



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 | |

| 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 | |

Certification

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 that the information provided is true, correct and complete to the best of my knowledge.

Only the Registrar or a chiropractic college official authorized to verify academic records may sign this form.

PRINT NAME

TITLE

CHIROPRACTIC COLLEGE

CITY, STATE

SIGNATURE

DATE

(AFFIX COLLEGE SEAL)