

Academy of Chiropractic's Expert Witness & Documentation Qualified Application

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

- Testifying - Documentation and Ethical Medical-Legal Relationships: 20 Hours
 Testifying - Forensic Documentation: 20 Hours

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

NOTE: This qualification is valid and recognized for 3 years. Afterward, you will need to be re-credentialed (\$50 processing fee) and add any additional courses required.