

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS
EXAMINING BOARD**

**7805 NW Beacon Sq Blvd Suite 103, Boca Raton FL 33487
ENROLLMENT APPLICATION
DIPLOMATE PROGRAM**

Please fill out and submit by mail to the address listed above.

GENERAL INFORMATION

APPLICANT NAME:

DATE OF BIRTH:

OFFICE ADDRESS:

CITY/STATE/ZIP:

OFFICE PHONE #:

FAX # (if applicable):

CELLULAR PHONE #:

EMAIL:

HOME ADDRESS:

CITY/STATE/ZIP:

EMERGENCY CONTACT & PHONE NUMBER:

EDUCATION

Please list institution and degree received

UNDERGRADUATE:

GRADUATE:

POST-GRADUATE CERTIFICATIONS/ETC.:

LICENSURE

Please list the states/provinces/license numbers in which you are licensed to practice:

Please complete all sections fully and add additional pages as necessary. Enclose all requested information with \$1,000.00 Registration Fee and have educational institutions send Official transcripts directly to the ACCE.

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REGISTRATION FEE - \$1,000.00 (non-refundable)

All fees are payable by check. Please check one of the following:

_____ I will send a check in the amount of \$1,000.00 (payable to ACCE). I understand that this payment includes the registration fee. I understand that if I choose to withdraw my application or if it is rejected for any reason whatsoever, all fees are non-refundable.

OR

_____ I will pay by check in four monthly installments of \$250.00 each. I understand that this payment includes the registration fee. I understand that if I choose to withdraw my application or if it is rejected for any reason whatsoever, all fees are non-refundable.

Board Eligibility Requirements

1. Must hold a Doctor of Chiropractic degree.
2. Must hold a valid license or certificate to legally practice profession in your country, state, or province of legal residence as appropriate.

AND

3. Must have successfully completed a minimum of 300 hours of postgraduate studies in electrodiagnosis or a combination of 150 hours of postgraduate studies in electrodiagnosis and 150 hours of postgraduate studies in chiropractic neurology sponsored by one of the following:
 - a) An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)
 - b) Agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.

OR

4. Prior Diplomate and/or Fellowship and Board Certification in Electrodiagnosis.

OR

5. 2 years of EDX clinical experience with ACCE review of qualifications (education, publications, etc.)

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Total # Transcribed Hrs in EDX: _____

Year Completed EDX Program: _____

Total # of Years Practicing EDX: _____

Total # of EDX Patients Examined (Approx): _____

Please Enclose **4** Complete Patient Examinations that you recently performed with the following: 1. Brief Patient History 2. Physical Examination Findings 3. Advanced Imaging Findings 4. All EDX Data Waveforms and Data Tables 5. Test Interpretation & Report

NOTE: Please remove all personal patient identifying information on the four above EDX Cases

Please List all Professional Disciplinary Actions, Allegations, & Charges:

Have you ever been convicted of a serious crime? Yes / No

If yes, please explain:

Professional Recommendations & References:

Names & Addresses of 3 professional colleagues (only one Doctor of Chiropractic):

1. _____
Name Profession Address & Phone

2. _____
Name Profession Address & Phone

3. _____
Name Profession Address & Phone

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Additional Documentation to be enclosed:

1. Photocopy of all University/College Diplomas 2. Photocopy of all State/Providence Licenses. 3. Copy of Current Curriculum Vitae/Resume. 4. Two identical recent color Passport size photos (2"x2" approx). 5. Have entire completed packet signed and notarized before mailing. 6. Check or Money Order to: "AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS". Examination Fee \$1,000.00 (Non-refundable)

Please Mail Completed Application to:

AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS EXAMINING BOARD

Please Attach Two Photos Below:

RECENT COLOR PASSPORT PHOTO #1 RECENT COLOR PASSPORT PHOTO #2

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Please sign completed application in the presence of a Notary Public before mailing to ACCE.

I, _____, HEREBY CERTIFY UNDER
(ACCE DIPLOMATE CANDIDATE)

PENALTY OF PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE,
TRUE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

ACCE DIPLOMATE CANDIDATE'S SIGNATURE

DATE

NOTARY SIGNATURE & NOTARY SEAL

Sworn to before me this

_____ day of _____

Notary Public

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PLEASE MAIL ENTIRE PACKET TO ACCE EXAMINING BOARD:

**Attention: Dr. Ronald Brodtkin
7805 NW Beacon Sq Blvd Suite 103
Boca Raton FL 33487**