

# 2017 EXAM TRANSFER/WITHDRAWAL

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

Use this form to transfer to another date and/or to withdraw from an exam. Please confirm that your test site will offer the exams on the new date you select. You will have to pay additional fees to change test sites.

## 1. Select the exam(s) you wish to change below.

Part I (all)       Part II (all)       Part III       Part IV       Physiotherapy

Part I (individual subjects)      \_\_\_\_\_ Subject      \_\_\_\_\_ Subject

Part II (individual subjects)      \_\_\_\_\_ Subject      \_\_\_\_\_ Subject

## 2. Indicate if you wish to transfer OR withdraw from an exam administration.

### TRANSFER MY REGISTRATION TO ANOTHER DATE

I am currently enrolled in this exam administration:      **Month:** \_\_\_\_\_      **Year:** \_\_\_\_\_

I wish to transfer to this administration:      **Month:** \_\_\_\_\_      **Year:** \_\_\_\_\_

### WITHDRAW MY REGISTRATION

I wish to withdraw from this exam administration:      **Month:** \_\_\_\_\_      **Year:** \_\_\_\_\_

## 3. Complete the contact information.

**Name:** \_\_\_\_\_      **NBCE Examinee No.:** \_\_\_\_\_

**Mailing address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_

## 4. Submit this form with applicable fees, in the form of a cashier's check or money order. The NBCE must receive this form by the published deadlines.

- **MAIL:** NBCE - Registration and Records, 901 54th Avenue, Greeley, CO 80634  
To transfer your exam administration, enclose appropriate fees and mail to the address above.
- **E-mail:** records@nbce.org (Withdrawal requests only)
- **FAX:** 877-450-0519 or 970-356-6134 (Withdrawal requests only)

See Page 2 for applicable fees and deadlines. If you are transferring administrations, enclose fees for each exam you are changing.

## 2017 EXAM CHANGE FEES

	Change fee (if received by application deadline)	Change fee (if received by withdrawal deadline)	Withdrawal refund (NBCE will refund amounts listed below)
<b>Part I</b>	\$50	\$100	\$360 refund
<b>Part II</b>	\$50	\$100	\$360 refund
<b>Individual subjects (per subject)</b>	\$25	\$50	\$170 refund
<b>Part III</b>	\$50	\$100	\$360 refund
<b>Physiotherapy</b>	\$25	\$50	\$250 refund
<b>Part IV</b>	\$150	\$300	\$1035 refund

## 2017 EXAM DATES

<b>Part I, II, III, and Physiotherapy</b>	<b>Application deadline</b>	<b>Withdrawal deadline</b>
March 17-19, 2017	01/24/17	02/10/17
April 21-23, 2017	02/28/17	03/17/17
June 23-25, 2017	05/05/17	05/19/17
August 18-20, 2017	06/27/17	07/14/17
October 20-22, 2017	08/29/17	09/15/17

<b>Part IV</b>	<b>Application deadline</b>	<b>Withdrawal deadline</b>
May 19-21, 2017	02/21/17	03/31/17
November 10-12, 2017	08/15/17	09/22/17

# 2017 TEST SITE CHANGE

## For Parts I, II, III, and Physiotherapy Only

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

Use this form to change test sites. Please confirm that the new test site you are requesting will offer the exams on the dates when you are registered. You will have to pay additional fees to change exam dates.

### 1. Select the exam(s) you wish to change below.

Part I (all)                       Part II (all)                       Part III                       Physiotherapy

Part I (individual subjects)                      \_\_\_\_\_ Subject                      \_\_\_\_\_ Subject

Part II (individual subjects)                      \_\_\_\_\_ Subject                      \_\_\_\_\_ Subject

### 2. Indicate your test site change request.

I am currently enrolled at this test site: \_\_\_\_\_

I wish to transfer to this test site: \_\_\_\_\_

### 3. Complete the contact information.

Name: \_\_\_\_\_ NBCE Examinee No.: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 4. Submit this form with applicable fees, in the form of a cashier's check or money order. The NBCE must receive this form by the published deadlines.

**MAIL:** NBCE Registration and Records  
901 54th Avenue  
Greeley, CO 80634

See Page 2 for applicable fees and deadlines.

## 2017 TEST SITE CHANGE FEES

	<b>Change fee</b> (if received by application deadline)	<b>Change fee</b> (if received by withdrawal deadline)
<b>Part I</b>	\$50	\$100
<b>Part II</b>	\$50	\$100
<b>Individual subjects (per subject)</b>	\$25	\$50
<b>Part III</b>	\$50	\$100
<b>Physiotherapy</b>	\$25	\$50

## 2017 EXAM DATES

<b>Part I, II, III, and Physiotherapy</b>	Application deadline	Withdrawal deadline
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