

## CHIROPRACTIC COLLEGE CERTIFICATE

NAME OF APPLICANT: \_\_\_\_\_

Last

First

Middle

<b>Subject</b>	<b>Minimum Hours Required</b>	<b>Hours Completed by Applicant</b>
Anatomy, including embryology, histology, and human dissection	616	
Physiology (must include laboratory work)	264	
Biochemistry, clinical nutrition, and dietetics	264	
Pathology, bacteriology, and toxicology	440	
Public health, hygiene and sanitation, and emergency care	132	
Diagnosis	792 including: 1) E.E.N.T. 2) Serology 3) Dermatology 4) Syphilology 5) Geriatrics 6) X-ray interpretation 7) Neurology	
Obstetrics, gynecology and pediatrics	132	
Principles and practice of chiropractic	518 including: 1) Chiro.technique 2) Chiro.philosophy 3) Orthopedics 4) X-ray technique & radiation protection 5) 430 clinic hours including office procedures	
Physiotherapy	120	
Psychiatry	32	
Total Hours (include required subjects and electives)	4,400	

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, California 95814  
[www.chiro.ca.gov](http://www.chiro.ca.gov)

Clinical Experience	Minimum Hours Required	Hours Completed by Applicant
1) Physical Examinations	25 (10 NOT student patients)	
2) Urinalysis	25	
3) CBC's	20	
4) Blood chemistries	10	
5) X-ray examinations	30	
6) Proctological examinations	10	
7) Gynecological examinations	10	
8) Patient treatments including diagnostic, adjustive technique, and patient evaluation	250	
9) Written interpretation of X-ray (film or slide)	30	
10) Practical clinical experience hours	518	
11) Physiotherapy procedures performed by the student on their own clinic patients	30	

### Certification

I hereby certify that I am in possession and control of the records of students' attendance of the \_\_\_\_\_ Chiropractic College and said records disclose that the aforementioned student entered this institution on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and graduated on the day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, completing \_\_\_\_\_ school terms of \_\_\_\_\_ months resident student enrollment. This student completed the hours documented on the table above. These hours include resident and transfer credit granted toward the degree of Doctor of Chiropractic. I hereby certify that the information provided is true, correct and complete to the best of my knowledge.

Only the Registrar or a chiropractic college official authorized to verify academic records may sign this form.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
CHIROPRACTIC COLLEGE

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(AFFIX COLLEGE SEAL)