

INTERNATIONAL BOARD OF ELECTRODIAGNOSIS

Application & Registration Packet for 2007 Diplomate Examination in Electrodiagnosis

Introduction Please complete all sections fully and add additional pages as necessary. Enclose all requested information with \$25.00 Application Fee and have educational institutions send official transcripts directly to the IBE Secretary at the address listed on page 5.

Board Eligibility Requirements

1. Must hold a doctoral-level professional degree i.e.: DC, MD, DO
2. Must hold a valid license or certificate to legally practice profession in their country, state, or province of residence as appropriate.
3. Must have successfully completed a minimum of 150 hours of postgraduate studies in electrodiagnosis sponsored by one of the following:

An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)

Or an agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.

Or appropriate equivalent for candidate's profession.

NOTE: Credit hours are available during EDX Exam Review Class for Candidates needing additional Credit Hours to meet 150 hour minimum requirement.

4. Must submit completed application as specified by the IBE with \$25.00 Application Fee and required information as requested.

Board Examination Schedule & Location

Part I: Saturday November 10, 2007 Part II: Sunday November 11, 2007
Palmer College of Chiropractic Florida - Daytona Beach, FL

Examination Format

Note: Passing Grades On Both Parts Are Required For Diplomate Status

Part I: Written Test – Objective Format – 200 Questions

Part II: Practical Examination – OSCE Format

Costs

Application Fee \$25.00 Plus Applicable Exam Fees and Review Class Tuition
Parts I & II: Total Exam Fee: \$900.00 (\$800.00 for IACN Member)
\$ 450.00 Per Individual Exam Part (\$400.00 Per Part for IACN Member)
\$ 200.00 Review Class Tuition

IACN Membership Information Contact Joe Ferezy, D.C., F.I.A.C.N. at (515) 727-4334 www.iacn.org

Board Review Program

Candidates needing to meet 150-hour requirement can apply credit hours from this review.

November 8, 9, 10 2007 at Palmer College of Chiropractic Florida - Daytona Beach, FL
EDX & CE Credit Hours Available Cost \$200.00 for Review Class

Deadline

All Completed Applications Must Be Postmarked 10 Days Prior To The Exam

**INTERNATIONAL BOARD OF ELECTRODIAGNOSIS
November 2007 Diplomate Examination in Electrodiagnosis Application**

Name: _____ Degree: _____

Date of Birth: _____ SS#: _____ Male/Female

Office Address:

Street: _____ City: _____ State: _____ Zip: _____

Home Address:

Street: _____ City: _____ State: _____ Zip: _____

Office Phone #: _____ E-mail: _____

Office Fax #: _____ Home Phone#: _____

Cell Phone #: _____ Emergency Contact#: _____

Educational Background:

Professional Degree Institution(s): (Please Send Official Transcripts to IBE)

Name & Address: _____

Dates of Attendance: _____ Degree: _____

Graduate & Undergraduate College(s): (Transcripts not required except for professional degree)

Name & Address: _____

Dates of Attendance: _____ Degree: _____

Name & Address: _____

Dates of Attendance: _____ Degree: _____

Name & Address: _____

Dates of Attendance: _____ Degree: _____

Institution of EDX training: _____

(Please Send Official Transcripts of Electrodiagnosis Training to IBE. **NOTE: 150 Credit Hours required**)

Total # Transcribed Hrs in EDX: _____ Year Completed EDX Program: _____

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

Please Enclose 2 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 two above EDX Cases

Professional Licensure:

Please list each State, Providence, Nation, etc. that you are licensed to practice in:

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

Region: _____ Year Licensed: _____ License# _____

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 two professional colleagues:

1. _____
Name Profession Address

2. _____
Name Profession Address

Please supply, as references, the names and addresses of three additional professional people in your locality, whom are members of professions other than your own (i.e.: Professor, Attorney, CPA, etc.)

1. _____
Name Profession Address

2. _____
Name Profession Address

3. _____
Name Profession Address

Additional Documentation to be enclosed:

1. Photocopy of all University/College Diplomas of schools listed on Page 2.
2. Photocopy of all State/Providence Licenses listed on Page 3.
3. Copy of updated Curriculum Vitae/Resume.
4. Two identical recent color Passport size photos (2"x2" approx) & attach on Page 5.
5. Have entire completed packet signed and notarized on Page 5 before mailing.
6. Check or Money Order to: "INTERNATIONAL BOARD OF ELECTRODIAGNOSIS" for:
 a. Application Fee \$25.00 b. Exam Fee \$900.00 c. Review Class \$200.00

Please Mail Completed Application to:

Secretary of International Board of Electrodiagnosis
Gary R. Smith, DC, DIBE
5660 Clinton Street, Suite# 4
Elma, New York 14059-9494
Phone: (716) 686 – 0868
Fax: (716) 686 – 0869
Email: ajustor@roadrunner.com

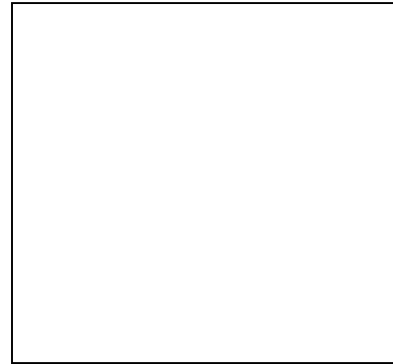
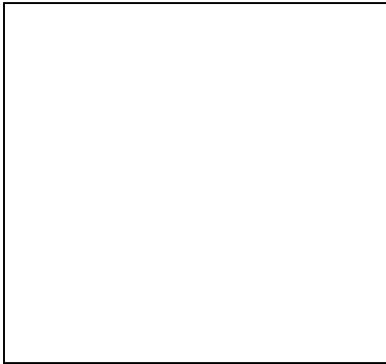
Deadline

All Completed Applications Must Be Postmarked 10 Days Prior To The Exam

Please Staple Two Photos Below:

RECENT COLOR PASSPORT PHOTO #1

RECENT COLOR PASSPORT PHOTO #2



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

**I, _____, HEREBY CERTIFY UNDER PENALTY OF
(IBE DIPLOMATE CANDIDATE)
PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE, TRUE, AND COMPLETE
TO THE BEST OF MY KNOWLEDGE.**

IBE DIPLOMATE CANDIDATE'S SIGNATURE

DATE

NOTARY SIGNATURE & SEAL

Sworn to before me this

_____ day of _____ 2007

Notary Public