



Philippine Institute of Traditional and Alternative Health Care
PITAHC Building, Matapang Street
East Avenue Medical Center Compound, Diliman, Quezon City
Tel: (02)496-96-76



CHIROPRACTIC APPLICATION FORM

1.5" x 1.5"

ID Picture

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Place of Birth: _____
(MM/DD/YEAR)

Citizenship: Filipino ☐ Dual Citizenship ☐ _____
(Specify Country of Other Nationality)

Non-Filipino ☐ _____
(Passport Number and Issuing Country)

Immigration/Visa Status: _____

Are you a member of the Association of Professional Chiropractors of the Philippines (APCP)?

Yes ☐ No ☐

If No, would you like to receive information on APCP membership? Yes ☐ No ☐

Section A: Contact Information

Residential Address: _____

Business Address: _____

Email: _____ Landline/Mobile: _____

Business Landline: _____ Business Mobile: _____

PITAHC Registration No.: _____ Valid Until: _____



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Section B: Law Violation

B2. Have you ever been charged of any administrative offense in the Philippines or any other country?

Yes ☐ No ☐ If Yes, please give details: _____

B3. Have you ever been convicted of any crime or violation of any law, decree, ordinance or regulation by any court or tribunal in the Philippines or any other country?

Yes ☐ No ☐ If Yes, please give details: _____

Section C: Consent

I consent to the National Certification Committee for Chiropractic (NCCC) and/or PITAHC to make inquiries of, and exchange information with, the authorities of any Country, State or Territory regarding my practice as a health practitioner or any other matters relevant to this application for renewal.

I acknowledge that the National Certification Committee for Chiropractic (NCCC) and/or PITAHC may validate documents provided in support of this application for renewal as evidence of my identity and/or immigration status.

I declare that I have complied and will continue to comply with all relevant legislation, National Certification Committee for Chiropractic (NCCC) and/or PITAHC standards, Codes and Guidelines.

I HEREBY CERTIFY that the information and/or statements in this application including the documents submitted in support thereof are all true and correct of my own knowledge, and that I am fully aware that any false information or statement and/or any omission of any pertinent information in this application or in its attachments, shall render me liable for administrative sanction and/or denial and/or revocation of PITAHC Registration/Certification.

PITAHC

(Signature of Applicant Over Printed Name)

(Date)