REPLACEMENT CERTIFICATE

National Board of Chiropractic Examiners, 901 54th Avenue, Greeley, CO 80634

To order a replacement certificate, complete the order form below and return it to the NBCE. The name on your certificate will appear with your first name, middle initial and last name.* Certificates will not be printed with D.C. or other designations.

Your certificate will arrive in app	roximately two weeks, maile	d USPS.	
I wish to order a replacement ce	rtificate for:		
☐ Parts I, II, III, and IV	□ Physiotherapy	☐ Acupunctur	e
Name:		NBCE Examinee No.:	
Mailing address:			
City/State/Zip:			
E-mail:			
Date of birth:		Phone:	
Fees:			
Replacement certificate (mailed USPS)		\$30 x (# certificates) _	
Federal Express Overnight (United States)		\$20 (if requested)	
Federal Express (outside U.S.)		\$45 (if requested)	
		TOTAL:	
Make checks payable to	the NBCE.		
Mail to: NBCE – Processing Dep	t., 901 54th Avenue, Greeley, (CO 80634.	
* Contact the NBCE if you wa	nt your name to appear in a fo	ormat other than first name, middle	initial, last name.
For NBCE use only		Initials:	
Amt Received:	Amt Refunded:	Date Sent:	