

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS  
EXAMINING BOARD**

**Post Office Box 418, Union Springs, NY, 13160  
DIPLOMATE PROGRAM ENROLLMENT APPLICATION**

*Please fill out and submit electronically through email (drvera@accedx.org), or by mail to the address listed above.*

**GENERAL INFORMATION**

NAME:

ADDRESS:

CITY/STATE/ZIP:

OFFICE PHONE #:

CELLULAR PHONE #:

FAX # (if applicable):

EMAIL:

DATE OF BIRTH:

**EDUCATION**

*Please list institution and degree received*

UNDERGRADUATE:

GRADUATE:

POST-GRADUATE:

**LICENSURE**

*Please list the states/provinces/license numbers in which you are licensed to practice chiropractic:*

**REGISTRATION FEE - \$1,000.00 (non-refundable)**

*All fees are payable by credit card or check. Please check one of the following:*

*\_\_\_\_\_ I will send a check in the amount of \$1,000.00 (payable to ACCE). I understand that this payment includes the registration fee. I understand that if I choose to withdraw, all fees are non-refundable.*

*\_\_\_\_\_ I will pay the full amount by credit card. Please send me an electronic invoice in the amount of \$1,000.00 that I will pay promptly. I understand that this payment includes the registration fee. I understand that if I choose to withdraw, all fees are non-refundable.*

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\_\_\_\_ I will pay by credit card in four monthly installments of \$250.00 each. Please send me electronic invoices that I will pay promptly. I understand that this payment includes the registration fee. I understand that if I choose to withdraw, all fees are non-refundable.

Please complete all sections fully and add additional pages as necessary. Enclose all requested information with \$1,000.00 Registration Fee and have educational institutions send Official transcripts directly to the ACCE.

**Board Eligibility Requirements**

1. Must hold a doctor of chiropractic degree.
2. Must hold a valid license or certificate to legally practice profession in this country, state, or province of residence as appropriate.

**AND**

3. Must have successfully completed a minimum of 300 hours of postgraduate studies in electrodiagnosis or a combination of 150 hours of postgraduate studies in electrodiagnosis and 150 hours of postgraduate studies in chiropractic neurology sponsored by one of the following:
  - a) An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)
  - b) Agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.

**OR**

4. Prior Diplomate and/or Fellowship and Board Certification in Electrodiagnosis.

**OR**

5. 2 years of EDX clinical experience with review of body of work (education, publications, etc.).

***Note: To obtain and maintain Diplomate Status with the American College of Clinical Electrodiagnosis, you need to be an active member of the American Chiropractic Association (ACA) along with being an active member of the ACA Rehab Council.***

**Deadline All Completed Applications Must Be Received by 2/1/18.**

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Total # Transcribed Hrs in EDX: \_\_\_\_\_ Year Completed EDX Program:  
\_\_\_\_\_

Total # of Years Practicing EDX: \_\_\_\_\_ Total # of EDX Patients Examined  
(Approx): \_\_\_\_\_

Please Enclose 4 Complete Patient Examinations that you recently performed with the following: 1. Brief Patient History 2. Physical Examination Findings 3. Advanced Imaging Findings 4. All EDX Data Waveforms and Data Tables 5. Test Interpretation & Report

NOTE: Please remove all personal patient identifying information on the four above EDX Cases

Please List all Professional Disciplinary Actions, Allegations, & Charges:

Have you ever been convicted of a serious crime? Yes / No

If yes, please explain:

Professional Recommendations & References Names & Addresses of 3 professional colleagues (only 1 may be a chiropractic physician or doctor of chiropractic):

1. \_\_\_\_\_  
\_\_\_\_\_ Name Profession Address

2. \_\_\_\_\_  
\_\_\_\_\_ Name Profession Address

3. \_\_\_\_\_  
\_\_\_\_\_ Name Profession Address

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Additional Documentation to be enclosed:

1. Photocopy of all University/College Diplomas of schools. 2. Photocopy of all State/Providence Licenses. 3. Copy of updated Curriculum Vitae/Resume. 4. Two identical recent color Passport size photos (2"x2" approx). 5. Have entire completed packet signed and notarized before mailing. 6. Check or Money Order to: "AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS". Examination Fee \$1,000.00 (Non-refundable)

Please Mail Completed Application to:

**AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS EXAMINING BOARD  
Post Office Box 418, Union Springs, NY, 13160**

Please Staple Two Photos Below: RECENT COLOR PASSPORT PHOTO #1 RECENT  
COLOR PASSPORT PHOTO #2

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Please sign completed application in the presence of a Notary Public before mailing to ACCE.

I, \_\_\_\_\_, HEREBY CERTIFY UNDER PENALTY OF  
(ACCE DIPLOMATE CANDIDATE)

PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE, TRUE, AND COMPLETE  
TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
ACCE DIPLOMATE CANDIDATE'S SIGNATURE    DATE

NOTARY SIGNATURE & SEAL

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_

Notary Public

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Be Received by 2/1/18.**

**Please address all questions to Dr Luis Vera @ [drvera@accedx.org](mailto:drvera@accedx.org)**