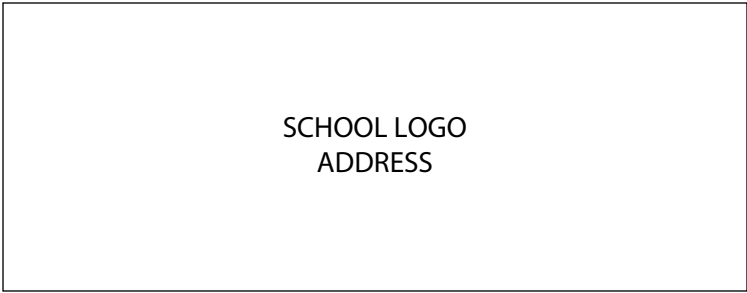


HAWAII BOARD OF CHIROPRACTIC

State of Hawaii
P.O. Box 3469
Honolulu, HI 96801
(808) 586-3000



SCHOOL LOGO
ADDRESS

CHIROPRACTIC COLLEGE CERTIFICATION

(Have your chiropractic college complete this form and return it **directly** to the Board.)

A. CERTIFICATION OF PRE-CHIROPRACTIC EDUCATION

The admissions requirements are established in cooperation with The Council on Chiropractic Education (CCE).

The candidate for admission must be a high school graduate (or present evidence of equivalency) and have completed at least 60 semester hours (or 90 quarter hours) in a pre-chiropractic program, as set forth by CCE.

B. CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that _____ entered _____ on the _____ day of _____, _____ and graduated on the _____ day of _____, _____, receiving the degree Doctor of Chiropractic. She/He completed _____ school terms of _____ months each, totaling _____ hours of minutes each which includes transfer hours. The classroom and laboratory instruction in subjects and hours attended and completed are certified by the attachment of official chiropractic college transcripts.

_____ Chiropractic College has professional accreditation by the United States Council on Chiropractic Education, granted on _____.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

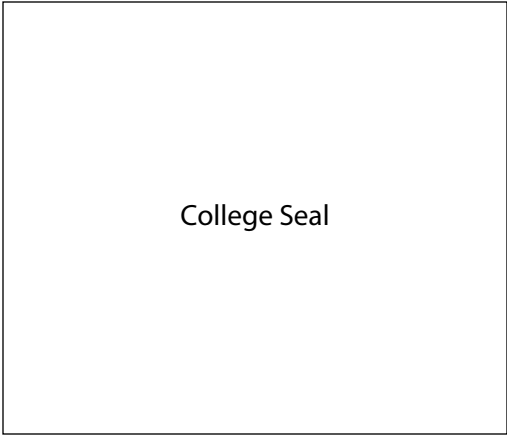
Signature

Date

Type or print Name and Title

College Name

City State



College Seal

****This document is null and void unless received directly from the chiropractic institution named above.****

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.