

**APPLICATION**

**Chiropractic Injectable Nutrient Examination (CINE) 2010**

**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 Texas Chiropractic College

Circle Modules Completed I II III Dates of Module 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 all completed modules from the sponsoring chiropractic college
2. **Check for \$200.00.** The fee will increase to \$250.00 after January 1, 2011.
3. Copy of **State Chiropractic License**

Mail to :

American Chiropractic Physicians Credentialing Center

P.O. Box 11

Franktown, CO 80116

The CINE is offered as an online examination. Internet access information will be emailed after receiving a complete application with the necessary documentation.