

**Diplomate of the American Chiropractic Neurology Board Recertification Application  
2009**

Last Name: \_\_\_\_\_ First name: \_\_\_\_\_ MI: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Country: \_\_\_\_\_ Phone \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please check your certification awarded:  DABCN  DACAN  DACNB  FACCN

I have demonstrated my continuing competency in the field of Neurology by passing the 2007 Board Certification Examination of the ACNB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Diplomates who have not recertified by Examination must demonstrate continuing competency by fulfilling the following requirements and/or waivers

Current Chiropractic License enclosed  Yes  No

Current Photo ID enclosed (optional)  Yes  No

I have demonstrated my continuing competency in the field of Neurology for the calendar year 2009 by fulfilling the continuing education requirements and required study acceptable by the ACNB.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List your references for completion:

Continuing Education Requirements:

30 CE Credit Hours by CAGEN accredited Institution:

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Institution: \_\_\_\_\_

Name of Course: \_\_\_\_\_

Credit Hours Granted: \_\_\_\_\_ Date Attended: \_\_\_\_\_

Proof of Attendance/Transcript Attached: \_\_\_\_\_

Total Hours 2008: \_\_\_\_\_

I certify that I have attended the above listed continuing education programs and will supply the ACNB with official transcripts.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Journal Reading Requirements: I certify that I have read the following articles published in the indexed literature in the field of Neurology in the year 2008.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

2 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

3 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

4 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

5 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

6 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

7 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

8 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

9 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

10 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

11 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

12 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

13 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

14 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

15 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

16 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

17 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

18 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

19 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

20 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

21 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

22 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

23 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

24 Article Title: \_\_\_\_\_

Author/s: \_\_\_\_\_

Journal: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Waiver of Continuing Education Requirements: I have enclosed the ACNB approval of waiver of continuing education requirements and have enclosed the necessary documentation required by the ACNB to support my evidence of recertification qualifications for 2009

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail the completed ACNB recertification form and a certified check \_\_\_\_ or money order \_\_\_\_ or online payment \_\_\_\_ for \$150.00 (USA) payable to the ACNB to:

**American Chiropractic Neurology Board, Inc.**

**Office of the Secretary**

**Gail Henry, DC, DABCN, DACNB**

**8510 Hillcroft**

**Houston, Texas 77096**

**email: [secretary@acnb.org](mailto:secretary@acnb.org)**

**Phone: 713-772-4607**

**Fax: 713-772-6015**