Type-2 Chiropractor Registration Form

Appl	ication Category	New Registration Type-2						
	NAME						ID Photo	or
	First / Family						Image	Data
PERSONAL INFORMATION	Titst / Tallitty	Male □					4 >4	. 0
	SEX	Female□ Others□	D. O. B	(Date/	Month/Year)		4 c m ×	
	CONTACT	Post Code Address						
	ADDRESS	Telephone Number						
	E-mail							
	OFFICE NAME							
	OFFICE	Post Code Address						
	ADDRESS	Telephone Number						
	URL							
	Other Healthcare	□MD □DMD □Nurse □PT □OT □Acupuncturist						
	Licenses	□Moxibustionist □Anma-Shiatsu Masseur □Judo Therapist						
		□Radiographer □Others ()						
		□ Each regional CCE-accredited full program						
	CHIROPRACTIC	□ JAC approved CSC program						
	SCHOOL AND YEAR	Name of Chiropractic School/Program						
	OF GRADUATION							
		Year of Gra	nduation		((Month/Yea	ır)	
	Have you ever been arrested or convicted for an offense or crime in Japan or another country? □YES □NO							
	Have you ever been deported or refused entry on arrival to Japan or another country?							
	□YES □NO							
	Date of Application:				(Date/ Month/Year)			
※ Please send us the following three items.: ①this registration form ②a copy of your Degree ③ one of the following documentation; (1. a certificate providing you have passed the JCR Registration Exam 2. a certificate providing you have passed the NBCE Parts I & II 3. a copy of the overseas license to practice chiropractic)								
OFFICIAL USE ONLY								
登録番号								目

注) 申請者は太枠内と署名欄を記入すること。記入漏れがあると受付けできません。