Fédération Internationale de Chiropratique du Sport
The International Federation of Sports Chiropractic

# ICCSP Certificate Application

Please complete below: (your name how you wish to appear on certificate with designations)

Please indicate:
Certificate: □English or □French
Title: □Physician or □ Practitioner

Name: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ Fax: _____ Email: _____

## I confirm completion of the following requirements

1. □ Qualifying Degree _____ □ Certificate Attached □ Or to come
2. CPR certificate (less than 2 years) 3. Chiropractic License
4. Form of completion of:
   a. □ Documenting time spent working with athletes outside your clinic and treatment provided, or:
   b. □ Writing a case study article, published in a peer reviewed journal or as a poster presentation
5. ☐ Completion of ICCSP Hands On Modules - Date/Location_____

## Please indicate payment details

**Pay today via credit card payment:** **US$199.00**

□ Master Card# or □ VISA# or □ American Express# _____ Exp. _____

Name on Card _____ Amount Authorized _____ Signature _____

**Pay upon receipt of invoice:**

Mailing Address:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____