due, **payable to NBCE in U.S. guaranteed funds** (cashier's check, money order or certified check). The NBCE does not accept personal checks, business checks or credit cards. Your application will be returned to you unprocessed if you fail to enclose the appropriate guaranteed fees. Please staple one money order for the total fees due to the upper left corner of your two-page application. Do not combine fees for written examinations with fees for other NBCE examinations.
- TEST ACCOMMODATIONS, COURTESIES and RELIGIOUS CONVICTIONS:** If you have a disability, a temporary condition (i.e., you are a nursing mother or have a broken limb), or religious conviction for which you would like to request a deviation from the standard testing environment, check the box on Page 1 of the application and submit required forms and documentation. Include a disability report and an evaluator review form if you are requesting accommodations for the first time. See the *NBCE Test Accommodations Guidelines* brochure for information about acceptable documentation. For religious conviction accommodations, you must submit a religious conviction registration form and appropriate fees. **All forms MUST be postmarked by the published late cutoff deadline.** Brochures and forms are available online at www.nbce.org, from college registrars' offices, learning disability coordinators, or NBCE headquarters.
- APPLICATION SUBMISSION:** Review your application, verify your test site selection, secure school authorization as applicable, and submit the application to the NBCE. **Your examination confirmation letter will be mailed approximately two weeks before the examination** to your current mailing address, as indicated on your application. You may wish to make a copy of your application for your records.
- POSTMARK DEADLINES:** It is your responsibility to ensure your application is complete and mailed on time.

APPLICATION Postmark Deadline	July 6, 2010
LATE APPLICATION CUTOFF Postmark Deadline	July 20, 2010
CANCELLATION and TEST SITE CHANGE Postmark Deadline	August 6, 2010

After completing all sections, mail your application to the NBCE along with total fees due, payable to NBCE in U.S. guaranteed funds.

NBCE – Application
901 54th Ave
Greeley CO 80634