

International Academy of Chiropractic Neurology
Application for Membership
Applicants please complete all questions. Please type or print clearly.

Name _____

Degree _____

Home address _____

Professional address _____

Preferred mailing address: home professional

Home telephone: _____ Office telephone: _____

Fax telephone: _____

Email address/Website _____

Social Security number "US applicants only" _____

Date of birth _____

Citizen of what Country or Province _____

Have you completed Chiropractic college Yes No?

Name of Chiropractic college _____

Location of Chiropractic college _____

Year of graduation (must include copy of diploma) _____

Are you currently in, or have you completed a neurology diplomate program? Yes No?

Name of Chiropractic College _____

Name of program director or course coordinator _____

Date training began _____ date will be/was completed _____

Have you completed a diplomate program other than neurology? Yes No?

What specialties? _____ Board designation(s)? _____

Name of Chiropractic College (for each) _____

Name of program director or course coordinator (for each) _____

In what country or countries are you licensed to practice Chiropractic? _____

Does any existing Chiropractic neurology board certify you? Which one? _____

Designation _____

Name and address of issuing board _____

Date of certification issuance (must include copy of certificate) _____

Patient care emphasis: Indicate any specialty area that comprises more than 25 percent of your patient volume.

No patient care activities (e.g. retired, research)	Currently in training	General Chiropractic
Chiropractic neurology	Neuro muscular disorders	EMG
Headache	Workers compensation	Chronic pain
Neuro imaging	Movement disorders	Pediatric neurology
Others _____		Cerebrovascular disease
		EEG
		Aging/dementia

Academic appointments: Where? _____

No academic appointment	Currently in residency	Honorary or emeritus
Full-time appointment	Chiropractic	research both
Part-time appointment	Chiropractic	research both

Practice setting:

Solo office practice	Chiropractic clinic	Chiropractic neurology clinic
Interdisciplinary clinic	Full-time faculty	Salaried staff clinic or hospital
Other setting (specify) _____		

Managed-care affiliation: Were up 50 percent or more of your patient contacts in the last twelve months the result of contracts or employment with any combination of the following: PPO's, HMO's, IPN's, other arrangement? Yes No?

Do you work full-time for a health maintenance organization (HMO)? Yes No?

Major affiliations:

Chiropractic colleges _____

Other institutions _____

Professional society membership and honors:

American Chiropractic Association International Chiropractic Association State Chiropractic association _____

Other _____

Please note: Membership in the academy is on a calendar year basis (January through December). Members joining the academy prior to September 1 will be considered members from time their application is approved, through December 31 for the cost of one-year membership. Applications approved after September 1 will begin membership as of January 1 of the following year.

I solemnly pledge myself to cooperate by all suitable means in extending and advancing the high moral, ethical, professional and scientific principles as specified by the mission statement of the International Academy of Chiropractic Neurology according to, and governed by, the laws of the State of Iowa, USA.

Signature _____ Date _____

Current annual dues: All Amounts are in USD. (Please circle the appropriate category)

Active Diplomate/Fellow Members: **\$200.00** If you are currently board certified in Chiropractic Neurology.
Associate Member: - **\$150.** If you have completed a neurology diplomate program, but are not yet certified.
Junior members: **\$150.** If you are currently enrolled in a neurology diplomate program.
Affiliate members: **\$50.** Any licensed chiropractor.
Student members: **\$35.** If you are currently matriculated at a Chiropractic College.
Honorary and senior members: **FREE.**

Please attach current curriculum vitae.

Please give three professional references.

Please attach diploma and diplomate certificate copy (if applicable).

ALL APPLICATIONS MUST ALSO INCLUDE A \$15.00 APPLICATION FEE.

Send all application, attachments and check for appropriate amount to:

IACN
2845 Summer Oaks Drive, Suite 200
Memphis, TN 38134
USA - 901-372-7730