



*Establishing and Advancing the  
Chiropractic Family Wellness Lifestyle*

**ICPA Diplomate Advanced Clinical Application Electives Attendance Verification Form**  
**Please use separate form for each class attended.**

<b>Name:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>			
<b>E-mail:</b>		<b>Website:</b>	
<b>Instructor:</b>			
<b>Elective Course Title:</b>			
<b>Date (s) of Elective:</b>			
<b>Elective Course Location:</b>			
<b>Elective Course Hours:</b>			
<b>Total Hours Attended:</b>			

This portion below is to be filled out by the Advanced Clinical Elective Instructor Only!

**By signing this form, I am verifying that this doctor attended all class hours.**

**Advanced Elective Instructor Name:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Course Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**\*\*\*Please retain the web link for this form to download in the future. These forms are to be faxed to our office upon completion and kept on record by you and saved on a cd rom with the rest of the Diplomate Requirements\*\*\*\*\***