

INSTRUCTIONS FOR NBCE SPECIAL PURPOSES EXAMINATION FOR CHIROPRACTIC

Registration for SPEC is processed upon receipt of a current application, which must include the following:

- A cashier's check or money order (U.S. funds only) payable to NBCE in the amount indicated on the application form.
- Your signature.
- The SPEC Authorization and Transcript Request which has been completed by a state licensing agency, bearing the official state/national seal or stamp, and signature.

Please complete all blanks on the application, including the following:

1. **APPLICANT INFORMATION:** Print your full name, mailing address, e-mail address, and your examinee number (if known). Do not abbreviate street or city names. Please contact the NBCE if your address changes. Include documentation if your name has changed since taking other NBCE exams.

TEST ACCOMMODATIONS APPLICANT: Check the box in the upper right corner to indicate that you are requesting test accommodations. To be eligible for test accommodations, you must submit a current test accommodation request form, with a disability report and evaluator review form, by the published deadline. See the *Test Accommodations - State/Specialty Exams* brochure for details. Download appropriate brochures and forms from www.mynbce.org.

2. **FEES:** Write the amount of payment in the "Fees Due" box and submit payment with your application. The NBCE cannot accept credit cards, personal checks or business checks.
3. **SPEC IS REQUESTED/REQUIRED FOR:** Please check applicable box.
4. **EXAMINATION DATE OF TEST ADMINISTRATION:** Indicate the month you wish to take the SPEC Exam. Visit www.mynbce.org for exam dates.
5. **SIGNATURE:** Your application must be signed.

OBSERVE PUBLISHED DEADLINES AND MAIL TO:

NBCE – Application SPEC
901 54th Ave
Greeley CO 80634

You must present two forms of identification upon arrival at the test site, including one government-issued photo ID.

NBCE toll free phone: 800-964-6223

E-mail: processing@nbce.org

APPLICATION

Special Purposes Examination for Chiropractic 2016

1. Applicant Information:

NBCE Examinee # To request test accommodations, check box and submit all required forms.

Last name (your legal name) *First name (no nicknames)* *Middle name* *Suffix*

Current mailing address (street address, include apartment #) *Birth date (month/day/year)* *Telephone (with area code)*

Address line 2 *Last four digits of U.S. social security number*

City *State* *Postal code* *Country* *Chiropractic college attended (include city, state)*

E-mail address *Graduation date (MM/YY)*

2. **Fees:** Enclose with application, payable to NBCE (U.S. funds only, in the form of a money order or cashier's check). The NBCE cannot accept credit cards, personal checks, or business checks.

	First Time	Retake	Examination Fee	Fees Due
SPEC	<input type="checkbox"/>	<input type="checkbox"/>	\$1,500	<input type="text"/>
TOTAL EXAMINATION FEES DUE:				<input type="text"/>

3. SPEC score is requested/required for the following:

- Reciprocity/endorsement Revocation/suspension Disciplinary action License lapse

4. Date of SPEC administration for which you are applying:

"I understand that I can be disqualified or permanently prohibited from taking or continuing to take an examination, and my scores on an examination may be withheld, revoked or invalidated, if the National Board of Chiropractic Examiners (NBCE) or the examination administrator concludes that: 1) I have provided any false or misleading information on my application. 2) I take an examination for another person or another person takes an examination in my place. 3) I have given or received aid in the examination as evidenced by observation or statistical analyses of answer sheets. 4) I engage in any act or conduct that jeopardizes or could jeopardize the security or integrity of NBCE examinations; such action or conduct may include, but is not limited to, copying or reproducing any portion of the examination, or memorizing questions and/or answers and furnishing those memorized questions and/or answers to any other person at any time. 5) I fail to adhere to instructions given at the examination administration. 6) I engage in any behavior that is deemed to be disruptive, offensive, or inappropriate in any way to the testing environment.

I acknowledge that any failure to adhere to instructions given at the examination site, or any conduct or communication during an examination by which any attempt to refer to books, notes, or other devices during the examination, or to obtain information from another person or give information to another examinee thereby placing myself or any other examinee at an advantage he or she otherwise would not have had, shall constitute irregular behavior. All examination materials are the property of the NBCE and must be left in the room at the end of the examination. The NBCE reserves the right to invalidate and not report examination scores or to require all examinees to retake the examination if presented with sufficient evidence, either direct or through statistical analyses, that the integrity of the examination has been compromised, notwithstanding the absence of any evidence of an examinee's personal involvement in irregular behavior."

This application and the examination shall be deemed to have been made and accepted in Colorado where the National Board of Chiropractic Examiners' principal place of business is located. The application and examination shall be interpreted, and all transactions thereunder and all rights and liabilities of the parties thereto, shall be determined and governed as to validity, interpretation, enforcement and effect by the laws of the State of Colorado. The United States District Court for the District of Colorado and the District Courts for the State of Colorado shall have exclusive jurisdiction over all actions and proceedings arising directly or indirectly from this application and examination and applicant hereby consents to the jurisdiction of these courts.

I authorize NBCE to release my passing and/or failing SPEC scores(s) to the designated state/national licensing agency.

5. Applicant's signature X _____

DATE _____

SPEC Authorization and Transcript Request

***** NOTICE *****

This form is a required component of the application for the Special Purposes Examination for Chiropractic. Applicants must mail the completed document, bearing the official state/national seal or stamp, and signature to:

NBCE – Application SPEC
901 54th Ave • Greeley CO 80634

For more information, phone 800-964-6223, e-mail processing@nbce.org, or visit www.mynbce.org.

I. State Board Authorization to Take SPEC

This document, bearing the official seal or stamp of the state or country of _____ authorizes, requests or requires the following individual,
(State/Country)

_____, to take the Special Purposes Examination for Chiropractic.
(Print name of examinee above)

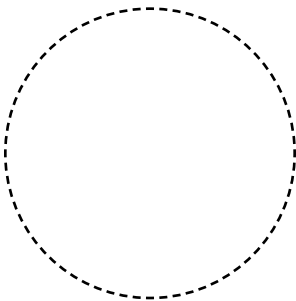
This authorization is valid for one year from the date signed below. If the examinee is not successful in passing, he/she is authorized for up to (0 to 6) _____ additional attempts without an updated authorization.

II. Request for Release of SPEC Transcript

This document authorizes NBCE to release the examinee's SPEC scores. The score transcript may, at the discretion of the state/national licensing agency, be used for reciprocity/endorsement; relicensure; revocation/suspension; and/or disciplinary action. This document also authorizes the release of a transcript of a previously taken SPEC for evaluation and possible relicensure.

Any official transcript of SPEC scores will be sent directly to the state/national licensing agency listed above.

OFFICIAL SEAL



Signature of state/country representative

Position or title

_____, 20 _____
Date signed

NOTE: The examinee understands that release of official SPEC scores does not guarantee acceptance or relicensure by this state/national licensing agency or any other state/national licensing agency.