



Animal Chiropractic Certification Commission (ACCC)

ACCC/AVCA CERTIFIED DOCTOR ANNUAL PERMISSIONS REFERRAL UPDATE

The referral list is made available to the public through online referral site, phone, mail, fax and email.

Referrals will not be listed without receipt of this form. Please complete and return.

Thank you for taking the time to complete this Permissions Referral Information.

SECTION 1 AVCA Animal Chiropractic Certification Commission (ACCC) records ONLY

Name: Degree:
Practice Name:
Address:
City/State/Prov/Postal Code:
Office Phone: Fax:
Home Phone (AVCA ONLY):
Email: Web Link:

SECTION 2 ANNUAL REFERRAL INFORMATION - There is no charge for a line listing of following information.

Please list ONLY the information you want made available to the public.

- Yes, list my referral information online. Do NOT my list referral information online.
At this time I am NOT taking referrals. (Please let us know if/when you start taking referrals again.)

AVCA Cert. No. (4 digits) Name: Degree:
Practice Name:
Address:
City/State/Prov/Postal Code:
Office Phone: Fax:
Email:

- Full Time Animal Chiropractic Part Time Animal Chiropractic Clinic Mobile Both

Check All That Apply Equine Canine Large Animal Small Animal Exotics All

You must hold an active professional license/registration in the state/province listed above for referral and practice within the rules and regulations of that state/provincial regulatory body.

Attach a copy of your current state/provincial professional license/registration

Want a 2nd referral listing in another state/province?

1) complete a SEPARATE referral form and 2) attach a copy of that state/provincial license/registration

SECTION 3 OPTIONAL Paid ANNUAL WEB LINK

Add website, Facebook link, etc. to your online referral listing)

- AVCA MEMBERS \$65.00 per listing AVCA NON-MEMBERS \$85.00 per listing

PAID ANNUAL WEB LINK

URL:

Payment Method (US FUNDS ONLY) TOTAL AMOUNT: \$ Check/Money order enclosed

Credit Card (circle one): Visa MC Discover Card #

Exp Date: CVV: Print Name on Card:

Card Billing Address:

Card Holder Signature:

Date: