

# 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, or visit [www.nbce.org](http://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.**

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

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

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

**OFFICIAL SEAL**

