

# AMERICAN BOARD OF CHIROPRACTIC ACUPUNCTURE (ABCA)

## Candidate Handbook

### ABOUT THE ABCA

The American Board of Chiropractic Acupuncture (ABCA) is dedicated to promoting excellence in the chiropractic profession by providing national testing for Diplomate status in the field of chiropractic acupuncture. The ABCA is a non-profit organization established in 2005. Its mission is to credential knowledgeable and effective chiropractic practitioners in the art, science, and philosophy of chiropractic acupuncture within nationally recognized standards. In providing standardized written and oral/practical assessment for the chiropractic profession, the ABCA develops, administers, scores and reports test results for the DABCA (Diplomate of the American Board of Chiropractic Acupuncture) licensure. The ABCA is dedicated to promoting high standards of competence and preserving the integrity of using acupuncture as an adjunct therapy to chiropractic treatment.

Based on American Chiropractic Association (ACA) policies relating to the use of chiropractic acupuncture, (taken directly from the ACA policies) all applicants are obligated to review and accept the policies set forth by the ACA ([www.acatoday.org](http://www.acatoday.org)).

### FOR IN DEPTH REVIEW, PLEASE REFER TO THE ACA POLICY ON THE FOLLOWING:

- Chiropractic Definition – ACA Master Plan**
- Chiropractic Disciplines**
- Chiropractic Practice and Procedures**
- Chiropractic Medicine**
- Diplomate Definition**
- Diplomate Programs**
- Code of Ethics**

**The ABCA strictly adheres to all ACA policies.**

### Disciplinary Action:

The ABCA adheres to the principles found in the above listed documents and reserves the right to take disciplinary action relating to the noncompliance of said rules.

### Appeals of Disciplinary Actions:

The ABCA has an Appeals and Disciplinary Committee (ADC) which reviews judgments on disciplinary actions

## **State Licensure:**

Decisions regarding licensure of successful completion of DABCA (Diplomate of the American Board of Chiropractic Acupuncture) rest with the individual state licensing boards. Any questions should be directed to the board of each individual state.

ABCA Certification represents professional recognition. It does not authorize or license an individual to practice chiropractic acupuncture. Chiropractic acupuncture licensure and registration are state regulatory functions.

## **Developing the DABCA Examination:**

The first examination was administered in 2009. It was developed by a group of experienced doctors of chiropractic selected by the ACA-CCA who were licensed to practice acupuncture under their state laws.

Written exam questions are taken from a vast bank of multiple choice questions (book and page referenced) to meet the criteria set up by the ACA and the ABCA. The content of the database is acupuncture as it relates to the chiropractic profession. It is important to note that the ABCA pools its knowledge of chiropractic acupuncture training from various backgrounds and teachers. No one single authority is represented as the totality of the Diplomate examination.

Along with the written examination, the examinees must pass an oral/practical case study examination. Each case study requires the examinee to diagnose the case and explain their treatment plan along with the acupuncture points they would use in treatment. Examinees are also required to demonstrate point location and clean needle technique.

## **APPLICANT ELIGIBILITY CERTIFICATION REQUIREMENTS**

In order to sit for the American Board of Chiropractic Acupuncture Exam, you must meet the following requirements:

Candidate must be a licensed chiropractor in good standing with their state (\*see student exception on next page)

- Candidate must successfully have completed 300 hours of an acupuncture program from a CCE accredited college. Licensed DC's who are also LAc's may submit their credentials to ABCA in lieu of the 300 CCE hours to allow them to sit for the DABCA examination at the Board's discretion. The 300 hour course must be at least 90% onsite learning.
- The first 100 hours (basic acupuncture) must be completed before the 200 or 300 hour program is started. The first 100 hours must be 60 percent didactic and 40 percent practical/hands-on. The practical portion must include live needling, clean needle technique, moxibustion and electric device point stimulation.
- The 200 and 300 hour programs must contain a minimum of 30 percent practical/hands-on and a minimum of 65 percent didactic hours. Individual classes can only be taken once for credit.
- Sign the exam application indicating you understand and agree to be bound by the ACA's Code of Ethics.

Student exception – A student currently enrolled in a doctor of chiropractic program may apply to take the DABCA exam if they meet all other requirements. If the student passes the exam, their application and testing folder will be held until they submit documentation that they have obtained a state chiropractic license. The ABCA will then issue the formal certificate indicating that the candidate is a DABCA.

No application will be accepted for scheduled testing until the above criteria has been met. ABCA will return incomplete applications. ALL DOCUMENTS SUBMITTED WILL BE HELD IN STRICTEST CONFIDENCE OF THE ABCA BOARD.

### **COMPLETING THE APPLICATION FORM**

Please read and provide all requested information on the application form. Applications may be rejected for any of the following reasons:

- An illegible or improperly completed application.
- Applications postmarked after the final cutoff deadline. A late fee of \$50 must be paid with applications received after the regular application deadline, but before the final cutoff date.
- Absence of documentation of acupuncture training.
- Submission of application with correct fees.
- Omission of current photo of the applicant (see Photo Identification requirements).

Type or print all information. Verify all fields for correct information and spelling. Enter your legal name as it appears on your driver's license or other government issued identification card. ABCA will not issue a certificate under a different name without a copy of a marriage certificate or court ordered name change.

Send official transcripts as proof of your postgraduate acupuncture training reflecting the required number of hours required. Licensed DC's who are also LAc's may submit their credentials to ABCA in lieu of the 300 CCE hours to allow them to sit for the DABCA examination at the Board's discretion.

If an applicant's address or other contact information (phone, email, etc) changes after submission of the application, the ABCA secretary should be notified in writing as soon as possible. We may need to contact you for additional information or notify you of a change in the testing site.

Submission of a signed application signifies the applicant's agreement to comply with published ABCA testing policies. (See ABCA Testing Policies – Pages 6-7)

#### **Photo Identification:**

A passport quality photograph must accompany the written application. The photograph must accurately represent the applicant's appearance as it is used for identification purposes at the test site. Print your name legibly on the back of the photograph and staple to your application.

Note: Candidate must present exact photo on examination day as previously submitted with application.

## **Test Accommodations:**

Indicate any special accommodations, i.e. Disability or Religious conviction. Documentation supporting the need for your request is required. (See pages 14-16)

## **Non Discrimination:**

The ABCA does not condone discrimination with regard to age, color, disability, nationality, race, religion or sex. The ABCA makes every attempt to honor requests for accommodations for any of the following reasons:

### 1. A religious conviction requiring a modified test schedule:

If religious convictions prohibit you from taking the ABCA exam on a Friday, you may submit a request to test on Saturday. A minimum fee of \$150 is required for this service. This must be paid before your exam date. In some cases, this amount may double and you will be billed for the remainder within two weeks after the written exam. All sequestration costs incurred cover only the Sequestering Proctor(s) fees and are paid for solely by the examinee. In order to process your request, you must submit the regular ABCA application, the Religious Conviction Registration Form, and all appropriate fees by the postmark deadline.

### 2. A physical or learning disability:

Indicate any special accommodations needed. NOTE: All test sites comply with the Americans with Disabilities Act, but prior notification will be necessary. Documentation supporting the need for your request is required. Documentation must include diagnosis by a licensed professional as well as any tests and/or procedures used to determine that diagnosis. In order to process your request, you must submit the regular ABCA application, the Disability Request Form, and all required fees by the published postmark deadline.

### 3. Courtesies, while not full accommodations, may be granted in the cases of nursing mothers, broken limbs, etc. A courtesy must be applied for with the Accommodation Form.

Note: Although the ABCA will make every attempt to obtain the service of a sequestering proctor, the ABCA is not responsible for any failure to provide this service due to the unavailability of a qualified individual.

## **Insufficient Funds:**

You must include payment with your application in the form of a cashier's check, money order, or business check – made payable to ABCA. Payment can also be made using PayPal. A \$35 fee will be charged if funds are not honored by the issuing bank for any reason.

## **Withdrawal and Refund Policy:**

A written request to withdraw from the examination will be accepted within 14 days of the testing date; however, the ABCA will withhold \$125 for administrative costs. No refund requests will be accepted after

this time. Refunds will be issued approximately two weeks after receipt of written notice to withdraw. Note – the application fee is not refundable.

**Mailing Applications:**

The ABCA can assume no responsibility for misdirected mail. Applications should be sent via certified mail – return receipt requested. Applicants are encouraged to keep a copy of the application for their records. Remember to sign and date the application. Enclose a self-addressed stamped envelope for your notification to test letter.

Send application and fees to the address on the bottom of the form.

After the application is reviewed, approved candidates will receive by return mail and Official Notification to Test. This notification will include the location of the exam, date and time, and pertinent test site information. **THIS LETTER MUST BE PRESENTED THE DAY OF THE EXAM!**

Improperly completed applications and/or applications without guaranteed fees will be returned. We cannot process incomplete applications. If documentation (such as transcripts) will be coming in a separate mailing, please provide a letter indicating this and where the information is coming from. Documentation must be received by the cutoff deadline or the application will be rejected. The ABCA assumes no responsibility for misdirected mail or postal errors.

**FEE SCHEDULE**

Initial Certification Fees:

Application Fee (non-refundable)	\$200.00
Examination Fee	\$695.00

Miscellaneous fees if applicable:

Incomplete Application Fee	\$50.00
Late Submission Fee	\$50.00
Returned Check Fee	\$35.00
Retake Oral Practical	\$200.00
Retake Written Exam	\$350.00
Duplicate Certificate	\$50.00
Certification Status – Official Report (sent directly to state board if required)	\$50.00

Recertification Fees:

Maintain Active Status (every 2 years)	\$150.00
Reactivate Inactive Status (expiration < 1 year)	\$200.00

**Lapsed Status Reactivation:**

The fees below represent the reactivation fee of \$200.00 plus a reinstatement fee of \$75.00 for each year certification lapsed.

One year	\$275.00
Two years	\$350.00
Three years	\$425.00
Four years	\$500.00

Certifications lapsed more than four years are considered expired. Diplomates with expired certifications must apply for Chiropractic acupuncture certification as a new applicant and retest.

**ABCA TESTING POLICIES AND PROCEDURES**

**Exam Day:**

Bring these items to the test site:

- One form of photo identification. You will not be admitted without proper ID.
- Official letter to test that was mailed to you by the ABCA.
- Clean needle kit.
- Sweater (without pockets) as the temperature may be below personal comfort levels in the testing rooms.
- Wear loose fitting clothing for acupoint location in oral/practical exam.

The following items may not be brought into the exam room: Cell phones, pagers, blackberries, cameras, coats, purses, backpacks, books, or notes.

No lunch will be provided. You will be able to eat food outside of the testing area prior to the exam or afterward. No food or drink other than bottled water can be brought into the testing room. An area will be designated for safe keeping of personal belongings at the front of the testing room. All personal belongings will be tagged with your name.

**Tardiness:**

Candidates who are not present on time for the examination will be barred from entering the test site and will forfeit the full examination fee. NO EXCEPTIONS.

**Excused Absences:**

The following are examples of situations that may count as excused absences if you are unable to sit for the examination:

Illness – personal or that of an immediate family member

Disabling accident  
Death of immediate family member  
Military or jury duty  
Weather disasters

You must submit written verification or documentation supporting necessary absence within 7 (seven) business days of your scheduled examination date.

**Unexcused Absences:**

If you failed to show, did not previously reschedule or cancel according to the withdrawal policy, and do not have the documentation for an excused absence, you will forfeit all exam fees paid for the examination. NO EXCEPTIONS.

**Rescheduling a Previously Scheduled Exam:**

If you must reschedule your exam, you must do so with a minimum of 30 (thirty) business days prior to the next testing date. All previously submitted fees will be held for the rescheduled exam.

**Unforeseen Weather Difficulties:**

If, for any unforeseen reason, severe weather, natural disaster, or other national emergency occurs making it necessary to reschedule a test date or site, the ABCA has the right to cancel and reset a date and location as soon as possible without incurring additional fees to the candidate.

**Scoring of Examination:**

Following the written examination, the tests are scored and vetted. A score of 70% is passing.

The examinee will receive a letter indicating “pass” or a letter indicating “fail” with the percent correct.

All test results should be received in written form within six weeks of the test date.

**Security Screening/Exam Disqualification:**

Examinees may be subject to individual security screening procedures. Refusal to submit to an individual security screening may result in denied entrance to, or expulsion from, the testing area.

An examinee can be disqualified from taking or continuing to take an examination or from receiving test scores from any examination taken if the ABCA test administrator or other ABCA official concludes:

1. Any statement or information in the application is false or misleading.
2. The examinee takes an examination for another person or another person takes an examination in the examinee’s place.
3. The examinee is cheating, based either upon observation or statistical analysis of answer sheets.
4. The examinee has engaged in any act or conduct which has jeopardized or could jeopardize the security or integrity of ABCA examinations, including (but not limited to) the copying, removal, or reproduction of any portion of the examination, including the memorization of questions and answers for possible disclosure to any other person at any time.
5. The examinee has engaged in any other conduct which might invalidate the examination results or disrupt the testing situation.

6. The examinee has failed to adhere to instructions given at the examination administration.
7. The examinee has engaged in any form of communication during an examination in which information has been given to or obtained from another examinee.
8. The examinee has engaged in any unethical action which gave him/her or any other examinee an advantage he/she would otherwise not have had.
9. The examinee has any items on their person or at their seat which are not permitted (see previous description of electronic devices and other items not allowed in exam room).

If expulsion of examinee occurs for any of the above reasons, all fees previously paid will be forfeited. NO EXCEPTIONS.

Note: The ABCA may contact school officials and annotate transcripts of examinees whose conduct is deemed inappropriate or disruptive to the testing process.

### **Summary of the exam:**

The examinee will take a two part examination:

1. A comprehensive written examination consisting of 200 multiple choice questions
  - There will be no “all of the above” or “none of the above” answers.
  - There will be one correct answer per question.
  - Three (3) hours will be appropriated for the written exam. Four and one half (4 1/2) hours will be appropriated for those who have provided documentation to substantiate need for additional time.
  - Examinees will not be given extra time to review their test after the allotted time has expired. All tests must be turned in when time is up.
2. The oral/practical exam is formatted as follows:
  - Examinee will move through three (3) stations with two (2) proctors per station.
  - Fifteen minutes will be allowed per station.
  - Station 1: Point Location – examinee will demonstrate acupuncture point location on themselves from a blind draw of cards listing acupuncture points.
  - Station 2: Clean Needle – examinee will use their own clean needle kit and demonstrate on themselves the ability to perform clean needle technique.
  - Station 3: Case Study – examinee will get a case study from a blind draw of cards. The examinee will diagnose the condition in both chiropractic and chiropractic acupuncture terminology. Examinee will then describe how they would treat the case and explain why they chose the treatment plan and the particular acupuncture points.

### **Failing Score/Additional Training Requirements:**

If a doctor fails his/her initial attempt of the two part examination, they will be allowed to retest within a 12 month period. Candidate will be required to retest the portion of the exam he/she did not pass. If a doctor fails his/her second attempt, the candidate will be required to take 48 additional hours of accredited chiropractic acupuncture training and submit this documentation before retaking the examination again.

### **Examination Appeals:**

If a candidate is convinced there is an error in any of the questions on the examination, his/her grievance must be submitted in writing to the ABCA within 30 (thirty) days of the mailing of the test scores. There is a \$75.00 fee for the Appeals and Disciplinary Committee to review score calculation.



There is a \$150.00 fee for the Appeals and Disciplinary Committee to review the test. Each appeal must include:

- Candidate's name and address
- Test date and location
- Portion of exam in question
- Detailed description of the challenged grievance

All grievances will be reviewed by the ABCA Appeals and Disciplinary Committee. A decision will be made and the candidate will receive a written explanation to their grievance by the US Postal Service within 60 days of receiving the grievance. The ABCA does not allow candidates to review examination questions in this appeals process.

### **ABCA Appeals and Disciplinary Committee:**

The Appeals and Disciplinary Committee (ADC) reviews appeals and determines the action which will be taken. Either a direct decision will be made or a formal investigation will take place if warranted. The ADC can dismiss a grievance determined to be frivolous.

If the appeal is related to the examination, documentation will be provided by the ADC to back up the final decision. If a disciplinary action is being appealed, the candidate will be given the opportunity to present evidence in writing to the ADC. Decisions will be issued within 90 days of received within 90 days of receiving the appeal.

If the ADC and ABCA are unable to reach a unanimous decision, the grievance will be forwarded to the ACA-CCA for a final decision.

### **Resolving Candidate Complaints Regarding Test Site:**

If for any reason, an environmental problem should arise during any time of the sequestered examination, the candidate may bring their concern to the attention of the ABCA testing administration and every effort will be made to accommodate the candidate (too hot, too cold, inadequate lighting, disruptive noise, etc.).

If a complaint is not resolved to the candidate's satisfaction, the candidate may submit a complaint in writing to the ABCA within 14 business days of said examination. The ADC will do all it can to conduct a thorough investigation of the complaint and respond back to the candidate in writing within 30 business days.

## **MAINTAINING DIPLOMATE CERTIFICATION**

The initial Diplomate Certification is valid for two (2) years from the date of issue (expiring on December 31). The Diplomate is maintained in active status by participating in accredited chiropractic acupuncture study.

### **Recertification Requirements – Active Status:**

- Complete the Recertification of ABCA Diplomate form.
- Submit documentation of attendance at ACA Council of Chiropractic Acupuncture once every two years (this fulfills 12 of the 24 hours of continuing education).

- Submit documentation of an additional 12 hours of accredited chiropractic acupuncture hours. Note: Diplomates may choose to attend the CCA symposium in both years to fulfill the 24 hours of continuing education requirement.
- Must have no disciplinary action pending from their state, any college, or the ABCA.
- Must be free from drug or alcohol dependency.
- Must be mentally and physically competent.
- Enclose recertification fee of \$150.

There is a 30 day grace period after the expiration date of their active certification in which he/she may reapply for active recertification. Your current certification will be considered

inactive beginning on the 31<sup>st</sup> day and up to one (1) year. From one (1) year on, the candidate will be considered in lapsed status.

### **Recertification Requirements – Inactive or Lapsed Status:**

To reactivate an inactive or lapsed certification:

- Complete the Recertification of ABCA Diplomate form.
- Submit documentation of attendance at ACA Council of Chiropractic Acupuncture symposium.
- Submit documentation of an additional 12 hours of accredited chiropractic acupuncture hours for each year of lapsed status.
- Provide a copy of your active state license.
- Must have no disciplinary action pending from their state, any college, or the ABCA.
- Must be free from drug or alcohol dependency.
- Must be mentally and physically competent.
- Enclose reactivation fee of \$200 plus reinstatement fee for each year of lapsed status as outlined in fee schedule.

If additional requirements are developed and added to the Diplomate Examination after the time your certification became inactive or lapsed, you will be required to pay for and retest for any new portion of the exam that has been added.

Any doctor of chiropractic who has allowed their Diplomate certification to lapse for more than four (4) years, must reapply for certification as a new applicant and meet all requirements as stated throughout this Candidate Handbook.

## APPLICATION FOR ABCA DIPLOMATE EXAM

(Please print clearly and legibly)

NAME: \_\_\_\_\_  
(as you want it to appear on your file and certificate)

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICE FAX: ( ) \_\_\_\_\_ CELL:( ) \_\_\_\_\_

CORRESPONDENCE ADDRESS (If same as office address, write SAME): \_\_\_\_\_

LICENSE #: \_\_\_\_\_ OTHER STATE LICENSES HELD: \_\_\_\_\_

CHIROPRACTIC COLLEGE: \_\_\_\_\_ YEAR OF GRADUATION: \_\_\_\_\_

TOTAL ACUPUNCTURE HOURS COMPLETED: \_\_\_\_\_ INSTRUCTOR(S): \_\_\_\_\_

Has your license ever been revoked or suspended, or is it currently under review? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been treated for alcohol or drug abuse? Yes No

Have you ever been diagnosed with mental illness? Yes No

**If you answered yes to any of the above questions, please provide appropriate documentation.**

INCLUDE THE FOLLOWING INFORMATION WITH THIS FORM (incomplete applications cannot be processed):

1. Copy of current chiropractic license.
2. Copy of official transcripts documenting acupuncture training (see application checklist)
3. Documentation of need for special test accommodations or explaining any questions you answered 'yes'.
4. Payment (check one):  
\_\_\_ Amount enclosed (Business check, cashier's check, or money order payable to ABCA): \_\_\_\_\_  
\_\_\_ Amount paid by PayPal: \_\_\_\_\_ Date of transaction: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this application, you agree to the terms defined in the ABCA Candidate Handbook, and indicate that you have read and agree to abide by the code of ethics of the ABCA.

\*Applications must be postmarked by the deadline on the application checklist. Incomplete applications cannot be processed and will be returned.

Please mail application to:

**American Board of Chiropractic Acupuncture**  
**% Cindy Ferianc, ABCA Secretary**  
**Core Chiropractic Health Center**  
**1850 N. Milwaukee Ave.,**  
**Chicago, IL 60647**

KEEP THIS FORM FOR YOUR RECORDS – DO NOT MAIL WITH YOUR APPLICATION

### Application Checklist for ABCA Exam

- Complete application – be sure to answer all questions. Print clearly and legibly. Sign and date application indicating that you understand and agree to be bound by the American Chiropractic Association Code of Ethics.
- Send proof of successfully completing 300 hours of acupuncture training from a CCE accredited college or state association. The 300 program must be 90% onsite learning.

The first 100 hours (basic acupuncture) must be completed before the 200 or 300 hour program is started.

The first 100 hours must be 60 percent didactic and 40 percent practical/hands-on. The practical portion must include live needling, clean needle technique, moxibustion and electric device point stimulation.

The 200 and 300 hour programs must contain a minimum of 30 percent practical/hands-on and a minimum of 65 percent didactic hours. Individual classes can only be taken once for credit.

- OR** If you are a licensed DC who is also an LAc, you may submit your credentials for review in lieu of the 300 CCE hours.
- Photo identification – Submit one photo ID that meets the listed criteria on page 4 of the Candidate's Handbook. Legibly print your full name on the back of the photo and attach to application.
- Test accommodations – If you require special accommodations as permitted in the Candidate's Handbook, include these forms with your application.
- Enclose a stamped, self addressed business size envelope for your official notification to test letter.
- Enclose documentation for your current state license. (In many cases these can be accessed online and printed out.)
- Fees – Application to Test (non-refundable) \$200

Examination Fee \$695

See Candidate's Handbook for complete schedule of fees (late application fee, exam retake fee, etc.)

APPLICATION POSTMARK DEADLINE FOR 2019 EXAM: **JULY 31, 2019**

LATE APPLICATION CUTOFF POSTMARK DEADLINE FOR 2019 EXAM: **AUGUST 6, 2019**

Mail completed application packet and payment to:

**American Board of Chiropractic Acupuncture**  
**% Cindy Ferienc, ABCA Secretary**  
**Core Chiropractic Health Center**  
**1850 N. Milwaukee Ave.**  
**Chicago, IL 60647**

We will mail you your official letter to test.

## RECERTIFICATION OF ABCA DIPLOMATE

*Required every two years to maintain active status*  
(Please print clearly and legibly)

NAME: \_\_\_\_\_  
(as you want it to appear on your certificate)

OFFICE ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

OFFICE PHONE: ( ) \_\_\_\_\_ EMAIL: \_\_\_\_\_

OFFICE FAX: ( ) \_\_\_\_\_ CELL: ( ) \_\_\_\_\_

CORRESPONDENCE ADDRESS (If same as office address, write SAME): \_\_\_\_\_

WEBSITE (The ABCA Find a Diplomat section can link your website address.): \_\_\_\_\_

LICENSE #: \_\_\_\_\_ OTHER STATE LICENSES HELD: \_\_\_\_\_

Has your license ever been revoked or suspended, or is it currently under review? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been treated for alcohol or drug abuse? Yes No

Have you ever been diagnosed with mental illness? Yes No

**If you answered yes to any of the above questions, please provide appropriate documentation.**

INCLUDE THE FOLLOWING INFORMATION WITH THIS FORM (incomplete applications cannot be processed):

- Copy of current chiropractic license.
- Documentation of 24 CCE Accredited Chiropractic Acupuncture hours obtained within the last 2 years. If these hours were with an accredited entity other than CCE, please include a syllabus along with your other documentation. (Hours need to be earned between 1/1/17 and 12/31/18)
- Documentation of attendance at ACA-CCA symposium once every 2 years – this renewal requires attendance in 2017 or 2018. (note – the symposium consists of 12 hours which can be used to fulfill continuing education requirements)
- Recertification fee of \$150.00 (Business check, cashier's check, or money order made payable to ABCA)
- Documentation explaining any questions you answered 'yes'.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this application, you agree to the terms defined in the ABCA Candidate Handbook, and indicate that you have read and agree to abide by the code of ethics of the ABCA.

\*Applications must be postmarked by December 31. Incomplete applications cannot be processed and will be returned.

Please mail application to:  
**American Board of Chiropractic Acupuncture**  
**% Cindy Ferianc, ABCA Secretary**  
**Core Chiropractic Health Center**  
**1850 N. Milwaukee Ave.**  
**Chicago, IL 60647**

**RELIGIOUS CONVICTION, DISABILITY, OR  
SPECIAL COURTESY REGISTRATION FORM**

If you are requesting any special accommodation, complete the top portion and the applicable section, attach fees as outlined in fee schedule, and enclose with your application packet. Please note that if you are completing Section 1 or Section 2, the form must also be notarized.

Name (Last, first, middle): \_\_\_\_\_

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

Date of birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_(office) \_\_\_\_\_(home) \_\_\_\_\_(cell)

**Section 1 – Religious Conviction**

Due to my religious conviction, I, \_\_\_\_\_ request that the ABCA allow me to be sequestered for testing and have the exam administered after sundown. I understand that there is a minimum sequestration fee of \$150.00 which must be enclosed with this form. Further I understand if the ABCA incurs costs over \$150.00 for this service I will receive a bill of the excess and will pay it within eight (8) weeks of the exam or my scores will be held.

\*\*\*\*\*

*This section must be completed if this is the **first** time you are requesting exemption from taking an exam on the scheduled day for religious reasons. By completing this section, your religious leader attests to the seriousness and regular practice of your religious convictions.*

This is to certify that \_\_\_\_\_ is known to me, and is unable to take examinations on \_\_\_\_\_ (day of week) until after sundown.

Name of religious leader: \_\_\_\_\_

Title: \_\_\_\_\_ Religion: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of religious leader: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

By signing this form, I certify that I have read and understand the instructions for this request form and that the information I have provided on this form are true and accurate.

Signature of Applicant: \_\_\_\_\_  
(Signed in the presence of notary)

Subscribed and affirmed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
Date Commission Expires

**Section 2 – Disability**

Please describe your documented disability. Proper documentation supporting the diagnosis by a licensed professional as well as any tests and/or procedures used to determine that diagnosis must be provided. *Please note – there are two sections below where your signature must be notarized.*

---

---

---

---

\*\*\*\*\*

If clarification or additional information is needed to process my request for accommodations, I hereby authorize the ABCA or its independent professional consultants to contact the professional(s) who diagnosed my disability and/or those entities who have previously granted me test accommodations. I authorize such professionals and/or entities to release documentation and/or communicate with the ABCA or its independent consultants to discuss my disability documentation. Furthermore I understand that my application, request form, and documentation may be discussed with pertinent ABCA board members. I also understand that any documentation or information submitted in support of my request for accommodations will not be disclosed to anyone other than the above mentioned parties without my specific written consent.

By signing this form, I certify that I have read and understand the instructions for this request form and that the information I have provided on this form are true and accurate.

Signature of Applicant: \_\_\_\_\_  
(Signed in the presence of notary)

Subscribed and affirmed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature                      Date Commission Expires

\*\*\*\*\*

By signing this form, I certify that I have read and understand the instructions for this request form and that the information I have provided on this form are true and accurate.

Signature of Applicant: \_\_\_\_\_  
(Signed in the presence of notary)

Subscribed and affirmed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature                      Date Commission Expires

**Section 3 – Special Courtesy**

Courtesies, while not full accommodations, may be granted in cases of nursing mothers, broken limbs, etc. Please give specific information regarding courtesy request.

---

---

---

---