

Sacro Occipital Research Society International, Inc. - SORSI
Application for Chiropractic Assistant Certification

Please return application and fee to:

SORSI Headquarters
P.O. Box 6067
Leawood, Kansas 66206

_____ Basic CA Proficiency Exam _____ Advanced CA Proficiency Exam

NAME: _____ BIRTHDATE _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ E mail: _____

DOCTOR'S NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE: _____ E mail: _____

PRE-CHIROPRACTIC EDUCATION:

1. _____ DEGREE _____ YEAR: _____

2. _____ DEGREE _____ YEAR: _____

3. _____ DEGREE _____ YEAR: _____

S.O.T. EDUCATION (# of Omaha's required: Basic 1 year, Advanced 2 years)

1. _____ YEAR: _____

2. _____ YEAR: _____

3. _____ YEAR: _____

LIST ALL SPECIALTIES/CERTIFICATION:

1. _____ YEAR: _____

2. _____ YEAR: _____

3. _____ YEAR: _____

Cost for certification written/practical examination is \$150.00. Application, photograph, and proof of Omaha classes attended must be received 60 days prior to exam.

_____ DATE: _____

CA Signature

Please include two (2) 3" X 4" bust photographs taken within 60 days of application.