

Neurology Certificate Request Form

1). Fill out your information:

Name*

*Please print exactly how you want your name to appear on your certificate.

Username on ChiroCredit.com

Address

City

State

Zip

Phone

2). Check box to indicate which certificate(s) you are requesting:

- Certificate: Neurological Diagnosis** – I have completed a total of 48 hours of any courses in the 202, 203, 204 and 205 series
- Certificate: Advanced Neurological Diagnosis** – I have completed a total of 96 hours by taking all courses in the 202, 203, 204 and 205 series
- Certificate: Physical/Neurological Diagnosis** – I have completed a total of 72 hours by taking any 48 hours of courses in the 202, 203, 204 and/or 205 series and completed 24 hours of courses in the 212 series
- Certificate: Advanced Physical/Neurological Diagnosis** – I have completed a total of 120 hours by taking all courses in the 202, 203, 204 and 205 series and completed 24 hours of courses in the 212 series
- Certificate: Neurophysiology and Electrodiagnosis** – I have completed a total of 48 hours by taking all courses in the 206 and 207 series
- Certificate: Neuropathology** – I have completed a total of 48 hours by taking all courses in the 208 and 209 series
- Certificate: Clinical Chiropractic Neurology** – I have completed a total of 48 hours by taking all courses in the 210 and 211 series
- Certificate: Radiology for the Neurologist** – I have completed a total of 24 hours by taking all courses in the 213 series

3). Submit the form:

Mail: ChiroCredit.com, PO Box 15, Rocky Hill, CT 06067

Or Fax: 860-606-9555



ChiroCredit.com
OnlineCE.com