

Where was Sacro Occipital Technique Training Acquired? _____

Omaha, When? _____

2 Days SORSI Seminars, Where and When? _____

Are you a current member of SORSI? Yes ____ No ____

CERTIFICATE OF MORAL CHARACTER

(No person shall sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish additional information concerning his or her character, education and standing on request on request of the Board)

THIS CERTIFIES, that we, the undersigned, are personally acquainted with _____ and know _____ to be of good moral character and hereby recommend _____ to the Sacro Occipital Research Society International Board of Examiners as a most worthy person to be issued a Certificate of Competency.

Name _____ Name _____

Address _____ Address _____

Graduated from _____ Graduated from _____

State of Graduation ____ Year of Graduation ____ State of Graduation ____ Year of Graduation ____

State Licensed In: ____ License No. ____ State Licensed In: ____ License No. ____

Signature _____ Signature _____

I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein.

Signature of Applicant _____ Date _____

Please enclose the following with your application: ____ Check ____ Money Order ____ VISA ____ Mastercard

____ Photocopy of current chiropractic license

____ Two (2) photographs. Attach to application form Credit Card # _____

____ Appropriate Fee Expiration Date _____

FOR OFFICIAL USE ONLY

- 1. Payment _____
- 2. Written Exam: Date: _____ Grade _____
Pass / Fail
- 3. Practical Exam: Date: _____ Grade _____
Pass / Fail

Two (2) Photographs Required

Attach 3 x 4 photo of applicant taken within 60 days of application

Bust size

Proof photo not acceptable

Written : Passed Failed Practical: Passed Failed

- 1. Basic
- 2. Advanced
- 3. Student
- 4. Cranial

B.O.E. Chairman _____

Examining Doctor _____

Examining Doctor _____

