

## RECERTIFICATION OF ABCA DIPLOMATE

*Required every two years to maintain active status*

(Please print clearly and legibly)

NAME: \_\_\_\_\_ DIPLOMA NUMBER \_\_\_\_\_

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.): \_\_\_\_\_

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

Has your license ever been revoked or suspended, or is it currently under review?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.**

**\*Is your diplomate in an inactive or lapsed status? \_\_\_\_\_ If yes, consult the Candidate Handbook on the website for additional requirements and fees to recertify along with those listed below.**

### **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 attained 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 1/1/16 and 12/31/17.)
- Documentation of attendance at ACA-CCA symposium once every 2 years—this renewal requires attendance in 2016 or 2017 (note—the symposium consists of 12 hours which can be used to fulfill the 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**  
c/o **Rachael Ziccardi, Secretary ABCA**  
**841 Southwestern Run Ste 2**  
**Poland, OH 44514**