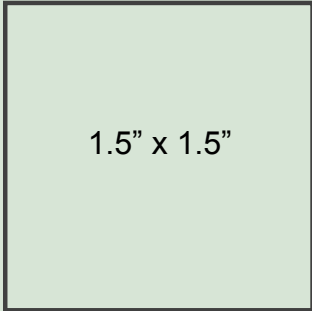




Philippine Institute of Traditional and Alternative Health Care
 PITAHC Building, Matapang Street
 East Avenue Medical Center Compound, Diliman, Quezon City
 Tel: (02)496-96-76



CHIROPRACTIC APPLICATION FORM



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: Educational Background (Please indicate College/University level or higher only)

Degree Course	Name of Institution	Date of Completion

Section C: Licensure Examination

Nature of Licensure Exam	Date Taken	Rating

Section D: Health Care Related Work Experience (Please list from newest to oldest)

Nature of Work Experience/Title	Company/Clinic/Office Name	Dates of Employment

Section E: Specialties (ie., Certifications and/or Diplomates)

Nature of Specialty	Certification Number	Date Certified (From – To)



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Section F: Law Violation

F1. Have you ever been formally charged of any criminal act in the Philippines or any other country?

Yes No If Yes, please give details: _____

F2. Have you ever been charged of any administrative offense in the Philippines or any other country?

Yes No If Yes, please give details: _____

F3. 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 G: 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.

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

I declare that I will 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.

 (Signature of Applicant Over Printed Name)

 (Date)