

# **INTERNATIONAL COLLEGE OF APPLIED KINESIOLOGY**

## **INTERNATIONAL BOARD OF EXAMINERS**

### **Application for Retake of Written Diplomate Examination**

**Must be received 30 days prior to examination**

State date and place you wish to sit for the written 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 of last sitting for written exam: \_\_\_\_\_

Tests to be retaken:    \_\_\_\_\_    Nutrition  
                                  \_\_\_\_\_    Acupuncture  
                                  \_\_\_\_\_    Respiratory  
                                  \_\_\_\_\_    Reflex Procedures  
                                  \_\_\_\_\_    General Applied Kinesiology  
                                  \_\_\_\_\_    All five parts

**Fee must accompany application:**

\_\_\_\_\_ \$500 US – Retake five parts    \_\_\_\_\_ \$200 US – Retake 2 parts    \_\_\_\_\_ \$100 US-Retake 1 part

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: \_\_\_\_\_