

**APPLICATION**

**Chiropractic Injectable Nutrient Examination (CINE)**

**Print Legibly**

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

Chiropractic College \_\_\_\_\_ Graduation \_\_\_\_\_

**Chiropractic Injectable Nutrient Training**

Instructor Dr. Michael Taylor, DC, DABCI

City \_\_\_\_\_

Sponsoring Chiropractic College Southern California University of Health Sciences

Circle Modules Completed     I   II   III

Date of Completion \_\_\_\_\_

To sit for the CINE please send in the following, in addition to this completed application:

1. Copy of the **Certificate of Attendance and Completion** of the two or I three modules from the sponsoring chiropractic college
2. **Check for \$200.00.**
3. Copy of **State Chiropractic License**

Mail to :

American Chiropractic Physicians Credentialing Center

P.O. Box 11

Franktown, CO 80116

The CINE is offered ONLY as an online examination. Internet access information will be emailed after receiving completed application .