

INFORMATION AND GUIDELINES FOR REQUESTING NBCE TRANSCRIPTS

1. **Requesting an NBCE transcript:** To request a copy of your NBCE transcript, complete the form below, using the full name under which you took the NBCE examinations, and mail it along with applicable fees to the NBCE (address below).
2. **Fees:** Upon request, ONE complimentary NBCE transcript (not one per examination) will be sent to a state board. Subsequent transcripts are \$25, payable to NBCE in U.S. guaranteed funds or personal checks. The NBCE does not accept credit cards nor temporary checks.
3. **Processing:** A minimum TWO-WEEK processing time is normally required for transcript requests. Enclosing proper payment, as applicable, will facilitate the processing of your request. A fee of \$20 is charged for same-day processing of transcripts, plus express mailing costs of \$18 if also requested. Please contact the NBCE for express mailing costs outside of the United States.
4. **Part I, Part II, Physiotherapy and Acupuncture scores:** Subject to varying state regulations, the NBCE releases transcripts only of the examinee's most recent scores. A transcript will not be released without the authorization of the examinee. In addition, should the transcript contain a failing score, the transcript will be released ONLY upon the examinee's specific written authorization, unless otherwise required by varying state regulations. Please indicate on the form below if you wish to authorize the release of a transcript containing failing scores.
5. **Part III scores:** Part III scores are available for release to state licensing boards or governmental agencies upon successful completion of Part I and Part II, irrespective of authorization to release a failing score of Part II. A Part III transcript reports only the most recent Part III score attained by the examinee, unless a historical score record is required by a state licensing authority. A Part III transcript will not be released without the authorization of the examinee.
6. **Upcoming scores:** If you wish to have the results of a recent or upcoming NBCE examination included in your transcript mailing, please indicate HOLD TRANSCRIPTS FOR PENDING SCORES as indicated on form below.
7. **Official/unofficial transcripts:** Official transcripts bearing the NBCE seal are sent ONLY to state licensing boards or governmental agencies. Unofficial transcripts, for example one sent to an individual, are assessed the same fees, but they do not carry the NBCE seal.
8. **Varying state regulations:** Each state imposes unique requirements for licensure, which are subject to change. Examinees should contact the licensing authority in the state(s) in which they desire to practice to obtain current information regarding licensure requirements, as well as any privileges afforded those who have completed the NBCE examinations.

PLEASE DETACH COMPLETED FORM AT THE DOTTED LINE AND MAIL TO THE NBCE ADDRESS SHOWN BELOW

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS 901 54th Ave. • Greeley, Colorado 80634 • 970-356-9100

I HEREBY AUTHORIZE the National Board of Chiropractic Examiners to release a transcript of my most recent score(s) to the licensing board or governmental agency in the State of _____.

INDICATE

TRANSCRIPT TO BE SENT NOW: _____
Part I, Part II, Part III, Physiotherapy and Acupuncture

HOLD TRANSCRIPT FOR PENDING SCORES: _____
Part I, Part II, Part III, Physiotherapy and Acupuncture

I authorize release of a transcript containing a failing score: _____

Upon your request, the NBCE will process one complimentary transcript containing all of your passing scores. Additional transcript requests are processed at the rate of \$25, payable to NBCE in U.S. guaranteed funds or personal checks. The NBCE does not accept credit cards nor temporary checks. Enclosing proper payment will facilitate processing.

NOTE: Providing that your Part I, II, and III scores are passing, a passing Part IV score will also be included in your transcript.

Your legal name _____
(Please print)

Your mailing address _____
(Please print)

City/State/Zip _____

Date of birth _____ NBCE reference number _____

Date _____ Phone # _____ Signature _____