

**AMERICAN CHIROPRACTIC REHABILITATION BOARD®
BOARD CERTIFIED REHABILITATION DIPLOMATE PROGRAM
ENROLLMENT APPLICATION**

GENERAL INFORMATION

Name _____

Address _____

City/State/Zip _____

Phone # _____

Fax# _____

E-mail _____

Date of birth _____ SSN _____

EDUCATION

Please list institution and degree received

Undergraduate _____

Graduate _____

Post-graduate _____

LICENSURE

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

ACRB® Rehab Diplomate Program enrollment application (continued)

REGISTRATION FEES - \$1199.00 (non-refundable)

All fees are payable by credit card (**Visa/MC**) or **check/money order**

Please check one of the following:

_____ **Enclosed is a check or money order in the amount of \$1199.00 (payable to ACRB).** 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 bill my credit card in the amount of \$1199.00.** 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 bill my credit card in four (4) monthly installments of \$325.00 each.** I understand that these payments include the online referenced field study material, two online exams and the oral practical examination. I also understand that all payments will need to be completed prior to registering for the oral examination. If I choose to withdraw from the program, I understand that my credit card will be charged for all remaining payments.

Credit card # _____

Expiration date _____

Signature _____

I hereby apply for the board-certified rehabilitation diplomate program. By my signature, I certify that all of the above information is accurate to the best of my knowledge.

Signature _____ Date _____

ACRB® Rehab Diplomate Program enrollment application (continued)

Once this form is received and processed, further information will be sent via e-mail. This information will include instructions on how to start the program, a password to access the field study with referenced study material and the process to start and complete the online exams.

Please mail the form and fees to:

American Chiropractic Rehabilitation Board
Attn: Rehab Diplomate Program
335 North 120th Avenue
Holland, MI 49424

Or fax to:

(616) 392-9030

Please direct any questions regarding the application to:
(877) 366-2272 or acrbholland@yahoo.com