

## **American Chiropractic Neurology Board Application for Board Examination**

John C. Donofrio, D.C.,D.A.B.C.N., President  
Sergio F. Azzolino, D.C., D.A.C.N.B. , Vice-President  
Gail Henry, DC, DABCN, DACNB, Secretary  
Julia Allen, DC, DACNB, Past Secretary, Interim Treasurer  
Lucinda Harman, R.N., Ph.D., Interim Executive Director  
Angelo Quaranta, Public Member

1. **The application must be post-marked by the deadline.** Completed, notarized application with passport photo attached. The photo **MUST** bear part of the notary/country seal. If outside the US- your application and photo must bear an official country seal.
2. Two recent passport photographs are required (**no Polaroid's**). **One** is to be attached to your application form and **the other is to be signed on the front, over the face**, and attached by a paper clip to the upper right corner of the application, this loose photograph will be used to make your security identification tag.
3. A photo copy of your Chiropractic Diploma.
4. A current copy of your state license to practice Chiropractic.
5. A copy of your post graduate neurology transcripts (300 hours) must be sent from the chiropractic college, university, institution, foundation or agency that provided the Neurology Diplomate education. You should request in writing, that the post graduate division of the college, agency, institution, or foundation forward the transcript directly to the Secretary of the ACNB. Please check with your institution's syllabus for verification of the same. If your 300 hours will not be complete by the deadline please send transcripts before the exam date. Please be patient with your post-graduate division. Our experience has been very positive in obtaining transcripts in a timely manner.
6. There are two (2) parts, a written examination and a practical examination. Please verify whether taking all of the examination or a part. Please initial appropriate entry:

Entire exam \_\_\_\_\_

Retake Part 1 (written) \_\_\_\_\_

Retake Part 2 (practical)\_\_\_\_\_

Retake Both Part 1 & Part 2\_\_\_\_\_ (written & practical)

If you are retaking the exam your transcripts are already in your previous file.

7. Please designate your first choice for the practical examination date and location.

- \_\_\_\_\_ June 19-20, 2010: San Francisco
- \_\_\_\_\_ June 19, 2010: Amsterdam/Netherlands
- \_\_\_\_\_ June 26-27, 2010: Houston, TX
- \_\_\_\_\_ July 10-11, 2010: Reading, PA
- \_\_\_\_\_ July 10-11, 2010, Atlanta, GA
- \_\_\_\_\_ August 11, 2010: Melbourne Australia

8. **Registration fees:** The fee for the entire examination is US \$1758. There will be a fee of US \$1758 for retaking the entire exam, US \$1108 for retaking part 1 (written) and US \$650 for retaking part 2 (practical). The ACNB will accept a money order, cashiers check or personal check made payable to ACNB. Credit card payments will be accepted. **The fees are non-refundable and non-transferable.**

9. Be sure your application is signed.

10. We will respond by mail or E-mail when your application is complete.  
Please circle one

I request confirmation of the receipt of my application by

Regular mail

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

-or-

E-mail

Email address \_\_\_\_\_

11. The ACNB will retain all records for three (3) years following the examination. All examination documents will be retained permanently in an electronic format.

12. The ACNB does not offer and is not affiliated with the Board Review.

The ACNB 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 (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)

---

---

Address correspondence to:

**Gail Henry, DC, DABCN, DACNB**  
**Secretary of the Board**  
**8510 Hillcroft**  
**Houston, Texas 77096**  
**Phone: 713-772-4607**  
**Fax: 713-772-6015**  
**email: secretary@acnb.org**

**APPLICATION FOR EXAMINATION:**

**References**

Please provide as a reference the names, addresses and phone numbers of two colleagues or other physicians not associated with your practice.

Reference: 1

---

---

---

---

Reference: 2

---

---

---

---

Disclaimer: Any examinee subsequently found not to have fulfilled all ACNB requirements, either will not have his examination scored or, if already scored, will be disallowed by ACNB.

I, \_\_\_\_\_, hereby certify that all foregoing information is accurate according to my knowledge.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**ATTENTION:**  
**Attach a recent passport photograph here. It must bear a part of a notary stamp.**  
**(raised or ink stamp)**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_ 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:

**General Information (Please print legibly)**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please print mailing address for all correspondence pertaining to this application.

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

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code (zip) \_\_\_\_\_

Country \_\_\_\_\_

Telephone: \_\_\_\_\_ (Fax) \_\_\_\_\_

**Education:**

**Undergraduate:**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Graduate:**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Professional:**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Post Graduate Neurology Training:**

Institution \_\_\_\_\_ Degree \_\_\_\_\_

Institution \_\_\_\_\_ Degree \_\_\_\_\_

**Licensure**

In what states/provinces/countries are you licensed to practice Chiropractic?

---

---

---

---

---

---

---

Has your license to practice Chiropractic ever been restricted or revoked in any state?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain the circumstances and reasons.

---

---

---

---

---

---

---

Have you ever been convicted of a felony?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please explain the circumstances and reasons.

---

---

---

---

---

---

---