



PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR RE – EXAMINATION

2X2
PHOTOGRAPH
IN THIS SPACE

Date of application submitted: _____

Date of last taken exam: _____

Full name: _____

Postal address: _____

Telephone: _____ E-mail: _____

Social security number: _____

Reasonable accommodation: _____ Yes _____ No
(If you answered yes, you must present medical evidence)

Signature of applicant

To be completed by the Puerto Rico Board of Chiropractic Examiners

(Please don't write in these spaces)

_____ Application approved

_____ Application denied

Comments: _____

Application evaluated by:

President

Member

Vice President

Date

PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS



Requirements to present with this application

Please submit the following documentation

1. **Copy** of a valid unexpired identification (driver's license, state identification card, passport).
2. **Original** Certificate of Penal Record from your State Police or State Law Enforcement Agency where you have been living during the last six (6) months.
3. **Original** Certificate of "No Outstanding Fees for Child Alimony" from your State and Family Health Department.
4. **Copy** of current Cardiopulmonary Resuscitation (CPR) card and/or certificate.
5. Evidence of malpractice carrier coverage (if applicable).
6. Postal or Bank Money order, ATH, VISA, MASTERCARD, or certified check for the amount of **\$100.00** (US Currency) payable to the Secretary of Treasury of Puerto Rico. (***Fee is non-refundable***).
7. Two envelopes with post stamp and your postal address.

Incomplete applications will not be accepted.

Application must be received on or before the due date published in the official press announcement.

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