

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 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 **under penalty of perjury** 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)