

Academy of Chiropractic

Primary Spine Care Qualified

I certify by checking off the following that I have completed the following courses:

I have taken or equivalent (please check off)

Primary Spine Care 10

Primary Spine Care 11

Primary Spine Care 12

Primary Spine Care 13

Primary Spine Care 14

Primary Spine Care 15

NAME:

ADDRESS:

ZIP CODE:

PHONE:

Credit Card #:

Exp. Date

Banking Debit -Routing #:

Account #:

Please send via email to: DrMark@AcademyOfChiropractic.com

Credentialing Fee \$500

Recognized by:

Cleveland University-Kansas City, College of Chiropractic

PLEASE ALLOW 5 BUSINESS DAYS FOR PROCESSING