

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CHIROPRACTIC EXAMINING BOARD

INFORMATION FOR THE APPLICATION FOR NUTRITIONAL COUNSELING CERTIFICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application (Form #2761)** Must submit application and appropriate fee.
2. **Certificate of Post-graduate Professional Education (Form #2762)** Must have completed one of the following:
 - Received a post-graduate degree in human nutrition, nutrition education, food and nutrition, or dietetics conferred by a college or university that is accredited by an accrediting body listed as nationally recognized by the secretary of the Federal Department of Education.
 - Received diplomate status in human nutrition conferred by a college of chiropractic accredited by the Council on Chiropractic Education (CCE) or approved by the Board, or by an agency approved by the United States office of Education or its successor.
 - Received a post-graduate degree in human nutrition conferred by a foreign school determined to be equivalent to an accredited college of chiropractic by the CCE or approved by the Board or another Board-approved accrediting agency, stating that the applicant has graduated from a program that is substantially equivalent to a post-graduate or diplomate program.
 - Received a degree from or otherwise successfully completed a post-graduate program consisting of a minimum of 48 hours in human nutrition that is approved by the Board as provided in Wis. Admin. Code § Chir 12.03.2884.

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Under Wisconsin law, the Department must deny your application if you are liable for delinquent State Taxes or Child Support (Wis. Stats. § 440.12).

PLEASE TYPE OR PRINT IN INK				<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Last Name <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Former / Maiden Name(s) <input type="text"/>	
Address (street, city, state, zip) <input type="text"/>			Daytime Telephone Number <input type="text"/> - <input type="text"/> - <input type="text"/>	
Mailing Address (if different) <input type="text"/>			Date of Birth <input type="text"/> / <input type="text"/> / <input type="text"/>	
Social Security # <input type="text"/> - <input type="text"/> - <input type="text"/>		Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.		
Ethnicity/gender status information is optional.				
Ethnicity: <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic <input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other				
Sex: <input type="checkbox"/> M <input type="checkbox"/> F				
Wisconsin Chiropractor License Number:			<input type="text"/>	
Email Address <input type="text"/>				

APPLICATION FEES: Please check applicable box. Make check payable to DSPPS and attach to this application.

- Initial Credential**
\$25.00 Total Credential Fee Attached

For Receipting Use Only (12)

