



CHIROPRACTIC COLLEGE CERTIFICATE

NAME OF APPLICANT:				
	Last	First	Middle	

Subject	Minimum Hours Required	Hours Completed by Applicant
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

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		

Affidavit Certification

3 3		e records of students' attendance of the ords disclose that the aforementioned student
	<u> </u>	, and graduated on the day of
		school terms of
		eted the hours documented on the table above.
These hours include resident and tra	ansfer credit granted t	toward the degree of Doctor of Chiropractic. I
hereby certify under penalty of pe	erjury that the inform	nation provided is true, correct and complete to
the best of my knowledge.		
Only the Registrar or a chiropractic	college official authori	ized to verify academic records may sign this
form.	, and the second	
PRINT NAME	TIT	TLE
CHIROPRACTIC COLLEGE	CIT	TY, STATE
SIGNATURE	DA	ATE