

International College of Applied Kinesiology

International Board of Examiners (IBE)

Application for Diplomate Examination

Must be received 60 days prior to examination

Please type

State date and place you wish to sit for the written exam: _____, _____

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

Name: _____ Date of Birth: _____

Office Address: _____

Office Phone: _____ Fax: _____ E-mail: _____

Home Address: _____

Home Phone: _____ Fax: _____ E-mail: _____

Professional Degree: _____ Year: _____ School: _____

Undergraduate Degree: _____ Year: _____ School: _____

Date you became licensed to practice: _____ States and countries in which you are currently licensed/registered to practice: _____

Year and Month Joined ICAK _____ Chapter _____

Number of Accredited Hours in A.K. _____ (1) Must be itemized and typed on a Spreadsheet or Word document and sent with (2) the "Course Credit Report" or equivalent, showing signatures of the Diplomate instructors who have been Certified by the Board of Certified Teachers (BCT).

Instructors: _____

Titles and dates of two papers published in ICAK Collected Papers (any chapter) and/or evaluated by the Literature Review Board of a Chapter (form attached). Copies of papers must be submitted to the examining board.

FALSIFIED APPLICATION INFORMATION MAY NULLIFY EXAMINATION RESULTS.

Applicant Signature: _____ Date: _____

RECENT PHOTOGRAPH MUST ACCOMPANY APPLICATION.

Black & White or Color, passport, wallet or snapshot size.

FEE MUST ACCOMPANY APPLICATION:

____ \$1,200.00 US – Total for Written and Practical examinations

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, USA

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

Evaluation of Paper Submitted for the Practical Part of the Diplomate Exam of the International College of Applied Kinesiology

Title of paper (No.1) (attached)

Author _____

Member of which ICAK Chapter: _____

Date of submission: _____

Format fulfilled in accordance with IBE guidelines
(www.ibe-icak.org/download/requirements.pdf and
<http://www.ibe-icak.org/download/autorenrichtlinien.pdf>).

Yes _____ No _____ (reason) _____

Introduction: Gives adequate review of objectives and relevance of the paper in
the context of AK literature: Yes _____ No _____ (reason) _____

Methods: Described adequately: Yes _____ No _____ (reason) _____

Statistics and Results: Described adequately: Yes _____ No _____ (reason) _____

Discussion and Conclusion: Describes relevance in the context of Applied
Kinesiology: Yes _____ No _____ (reason) _____

References complete and retrievable:
Yes _____ No _____ (reason) _____

Overall impression: Paper is adequate for publication in an AK-relevant journal:
Yes _____ No _____ (reason) _____

Review Board of ICAK Chapter _____

Members:

Name and signature of responsible representative _____

Place _____ Date _____

Confirmed: IBE Secretary _____

**Evaluation of Paper Submitted for the Practical Part of the
Diplomate Exam of the International College of Applied Kinesiology**

Title of paper (No.2) (attached)

Author _____

Member of which ICAK _____

Chapter: _____

Date of submission: _____

Format fulfilled in accordance with IBE guidelines
(<http://www.ibe-icak.org/download/requirements.pdf> and
www.ibe-icak.org/download/autorenrichtlinien.pdf).

Yes _____ No _____ (reason) _____

Introduction: Gives adequate review of objectives and relevance of the paper in
the context of AK literature: Yes ____ No ____ (reason) _____

Methods: Described adequately: Yes ____ No ____ (reason) _____

Statistics and Results: Described adequately: Yes ____ No ____ (reason) _____

Discussion and Conclusion: Describes relevance in the context of Applied
Kinesiology: Yes ____ No ____ (reason) _____

References complete and retrievable:
Yes _____ No _____ (reason) _____

Overall impression:
Paper is adequate for publication in an AK-relevant journal:
Yes ____ No ____ (reason) _____

Review Board of ICAK Chapter _____

Members:

Name and signature of responsible representative _____

Place _____ Date: _____

Confirmed: IBE Secretary _____