

International Academy of Chiropractic Neurology
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DIPLOMATE RECERTIFICATION FORM

Name _____

Mailing Address _____

City, State, Zip _____

Telephone _____ Fax _____ E-mail _____

Neurology Board Certification _____ Date of issue _____

Year of Renewal _____

- 1) Send Documentation of required **12 hours CCE accredited CEU's in Neurology** completed between January 1, and December 31 of each calendar year.
- 2) Copy this form. Send original with CEU's submission (to be received by January 31, of the next year); Keep the copy for your records.
- 3) **Return this form, along with required documentation to the above address.**

*The CEU requirement should be submitted within 30 days of completion the year end. (CEU submission is not required for IACN pre-approved programs.) CEU's must be completed by December 31, and received by this office by January 31, of the following year to maintain current Active status.