



<b>For NBCE use only</b>
Date received: _____
Test site: _____

## November 2011 Religious Conviction Registration Form Part IV Examination

If a religious conviction prohibits you from taking the NBCE Part IV Practical Examination on **Saturday, November 11, 2011**, or **Sunday, November 12, 2011**, you may submit a request to take the examination on Friday/Sunday or Friday/Saturday. In order to process your request, you must submit the regular NBCE application, application fees and the Religious Conviction Registration Form by the published postmark deadline of **August 9, 2011**. No extra fee is required for this service.

Name: _____	NBCE reference #: _____
(Last)                      (First)                      (Middle)	
Date of birth: _____ / _____ / _____	Gender (check one): <input type="checkbox"/> Male <input type="checkbox"/> Female
(Month)                      (Day)                      (Year)	
Street address: _____	
City: _____	State: _____ Zip code: _____
E-mail address: _____	
Phone number: _____ (home)	_____ (cell)
Religion: _____	
Check your choice: <input type="checkbox"/> Friday/Saturday rotation	or <input type="checkbox"/> Friday/Sunday rotation
FRIDAY, November 11, 2011 TIME OF SUNDOWN at first choice of test site: _____	
Specific accommodations: _____	

### Request for Saturday Sabbath Observance

Due to my religious conviction, I respectfully request that the National Board of Chiropractic Examiners grant me permission to take the **November 2011** Part IV Examination on Friday/Sunday or Friday/Saturday. I understand and agree to abide by the policies and procedures of the NBCE for religious convictions.

Examinee signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section must be completed EACH time you are requesting exemption from taking examinations on Saturday or Sunday for Part IV. By completing the following section, your religious leader (pastor, rabbi, etc.) attests to the seriousness and regular practice of your religious conviction.** (Your religious leader will be contacted by the NBCE.)

This is to certify that \_\_\_\_\_ is known to me as a Sabbath observer  
(Examinee name)

and is not permitted to take the Part IV Examination on the Sabbath.

Name of religious leader (please print): \_\_\_\_\_

Title: \_\_\_\_\_ Religion: \_\_\_\_\_

Church/synagogue address: \_\_\_\_\_

Daytime phone number: (\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Signature of religious leader: \_\_\_\_\_ Date: \_\_\_\_\_

**This form must be notarized each time you register for religious conviction accommodations for a Part IV Examination.**

State of \_\_\_\_\_, County of \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, on his/her oath, states he/she  
(Examinee name)

is the examinee named above, and who signed the foregoing application for examination, that he/she has read the information stated herein, and that the same is true.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
(Month) (Year)

\_\_\_\_\_  
(Notary public signature)

\_\_\_\_\_  
(Date commission expires)

(SEAL)