



For NBCE use only
Date received: _____

Religious Conviction Registration Part IV Examination

If a religious conviction prohibits you from taking the NBCE Part IV Practical Examination on Saturday or Sunday during the exam administration, you may submit a request to take the examination on Friday/Sunday or on Friday/Saturday. In order to process your request, you must submit the regular NBCE application, application fees, and the Religious Conviction Registration form by the published postmark deadline. No extra fee is required for this service.

Name: _____	NBCE reference #: _____
(Last) (First) (Middle)	
Date of birth: _____ / _____ / _____	E-mail address: _____
(Month) (Day) (Year)	
Street address: _____	
City: _____	State: _____ Zip code: _____
Phone number: _____ (home)	_____ (cell)
Religion: _____	
Check your choice: <input type="checkbox"/> Friday/Saturday rotation or <input type="checkbox"/> Friday/Sunday rotation	
FRIDAY TIME OF SUNDOWN at first choice of test site (if applicable): _____	
Examination administration for which you are applying: _____	
Test site requested: _____	

Request for Sabbath Observance

Due to my religious conviction, I respectfully request that the National Board of Chiropractic Examiners grant me permission to take the Part IV Examination on Friday/Sunday or Friday/Saturday. I understand and agree to abide by the policies and procedures of the NBCE for religious convictions.

Examinee signature: _____ Date: _____

This section must be completed THE FIRST TIME you are requesting exemption from taking examinations on Saturday or Sunday for Part IV. By completing the following section, your religious leader (pastor, rabbi, etc.) attests to the seriousness and regular practice of your religious conviction.
(Your religious leader may be contacted by the NBCE.)

This is to certify that _____ is known to me as a Sabbath observer
(Examinee name)

and is not permitted to take the Part IV Examination on the Sabbath.

Name of religious leader (please print): _____

Title: _____ Religion: _____

Church/synagogue address: _____

Daytime phone number: (____) _____ E-mail address: _____

Signature of religious leader: _____ Date: _____

Please address your questions to NBCE Communications Specialist Gail Perkins at 800-964-6223, ext. 197, or e-mail accommodations@nbce.org.

Mail your completed Religious Conviction Registration to:

NBCE - Test Accommodations
901 54th Ave
Greeley, CO 80634

Or scan and e-mail the completed document to:

accommodations@nbce.org