

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

I hereby certify that I am in possession and control of the records of students' attendance of the _____ Chiropractic College and said records disclose that the aforementioned student entered this institution on the _____ day of _____, _____ and graduated on the day of _____, _____, _____, completing _____ school terms of _____ months resident student enrollment. This student completed the hours documented on the table above. These hours include resident and transfer credit granted toward the degree of Doctor of Chiropractic. I hereby certify under penalty of perjury that the information reported on this College Certificate is true and correct.

PRINT NAME

TITLE

CHIROPRACTIC COLLEGE

CITY, STATE

SIGNATURE

DATE

(AFFIX COLLEGE SEAL)