BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

VERIFICATION OF PRECHIROPRACTIC HOURS

NAME OF APPLICANT: _____
Last First Middle

Date of Birth: _____ Last Four Digits of SSN: _____

Matriculation Date: _____ Total Semester Credits: _____

Pursuant to the Chiropractic Initiative Act section 5, each applicant for licensure must have satisfactorily completed prechiropractic college credits prior to matriculation into the Doctor of Chiropractic program. These credits must be in accordance with the standards adopted by the Council on Chiropractic Education. Below provide the name(s) of colleges where the units were completed.

LIST NAME(S) OF COLLEGES AND/OR UNIVERSITIES ATTENDED (if additional space is needed attach a separate sheet)

1.	2.
3.	4.
5.	6.

I certify that the above named individual, did satisfactorily meet or exceed, the prechiropractic college credits required prior to matriculation into the Doctor of Chiropractic program. I declare under penalty of perjury under the laws of the State of California that the foregoing is true, correct and complete to the best of my knowledge.

Only the President, Dean or Registrar of the college may sign this form.

PRINT NAME _____ TITLE _____ DATE _____

SIGNATURE _____ CHIROPRACTIC COLLEGE _____ PHONE # _____

CITY, STATE _____

(Place imprint of the Chiropractic School Seal anywhere within this area)

T (916) 263-5355
F (916) 327-0039
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, CA 95814
www.chiro.ca.gov