

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Ship To:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto: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 per Wis. Admin. Code § Chir 12.02(1)(c):
  - 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 under Wis. Admin. Code § Chir 12.02(1)(c)(1) or (2).
  - 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.

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## CHIROPRACTIC EXAMINING BOARD

### APPLICATION FOR NUTRITIONAL COUNSELING CERTIFICATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

|  |   |  |   |  |
|--|---|--|---|--|
| <b>PLEASE TYPE OR PRINT IN INK</b>   |   |  |   | <input type="checkbox"/> Your name, address, phone number and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14). |
| <b>Last Name</b><br><input type="text"/>   | <b>First Name</b><br><input type="text"/> | <b>MI</b><br><input type="text"/>  | <b>Former / Maiden Name(s)</b><br><input type="text"/>  |  |
| <b>Address (street)</b> (city) (state) (zip code)  |   |  | <b>Daytime Telephone Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/> |  |
| <b>Mailing Address (if different)(street)</b> (city) (state) (zip code)  |   |  | <b>Date of Birth</b><br><input type="text"/> / <input type="text"/> / <input type="text"/>            |  |
| <b>Social Security Number</b><br><input type="text"/> - <input type="text"/> - <input type="text"/>  |   | Your Social Security 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. |   |  |
| <b>Ethnicity/gender status information is optional.</b>  |   |  |   |  |
| <b>Ethnicity:</b> <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Black, not of Hispanic origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other |   |  |   |  |
| <b>Gender:</b> <input type="checkbox"/> M <input type="checkbox"/> F   |   |  |   |  |
| <b>Wisconsin Chiropractor License Number:</b> <input type="text"/>   |   |  |   |  |
| <b>E-mail Address</b><br><input type="text"/>  |   |  |   |  |

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

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

**For Receiving Use Only (12)**

