

# INTERNATIONAL COLLEGE OF APPLIED KINESIOLOGY INTERNATIONAL BOARD OF EXAMINERS

## Application for Retake of Practical Examination

**Must be received 15 days prior to examination**

State date and place you wish to sit for the practical exam: \_\_\_\_\_, \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please type**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Degree: \_\_\_\_\_

Date and location of last sitting for practical exam: \_\_\_\_\_

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**Fee must accompany application:**

\_\_\_\_\$100 US - Retake Practical

Make check payable in US dollars to: **International Board of Examiners.**

Mail to: Dr. Jerold Morantz, 16545 S. Halsted St., Harvey, IL 60426-6187

Or (if paying by credit card) you may fax to: (708) 331-2910

(Circle one) Visa Mastercard *(a 5% credit card service fee will be added to examination fee)*

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Last three digits to the right of the signature on the back of the card: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_