

# INSTRUCTIONS FOR NBCE POST-LICENSURE EXAMINATIONS SPECIAL PURPOSES EXAMINATION FOR CHIROPRACTIC (SPEC) AND ETHICS AND BOUNDARIES (E&B)

Registration for SPEC and/or E&B is processed upon receipt of a current, properly completed and notarized application with appropriate and guaranteed funds. Your application must be submitted with all of the items listed below.

- Include all applicable fees, payable to NBCE in U.S. guaranteed funds: \$885 examination fee, plus \$50 fee if application was returned unprocessed for additional or corrected information.
- Enclose an original letter from a state licensing agency, bearing the official state seal, that requires or requests that you take the SPEC and/or E&B. (See attached form "Authorization to Take SPEC and/or E&B Examination.")
- Enclose an original letter from a state licensing agency, bearing the official state seal; attesting that you hold or have held a license to practice and that you graduated from an accredited college or university. (See attached form "Professional Credential Verification.")

Please complete the following items on the application.

1. **PERSONAL INFORMATION:** Print your full name; no nicknames. Print your e-mail address, if available. Your final score will be mailed to your current address. Do not abbreviate street or city names. Should your name or address change after submitting the application, please contact the NBCE.
2. **TEST ACCOMMODATIONS APPLICANT:** In order to be eligible for test accommodations, submit a current test accommodation request form, with a disability report, by the published deadline. See the post-licensure *NBCE Test Accommodations Guidelines* brochure for details. You may contact the NBCE for the appropriate brochures and forms or download them from [www.nbce.org](http://www.nbce.org).
3. **FEES:** You must enclose appropriate fees with your application, payable to NBCE in U.S. guaranteed funds. Your account must be paid in full before your application will be processed. The NBCE cannot accept credit cards, personal checks or business checks.

**REFUND POLICY:** Written requests to withdraw from the examination will be accepted and partial refunds will be issued if the NBCE receives your request by published deadlines. Refunds will be as follows:

- Withdrawal from SPEC: \$550 refund
- Withdrawal from E&B: \$550 refund
- Administrative fees: No refund

Applicants will also receive a partial refund of their application fees, based on the amounts listed above if the NBCE determines that an applicant is ineligible to take any examination.

The NBCE will issue no refunds to applicants who fail to take an examination, applicants who apply but take only a portion of their examination schedule, applicants who withdraw from the examination or become ineligible to take the examination after the cancellation deadline, or applicants who arrive late for a testing appointment.

4. **SCORE UTILIZATION:** Please check one.
5. **PREVIOUS APPLICATION:** Please check YES or NO.
6. **DATE OF TEST ADMINISTRATION:** See Page 2 of the *NBCE Examination Information Brochure* for post-licensure examination dates.
7. **SIGNATURE:** Application must be signed and notarized, including notary seal or stamp. Section 7 must be signed by the applicant in the presence of and notarized by a notary public.
8. **NOTARIZATION:** Section 8 must be completed by the notary public.

**OBSERVE PUBLISHED DEADLINES AND MAIL TO:**

**NBCE – Applications**  
901 54th Ave  
Greeley CO 80634

**You must present two forms of identification upon arrival at the test site, including one government-issued photo ID.**

NBCE toll free phone: 800-964-6223

# NATIONAL BOARD OF CHIROPRACTIC EXAMINERS

## 2010 APPLICATION — SPEC and/or E&B Examination

Please refer to instructions. Improperly completed applications will be returned.

### 1. Personal Information

(Last name)	(First – no nicknames)	(Middle)	(E-mail address, if available)	
			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
(Current mailing address)	(Apt/space#)	(City)	(State)	(Zip)
Soc sec # <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	Date of birth	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Telephone	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	(Month)	(Day)	(Year)	(Area code)
Chiropractic college attended _____			Graduation date	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
			(Month)	(Year)

**2. Test Accommodations:**  YES, I am requesting test accommodations. I will submit a test accommodations request form and a disability report by the appropriate deadlines. (Forms are available at [www.nbce.org](http://www.nbce.org).)

**3. Fees:** Enclose with application, payable to NBCE in U.S. guaranteed funds (cashier's check, money order or certified check). The NBCE cannot accept credit cards, personal checks, nor business checks.

Examination fee, SPEC:	\$885	
Examination fee, E&B:	\$885	
Incomplete/returned application fee:	\$50	
Total examination fees:	TOTAL	

**4. SPEC and/or E&B score is requested/required for the following:**

- Reciprocity/endorsement   
  Revocation/suspension   
  Disciplinary action   
  License lapse

**5. Have you previously submitted a SPEC and/or E&B application?**   
 Yes     No

**6. Date of SPEC and/or E&B administration for which you are applying:** \_\_\_\_\_

"I understand that I can be disqualified or permanently excluded from taking or continuing to take 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/or answers and furnishing those memorized questions and/or answers to any other person at any time. 5) I fail to adhere to instructions given at the examination administration. 6) I engage in any behavior that is deemed to be disruptive, offensive, or inappropriate in any way to the testing environment.

I acknowledge that any failure to adhere to instructions given at the examination site, or any conduct or communication during an examination by which any attempt to refer to books, notes, or other devices during the examination, or to obtain information from another person or give information to another examinee thereby placing myself or any other examinee at an advantage he or she otherwise would not have had, shall constitute irregular behavior. All examination materials are the property of the NBCE and must be left in the room at the end of the examination. The NBCE reserves the right to invalidate and not report examination scores or to require all examinees to retake the examination if presented with sufficient evidence, either direct or through statistical analyses, that the integrity of the examination has been compromised, notwithstanding the absence of any evidence of an examinee's personal involvement in irregular behavior."

**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 thereunder 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 for the District of Colorado 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.**

**7. Applicant's signature X** \_\_\_\_\_ **DATE** \_\_\_\_\_

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

By my signature hereon, I grant permission to the NBCE to send my test score to the state that requested/required me to take the examination.

**8. STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

\_\_\_\_\_  
 (Print or type applicant name)

being first duly sworn, on his/her oath states that he or she is the applicant named in and who signed the foregoing application, that he or she has read the information stated therein and that the same is true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

# AUTHORIZATION TO TAKE SPEC AND/OR E&B EXAMINATION ALSO FOR THE REQUEST/REQUIREMENT FOR TRANSCRIPT

**\*\*\* NOTICE \*\*\***

This form is a required component of the application for the Special Purposes Examination for Chiropractic and/or the Ethics and Boundaries Examination. This completed document, bearing the official state/national seal, is to be mailed by the applicant to:

**NBCE – Applications**  
**901 54th Ave • Greeley CO 80634**  
**For more information, contact 970-356-9100 OR 800-964-6223**  
**www.nbce.org**

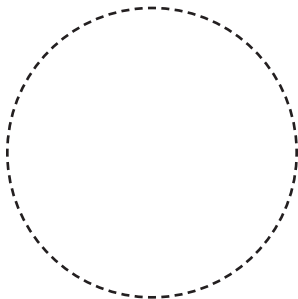
This document, bearing the official seal of the state or country of \_\_\_\_\_  
(State/country) authorizes, requests or requires the following individual,

\_\_\_\_\_ to take:  
(Print full name of individual)

- the Special Purposes Examination for Chiropractic (SPEC)
- the Ethics and Boundaries Examination (E&B)

Examinations must be taken within one year from this date. This document also authorizes the release of a transcript of a previously taken SPEC and/or E&B Examination for the purpose of providing an examination score which may, at the discretion of this agency, be utilized for evaluation and possible reciprocity/endorsement and/or relicensure. It is understood that in administering the SPEC and/or E&B to this individual or submitting a transcript of the SPEC and/or E&B examination, under no circumstances does the NBCE guarantee SPEC and/or E&B score acceptance, or relicensure by this or any other state licensing agency. **It is understood by examinee that an official transcript showing the SPEC and/or E&B score will be sent directly to the licensing agency listed above.**

**OFFICIAL SEAL**



\_\_\_\_\_  
Signature of state/country representative

\_\_\_\_\_  
Position or title

\_\_\_\_\_, 20 \_\_\_\_  
Date signed

# PROFESSIONAL CREDENTIAL VERIFICATION

**\*\*\* NOTICE \*\*\***

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[www.nbce.org](http://www.nbce.org)**

This document, bearing the official seal of the state or country of

\_\_\_\_\_ affirms that on \_\_\_\_\_, \_\_\_\_\_,  
State or country Date Year

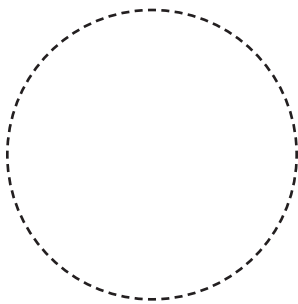
this agency did confer upon \_\_\_\_\_ a license to  
Print full name of individual

practice chiropractic within its territorial jurisdiction, subject to all applicable regulations and provisions as set forth by the state/country at the time such license to practice was granted. Further, this agency

affirms that on \_\_\_\_\_ the above doctor graduated from  
Date of graduation

\_\_\_\_\_  
(Name of college or university)

**OFFICIAL SEAL**



\_\_\_\_\_  
Signature of state or country representative

\_\_\_\_\_  
Position or title

\_\_\_\_\_, 20 \_\_\_\_\_  
Date signed