

# 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, telephone number and email address are available to the public. Check box to withhold address, telephone number, and email address from lists of 10 or more credential holders (Wis. Stat. § 440.14).			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address</b> (street, city, state, zip)		<b>Daytime Telephone Number</b>	
<input type="text"/>		<input type="text"/> - <input type="text"/> - <input type="text"/>	
<b>Mailing Address</b> (if different)		<b>Date of Birth</b>	
<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>	
<b>Social Security Number</b>	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.		
<input type="text"/> - <input type="text"/> - <input type="text"/>			
Ethnicity/gender status information is optional. <b>Ethnicity:</b> <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 <b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F			
<b>Wisconsin Chiropractor License Number:</b>	<input type="text"/>		
<b>Email Address</b>			
<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)**

# Wisconsin Department of Safety and Professional Services

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

- Application Form (#2761) and appropriate fee
- Post-graduate Professional Education Form (#2762)

INDICATE THE POST-GRADUATE DEGREE PROGRAM FOR WHICH YOU ARE SEEKING CERTIFICATION. (Check one box below.):

- 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.

This program was completed on:

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## CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

## CONTINUING DUTY OF DISCLOSURE:

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

## AFFIDAVIT OF APPLICANT:

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:  Date:  /  /   
(Print and Sign Form)