

Academy of Chiropractic's 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 1
- Primary Spine Care 2
- Primary Spine Care 3
- Primary Spine Care 4
- Primary Spine Care 5
- Primary Spine Care 6
- Primary Spine Care 7
- Primary Spine Care 8
- Primary Spine Care 9
- Primary Spine Care 10
- Primary Spine Care 11
- Primary Spine Care 12

RULES: To qualify, you must have taken any of the 6 above. Attendance will be verified

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