

SPEC Authorization and Transcript Request

***** NOTICE *****

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

NBCE – Application SPEC
901 54th Ave • Greeley CO 80634

For more information, phone 970-356-9100 or 800-964-6223, e-mail processing@nbce.org, or visit www.nbce.org.

I. State Board Authorization to Take SPEC

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

_____, to take the Special Purposes Examination for Chiropractic.
(Print name of examinee above)

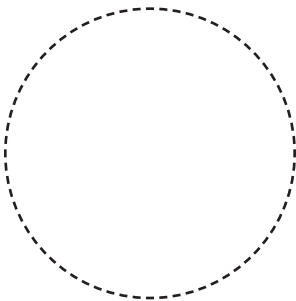
This authorization is valid for one year from the date signed below. If the examinee is not successful in passing, he/she is authorized for up to (0 to 6) _____ additional attempts without an updated authorization.

II. Request for Release of SPEC Transcript

This document authorizes NBCE to release the examinee's SPEC scores. The score transcript may, at the discretion of the state/national licensing agency, be used for reciprocity/endorsement; relicensure; revocation/suspension; and/or disciplinary action. This document also authorizes the release of a transcript of a previously taken SPEC for evaluation and possible relicensure.

Any official transcript of SPEC scores will be sent directly to the state/national licensing agency listed above.

OFFICIAL SEAL



Signature of state/country representative

Position or title

_____, 20 _____
Date signed

NOTE: The examinee understands that release of official SPEC scores does not guarantee acceptance or relicensure by this state/national licensing agency or any other state/national licensing agency.