

APPLICATION FOR ABCA DIPLOMATE EXAM

(Please print clearly and legibly)

NAME: _____
(as you want it to appear on your file and certificate)

OFFICE ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: () _____ EMAIL: _____

OFFICE FAX: () _____ CELL: () _____

CORRESPONDENCE ADDRESS (If same as office address, write SAME): _____

LICENSE #: _____ OTHER STATE LICENSES HELD: _____

CHIROPRACTIC COLLEGE: _____ YEAR OF GRADUATION: _____

TOTAL ACUPUNCTURE HOURS COMPLETED: _____ INSTRUCTOR(S): _____

Has your license ever been revoked or suspended, or is it currently under review? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been treated for alcohol or drug abuse? Yes No

Have you ever been diagnosed with mental illness? Yes No

If you answered yes to any of the above questions, please provide appropriate documentation.

INCLUDE THE FOLLOWING INFORMATION WITH THIS FORM (incomplete applications cannot be processed):

1. Copy of current chiropractic license.
2. Documentation of need for special test accommodations or explaining any questions you answered 'yes'.
3. Payment (check one):
____ Amount enclosed (Business check, cashier's check, or money order payable to ABCA): _____
____ Amount paid by PayPal: _____ Date of transaction: _____

NOTE: Official transcripts documenting acupuncture training (see application checklist) must be sent to the address below **directly from the educational institution**. We cannot accept copies or transcripts from the applicant.

Signature: _____ **Date:** _____

By signing this application, you agree to the terms defined in the ABCA Candidate Handbook, and indicate that you have read and agree to abide by the code of ethics of the ABCA.

*Applications must be postmarked by the deadline on the application checklist. Incomplete applications cannot be processed and will be returned.

Please mail application to: **American Board of Chiropractic Acupuncture**
c/o **Rachael Ziccardi, Secretary ABCA**
841 Southwestern Run Ste 2
Poland, OH 44514

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL WITH YOUR APPLICATION

Application Checklist for ABCA Exam

- Complete application – be sure to answer all questions. Print clearly and legibly. Sign and date application indicating that you understand and agree to be bound by the American Chiropractic Association Code of Ethics.
- Arrange for official transcripts documenting 300 hours of acupuncture training from a CCE accredited college, state association, or educational program. The 300 program must be 90% onsite learning.

The first 100 hours (basic acupuncture) must be completed before the 200 or 300 hour program is started. The first 100 hours must be 60 percent didactic and 40 percent practical/hands-on. The practical portion must include live needling, clean needle technique, moxabustion and electric device point stimulation.

The 200 and 300 hour programs must contain a minimum of 30 percent practical/hands-on and a minimum of 65 percent didactic hours. Individual classes can only be taken once for credit.

- OR** If you are a licensed DC who is also an LAc, you may submit your credentials for review in lieu of the 300 CCE hours.
- Photo identification – Submit one photo ID that meets the listed criteria on page 4 of the Candidate's Handbook. Legibly print your full name on the back of the photo and attach to application.
- Test accommodations – If you require special accommodations as permitted in the Candidate's Handbook, include these forms with your application.
- Enclose a stamped, self addressed business size envelope for your official notification to test letter.
- Enclose documentation for your current state license. (In many cases these can be accessed on line and printed out.) We will use this to compare to our direct verification that you hold an active license.
- Fees – Application to Test (non-refundable) \$200
Examination Fee \$695
See Candidate's Handbook for complete schedule of fees (late application fee, exam retake fee, etc.)

APPLICATION POSTMARK DEADLINE FOR 2017 EXAM: JULY 30, 2017

LATE APPLICATION CUTOFF POSTMARK DEADLINE FOR 2017 EXAM: AUGUST 6, 2017

Mail completed application packet and payment
to:
ABCA
c/o Rachael Ziccardi, Secretary
841 Southwestern Run Ste 2
Polland, OH 44514

We will mail you your official letter to test.