

# ACNB Candidate Application 2025

This form to be used to apply for candidate status as the first step in qualifying to take the ACNB chiropractic neurology certification examination.

## ELIGIBILITY REQUIREMENTS

1. The candidate must hold the degree of Doctor of Chiropractic from a CCE accredited college (USA) or its equivalent and submit a copy of this document to the ACNB as part of the exam application process.
2. The candidate must show evidence of having successfully completed a post-doctoral program in neurology that includes at least of three hundred (300) credit hours from a chiropractic college, university, institution, foundation or agency whose program is approved by the Commission for Accreditation of Graduate Education in Neurology (CAGEN). The Chiropractic College, organization, institution, foundation, or agency from which the candidate has completed his/her course of study must certify to the Board that the candidate has satisfactorily completed at least three hundred (300) credit hours of postdoctoral instruction in neurology. The candidate must submit a transcript of this hours as part of the exam application process.
3. The candidate must possess a license or registration to practice chiropractic and be in good standing with the respective licensing/registration agency. The Candidate must submit a copy of this license as part of the exam application process.
4. The candidate must provide a head shot photo, similar to one used for a passport, to be used to create an exam entrance ID badge and to be compared to the candidate's government issued photo ID at the exam site to verify identity of the candidate.
5. The candidate must submit an application using this form specified by the Board within the Board designated deadline. The form may be filled in online, then should be printed off and signed. The document may be scanned and emailed to ExecutiveDirector@ACNB.org or faxed in to (254) 230-9711.

*If you feel you meet all the above requirements, please continue to complete the rest of the application.*

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Province (non-USA): \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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01/04/2025  
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## Attestation by Prospective Candidate as to Eligibility to sit for the ACNB Certifying Examination

I have successfully completed a postdoctoral program in neurology as stated in item 2 of the Eligibility requirements. (a copy of the transcripts for these hours must be submitted to the ACNB).

YES  NO

I have a license or registration to practice as stated in item 3 of the Eligibility requirements (a copy of your license, DC, medical, etc .must be submitted to the ACNB)

YES  NO

I REQUEST SPECIAL TESTING ACCOMODATION(S):

YES  NO

Please describe the desired accommodation and reason(s) for the request. (These requests are evaluated on a case-by-case basis.) If more space is needed, please attach a separate document that includes your first and last name.

### SELECT YOUR: PRACTICAL EXAM LOCATION

- HOUSTON, TX, USA
- WESTBROOK, CT, USA
- MARIETTA, GA, USA
- EDMONTON, AB, CANADA
- PEAKHURST, NSW AUSTRALIA

### DATE(S), and EXAM(S) TO BE TAKEN:

- May 11, 2024, WRITTEN EXAM
- June 8, 2024, PRACTICAL EXAM
- October 12, 2024, WRITTEN EXAM
- November 9, 2024, PRACTICAL EXAM

### ONCE YOU HAVE COMPLETED THIS APPLICATION, PRINT THE FORM AND SIGN IT ON PAGES 2

**AND 3.** You may scan the signed form or take a photo of all the pages and email the documents to [executivedirector@acnb.org](mailto:executivedirector@acnb.org). You may also fax the completed, signed documents to (254) 230-9711.

Thank you!

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## Exam Candidate Non-Disclosure and Confidentiality Statement

### Exam Candidate Statement of Understanding

I have read and understand the information in the candidate handbook and agree to comply with the American Chiropractic Neurology Board (ACNB) policies, procedures, and certification and recertification requirements.

I attest that the information I have provided is accurate and correct. I agree to supply any information needed for the assessment of my application for the ACNB certification.

I agree to keep all examination content confidential. I will not release, share, or disclose in any manner confidential examination information or materials nor participate in fraudulent test-taking practices.

I have read, understand and agree to comply with ACNB Codes of Ethics and Conduct. (ACNB Candidate Handbook, page 31)

I agree that any claims I make regarding certification will only be with respect to the scope for which certification has been granted. I will not use the certification in any manner that would bring ACNB into disrepute, and will not make any statement regarding the certification which the ACNB considers misleading or unauthorized.

I understand that upon meeting all requirements and passing the ACNB written and practical examinations, I will receive a certificate documenting the certification as a Diplomate of the American Chiropractic Neurology Board. I agree not to use the certificate in a misleading manner. I understand that the certificate is the sole property of the ACNB and must be returned upon request. I agree that if in the event of a disciplinary action resulting in suspension or revocation of the ACNB certification, I will return the certificate to the ACNB and will discontinue use of all claims of certification by the ACNB.

I agree to notify the ACNB of any matters that affect my capability to fulfill the certification requirements.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CLEARLY PRINTED NAME: \_\_\_\_\_