



Recognized as the World Leader in Animal Chiropractic

ANIMAL CHIROPRACTIC CERTIFICATION COMMISSION

APPLICATION FOR RE-CERTIFICATION

- **PRINT LEGIBLY OR TYPE**
- ATTACH certificates or letters of attendance for each ACCC/AVCA Approved Seminar attended
- Include current copy of your active professional state/provincial license/registration
- Include certification renewal fee of \$60.00 (US Funds)
- NOTE: If you are in the 6 month grace period after your due date, total due is \$135.00 (US Funds)
- Do not send this continuing certification application and fee until you have completed required hours
- Please keep copies of all certificates of attendance and the completed application for your records

Recertification requires a total of 30 AVCA approved and accepted hours:

A minimum of 20 AVCA approved hours required (Clinical Category 1, Scientific Category 2, Practice Management/Professional Development Category 3). Please list hours in each category.

The remaining 10 hours may be AVCA approved hours, or, AVCA accepted professional development hours

ACCC/AVCA reserves the right to audit any and all individual renewal applications.

NAME / DEGREE	ACCC/AVCA CERT. NO.
ADDRESS	
TELEPHONE	FAX
EMAIL	MOBILE
WEB SITE/FACEBOOK	

AVCA Education Committee Approved 20 hours minimum (Clinical Category 1, Scientific Category 2, Practice Management Category 3) If you have earned more than 20 approved hours, difference will apply to total renewal hours.

- Attach a copy of Certificate/Letter of Attendance stating AVCA program number, categories and hours attended.

CE LOG – AVCA Approved Seminar Name	Date	AVCA Prog. #	Category Hours			TOT HRS
			#1	#2	#3	

Professional Development/Practice Management - 10 hours

1. Animal chiropractic related reading (anatomy, physiology, neurology, technique, etc.). Book chapters = 2 hours, articles = 1 hour. Record titles/authors/chapters, etc. below or attach a list of books and articles read.
2. AVCA Certified Doctor internship hours, note below and attach signed statement of hours from AVCA certificant (certification **MUST** be active) on their letterhead. Counts for both doctors.
3. Professional development *related to animal chiropractic*, could include, but not limited to books, articles, internships, seminars, online learning, etc. ATTACH copy of Verification/Certificate of Attendance from seminars and online learning.

CE LOG – Reading, Verification, Seminar	Date	Location	Hours

PLEASE COMPLETE THE ENTIRE FORM – 2 pages

STATEMENT OF CURRENT PRACTICE: I currently practice animal chiropractic, and I hold a current license/registration in the state/province in which I practice animal chiropractic, and practice under the rules and regulations of that state/provincial regulatory body. I have seen at least 50 animal chiropractic cases annually during the last three years. I attest to the preceding statements and acknowledge and agree to abide by the American Veterinary Chiropractic Association Statement of Ethics.

Signed _____ Date _____

STATEMENT OF CURRENT PRACTICE MUST BE SIGNED

CHECK LIST: HAVE YOU

1. Completed the Recertification Application?
2. Included a copy of the certificate or letter of attendance for each seminar/online learning/event attended?
3. Attached a current copy of your active professional state/provincial license/professional registration?
4. Included the certification renewal fee?
 - a. On or before 12/31 deadline - \$60.00 (US Funds)
 - b. After 12/31 deadline - \$135.00 (US Funds)
5. It is advisable to keep copies of all certificates of attendance and the completed application for your records.

REMITTANCE (Circle One):

On or before 12/31 deadline - \$60.00 (US Funds)

After 12/31 deadline - \$135.00 (US Funds)

Your canceled check or credit card statement may be considered your receipt.

Payment Information – All Funds U.S. Currency

AVCA can only accept credit card payments for recertification from Visa, MasterCard or Discover

Check Enclosed (make payable to AVCA) Check No: _____ TOTAL AMOUNT: _____

Credit Card:

Visa MC Discover

Card No: _____

Exp. Date _____

Card Holder Name _____

CVV Code: _____

Card Billing Address _____

Signature _____

Date _____

IF EMAILING PLEASE CALL OFFICE WITH CC INFO

PLEASE MAIL TO:

442236 E 140 RD • BLUEJACKET, OK • 74333

OR

SEND ELECTRONICALLY: ALL Documents **MUST** be contained in ONE PDF attachment.

Email: avcainfo@junct.com

Please do **NOT** transmit any credit card information via email.

Credit Card payment may be telephoned 918-784-2231

FAXED APPLICATIONS WILL NOT BE ACCEPTED