

EXAM WITHDRAWAL

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

To withdraw from an exam, complete the form below and return it to the NBCE. It must be received by the NBCE no later than the published deadline. You will be issued a partial refund in approximately two weeks. Deadlines and refund amounts are published at www.mynbce.org.

I wish to withdraw from the following examinations:

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

Part I (individual subjects) _____ Subject _____ Subject

Part II (individual subjects) _____ Subject _____ Subject

Exam administration Month: _____ Year: _____

Name: _____ NBCE Examinee No.: _____

Mailing address: _____

City/State/Zip: _____

E-mail: _____

Date of birth: _____ Phone: _____

Signature: _____ Date: _____

The NBCE must **receive** this form **no later than the published withdrawal deadline**.

- **MAIL:** Registration and Records, 901 54th Avenue, Greeley, CO 80634
- **E-mail:** records@nbce.org
- **FAX:** 877-450-0519 or 970-356-6134