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www.cbcn.org

Application for Certification Examination

The fully completed and notarized application, along with all attachments, **must be received 45 before the test date.** Consult website for current test dates. Please follow all of the instructions.

Checklist:

- Complete the three (3) page application
- Attach a copy of your Chiropractic license(s) and current renewal for the state you practice in
- Attach current Curriculum Vitae (CV)
- Request official transcripts of graduate and post graduate nutrition education from the chiropractic college, university, institution, foundation or agency that provided the nutrition education be forwarded directly to the Secretary of the CBCN. For any education course, other than a 300-hour nutrition diplomate program or MS in nutrition program, a detailed syllabus must accompany the transcript for content evaluation by the CBCN.
- Attach recent Passport size (2x2) photo where indicated. If you live outside the U.S., your application and photo must bear an official country seal.
- Application Fee: \$475.
The CBCN accepts money orders, PayPal (to [CBCN.us@gmail.com](mailto:cbcn.us@gmail.com)) or checks made payable to CBCN.

Discrimination Notice. The CBCN does not discriminate for the purposes of application, examination, continuing education, recertification or any other activity of the Board on the basis of age, sex, religion, marital status, national origin, race, language, or disability. All candidates and members are considered on the basis of their skill and knowledge as practitioners based solely on their ability to treat the consumer safely and effectively. The Board complies with all applicable federal and state laws including the Americans with Disabilities Act (ADA) with respect to certification and recertification responsibilities. If you have any special accommodation needs, please indicate specifically what those needs are. If these needs are highly specialized, you may be required to pay the cost for obtaining personnel or equipment to meet those needs. (Examples: interpreters or adaptive electronic equipment)

Please print or type clearly. Non-legible application will be returned unprocessed.

Name _____ DOB _____

Office Address _____ SSN _____

City, St, Zip _____

Home Address _____

City, St, Zip _____

Office Phone _____ Cell Phone _____

E-Mail _____ Fax _____

Website _____

How many years have you given nutrition advice to patients? _____

For CBCN use ONLY: PD Lic CV Pix TR QB AC GM Date _____ Init _____

EDUCATION

Pre-professional School(s) _____ **Year Graduated** _____

Address _____ **Degree** _____

Professional School(s) _____ **Year Graduated** _____

Address _____ **Degree** _____

Postgraduate Diplomate Program in Nutrition (List on separate page if necessary)

Have official transcripts showing all programs attended sent directly to the CBCN Secretary

Sponsoring School _____ **Year completed** _____

Program _____ **Number of hours** _____

Other Nutritional Education (List on separate page if necessary)

Have official transcripts along with a detailed syllabus or course outline for all programs completed sent directly to the CBCN

Sponsoring School _____ **Year completed** _____

Program _____ **Number of hours** _____

LICENSURE: List the State(s) or Province(s) you hold licensure and attach copy of your current license(s)

State _____ License# _____ State _____ License# _____

REFERENCES: Provide the name, address and phone number of two colleagues. Have them provide a letter of recommendation directly to the Board.

Name _____ **Phone** _____

Address _____

City, St, Zip _____

Name _____ **Phone** _____

Address _____

City, St, Zip _____

If you have a disability that the CBCN should be aware of, please explain here and advise what has been done to accommodate you in the past when sitting for examinations.

PROFESSIONAL AFFILIATIONS: Please list

_____	Member Since _____
_____	Member Since _____
_____	Member Since _____
_____	Member Since _____

Please answer yes or no to each of the following questions.

If there is a yes response, describe the circumstances on a separate sheet of paper.

Note: Answering yes to any question does not necessarily disqualify you from participation. The information is sought as part of the overall credentialing process and all information will be kept confidential as provided by laws of the United States.

Do you have any prior malpractice judgments or settlements in the past five years? Yes No

Have you ever been convicted of a felony? Yes No

Has your license to practice in any state or country ever been revoked, suspended, or otherwise limited? Yes No

Do you currently use drugs or alcohol to the point that it might affect your ability to practice? Yes No

Disclaimer: Any applicant subsequently found not to have fulfilled all CBCN requirements for examination will be disallowed by CBCN.

I, _____, have read the Handbook for Candidates and the Bylaws of the CBCN and understand I am responsible knowing the contents. I am submitting 2 case histories, under separate cover, as outlined in the Handbook. I hereby certify that all information provided, including attachments, is accurate, correct and complete according to my knowledge. I understand my acceptance into the CBCN is based on the information provided and verified. I further agree my acceptance into the CBCN is at the sole discretion and final decision of the CBCN without recourse. I agree to have my name, contact information and dates of certification or recertification published on the CBCN website, www.cbcn.us, if I am successful in passing the examination.

Applicant's signature

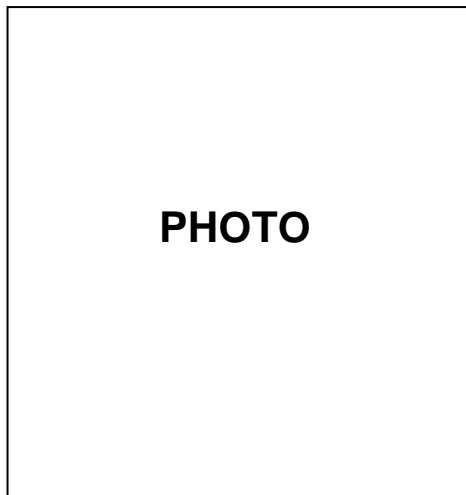
Date

ATTENTION:

Attach recent 2" x 2" passport-sized photographs here.

Sworn to and subscribed before me this

_____ day of _____, 20____ by _____ who personally appeared before me and who is personally known to me, or has produced identification, and who acknowledged before me that the facts and statements herein are true and accurate and whose photograph attached is that of the signee.



Notary Public _____

State of _____

County of _____

My commission expires: _____

CASE HISTORY ATTESTATION

This is to certify that the two (2) Case Histories I submitted to the CBCN as part of the certification examination are original, actual patient case histories from my own practice. All the data collected and treatment prescribed was done by me personally or under my direction. Each final Case History should be in a form suitable for publication with appropriate documentation provided.

Each case history is typed, double spaced with 1 inch margins. I will scan the completed case histories and all documentation (or bring to local printer to scan) and email scanned document to the CBCN.

I understand a minimum passing grade is 75. The grade is an average of the grades from the CBCN Diplomates who review the case histories. We may provide suggestions and/ or recommendations to be used prior to being submitted for publication.

I understand that the case histories are the property of the CBCN and may be submitted for publication and will not be returned.

I agree to abide by the decision of the CBCN.

Printed Name _____

Signature _____

Date _____