

# NEW JERSEY BOARD OF CHIROPRACTIC EXAMINERS

## APPLICATION

### Electrodiagnostic Tests and Special Examinations

Pursuant to N.J.A.C. 13:44E-3.5

#### INSTRUCTIONS:

Complete application in its entirety. Attach documentation (*transcripts and course completion certificates*) of required education. You must sign and date the application. Submit the application, a \$50.00 one time application fee and all supporting documentation to: NJ Board of Chiropractic Examiners, P.O. Box 45004, 124 Halsey Street, 6<sup>th</sup> Floor, Newark, NJ 07101. Check or money order should be made payable to the N.J. Board of Chiropractic Examiners.

#### I. APPLICANT INFORMATION

Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
(Last) (First) (Middle) (Maiden)

License Number: 38MC \_\_\_\_\_

Name of Professional Practice: \_\_\_\_\_

Address of Professional Practice: \_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City) (State) (Zip)

Email Address: \_\_\_\_\_

Telephone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_

#### II. TEST(S) FOR WHICH APPLICANT IS SEEKING CERTIFICATION: (check all that apply)

- Nerve Conduction Studies     SSEP     BEP     AEP  
 BAEP     VEP     THERMOGRAPHY  
 Video Fluoroscopy     Other (specify) \_\_\_\_\_

#### III. EDUCATION AND TRAINING

Board regulations require successful completion of educational and training courses pertinent to each test. Training courses must include specific programs reviewed, recognized and approved by the Board of Chiropractic Examiners OR offered in a postgraduate training program sponsored by a Council on Chiropractic Education (CCE) accredited college of chiropractic\*. Please attach course completion document to the application.

Complete the following for each test area being certified.

#### TEST:

TRAINING PROGRAM	
SPONSOR*	
DATES OF ATTENDANCE	
NUMBER OF HOURS	

**Electrodiagnostic Tests and Special Examinations**

**NJBCE Application for Certification**

**Page Two**

Application Name: \_\_\_\_\_ D.C. License No.: 38MC\_\_\_\_\_

**TEST:**

<b>TRAINING PROGRAM</b>	
<b>SPONSOR*</b>	
<b>DATES OF ATTENDANCE</b>	
<b>NUMBER OF HOURS</b>	

RECOPY AND COMPLETE PAGE TWO FOR ADDITIONAL TEST CERTIFICATIONS.

**CERTIFICATION OF RECORDS**

I, \_\_\_\_\_, D.C., do hereby certify that the foregoing statements are true, complete and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- \$50.00 Processing fee enclosed (certified check or money order)
- Required supporting documents enclosed
- Completed application enclosed

**FOR NJBCE USE ONLY:**

The above requested Certification has been:

\_\_\_ DISAPPROVED by the NJBCE

\_\_\_ APPROVED by the NJBCE as indicated:

Date **APPROVED** or **DISAPPROVED**: \_\_\_\_\_ Initials: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_