

**RECERTIFICATION
ABCA APPLICATION FORM**
(Please print clearly and legibly)

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OFFICE PHONE: () _____ EMAIL: _____

OFFICE FAX: () _____ CELL: () _____

LICENSE #: _____ OTHER STATES LICENSED IN: _____

CHIROPRACTIC COLLEGE: _____ YEAR OF GRADUATION: _____

ACA MEMBERSHIP ID: _____ CCA MEMBERSHIP ID: _____

SUBMIT DOCUMENTATION SHOWING **24 CCE ACCREDITED CHIROPRACTIC ACUPUNCTURE HOURS** ATTAINED WITHIN THE LAST TWO YEARS.

SUBMIT DOCUMENTATION FOR **ATTENDANCE AT THE ACA CCA SYMPOSIUM** ONCE EVERY TWO YEARS.

RECERTIFICATION FEE: \$150.00
TO MAINTAIN ACTIVE STATUS

Payment may be in the form of a cashiers check, money order, or business check, made payable to: ABCA

Has your license ever been revoked or suspended, or is it currently under review?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

With this application, please be sure to include:

1. Copy of current chiropractic license
2. **Necessary documentation as noted above** for all that apply
3. Payment in full

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.

Please mail application to:

American Board of Chiropractic Acupuncture
c/o Dr. Gary Estadt – Vice President
9031 Mentor Ave.
Mentor, OH 44060