

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS
EXAMINING BOARD**

Post Office Box 418, Union Springs, NY, 13160
DIPLOMATE PROGRAM ENROLLMENT APPLICATION

Please fill out and submit electronically through email (drvera@accedx.org), or by mail to the address listed above. Questions? Call: (833) 322-2339 to speak to member of examining board.

GENERAL INFORMATION

NAME:

ADDRESS:

CITY/STATE/ZIP:

OFFICE PHONE #:

CELLULAR PHONE #:

FAX # (if applicable):

EMAIL:

DATE OF BIRTH:

EDUCATION

Please list institution and degree received

UNDERGRADUATE:

GRADUATE:

POST-GRADUATE:

LICENSURE

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

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

All fees are payable by credit card or 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 online referenced field study material, two online exams and the oral practical examination. I understand that if I choose to withdraw from the program, all fees are non-refundable.

I will pay the full amount by credit card. Please send me an electronic invoice in the amount of \$1,000.00 that I will pay promptly. I understand that this payment includes the online referenced field study material, two online exams and the oral practical examination. I understand that if I choose to withdraw from the program, all fees are non-refundable.

AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS EXAMINING BOARD

Post Office Box 418, Union Springs, NY, 13160
DIPLOMATE PROGRAM ENROLLMENT APPLICATION

____ I will pay by credit card in four monthly installments of \$250.00 each. Please send me electronic invoices that I will pay promptly. I understand that this payment includes the online

referenced field study material, two online exams and the oral practical examination. I understand that if I choose to withdraw from the program, all fees are non-refundable.

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

Board Eligibility Requirements

1. Must hold a doctoral-level professional degree i.e.: DC
2. Must hold a valid license or certificate to legally practice profession in their country, state, or province of residence as appropriate.
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:

An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)

Or an agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.

Or appropriate equivalent for candidate's profession.

OR

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

OR

2 years of EDX clinical experience with review of body of work (education, publications, etc.).

4. Must submit completed application packet and required materials as specified by the ACCE with \$1,000.00 Exam Fee. All required information as requested (additional materials described and outlined below- including submitted studies) must all be approved by the Board.

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS
EXAMINING BOARD**

**Post Office Box 418, Union Springs, NY, 13160
DIPLOMATE PROGRAM ENROLLMENT APPLICATION**

Deadline All Completed Applications Must Be Received by 2/1/18.

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 two 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 two professional colleagues:

1. _____
_____ Name Profession Address

2. _____
_____ Name Profession Address

Please supply, as references, the names and addresses of three additional professional people in your locality, whom are members of professions other than your own (i.e.: Professor, Attorney, CPA, etc.)

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS
EXAMINING BOARD**

**Post Office Box 418, Union Springs, NY, 13160
DIPLOMATE PROGRAM ENROLLMENT APPLICATION**

1. _____
_____ Name Profession Address

2. _____
_____ Name Profession Address

3. _____
_____ Name Profession Address

Additional Documentation to be enclosed:

1. Photocopy of all University/College Diplomas of schools. 2. Photocopy of all State/Providence Licenses listed. 3. Copy of updated Curriculum Vitae/Resume. 4. Two identical recent color Passport size photos (2"x2" approx) & attach on Page 5. 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
Post Office Box 418, Union Springs, NY, 13160**

Please Staple Two Photos Below: RECENT COLOR PASSPORT PHOTO #1 RECENT
COLOR PASSPORT PHOTO #2

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS
EXAMINING BOARD**

**Post Office Box 418, Union Springs, NY, 13160
DIPLOMATE PROGRAM ENROLLMENT APPLICATION**

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

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

PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE, TRUE, AND COMPLETE

TO THE BEST OF MY KNOWLEDGE.

ACCE DIPLOMATE CANDIDATE'S SIGNATURE DATE

NOTARY SIGNATURE & SEAL

Sworn to before me this

_____ day of _____ 2017

Notary Public