

# INTERNATIONAL COLLEGE OF APPLIED KINESIOLOGY

## INTERNATIONAL BOARD OF EXAMINERS

Application for Retake of Practical Examination

**Must be received 60 days prior to examination**

State date and place you wish to sit for the practical exam: \_\_\_\_\_, \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please type:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Professional Degree: \_\_\_\_\_ Date and location of last sitting for practical exam: \_\_\_\_\_

**Fee must accompany application:**

\_\_\_\_ \$300 US - Retake Practical

Make check payable in US dollars to: **International Board of Examiners.**

Mail to: Harlan Browning, D.C., 8550 Arlington Blvd., Suite 325, Fairfax, Va 22031

*If you have a new paper which you would like to defend on your practical retake, please include it along with the Chapter Paper Review form completed by your chapter's Publication Committee with your application.*

**"Refund Policy:** *If an applicant decides to withdraw from the examination process before beginning the examination, the examination fee will be refunded less a 40% administrative fee. After the examination process has been started, no refunds will be granted."*

***Form must be typed or emailed in PDF/Word format***