



American Board of Chiropractic Internists

287 W. Butterfield Rd, Elmhurst, IL 60126

630 617 5444 (phone)

630 833 1459 (Fax)

President: Tobi Jeurink DC, DABCI

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Vice President: Frederick Hult DC,
DABCI

feh131@yahoo.com

Sec/Treas: Stephen Boudro DC, DABCI

sboudrodc@hotmail.com

American Board of Chiropractic Internists Candidate Application Packet

Doctors,

Based upon a minimum number of Candidates sitting the practical examination, the ABCI offers the Board Examination up to twice each year in Chicago at the National University of Health Sciences. These examinations are held in April and October. The scheduled time, date, and location will be sent to each Candidate upon successful completion of the Application.

This Application Packet contains:

DABCI Candidate Check List

General Information and Costs

Application to Sit the ABCI Examination

American Board of Chiropractic Internists

DABCI Candidate Check List

Completed Application form

Personal passport quality photograph attached to the Application form

Photocopy of your chiropractic diploma and state license

ABCI Class Transcripts from the sponsoring college

Check or money order made out to American Board of Chiropractic Internists for:

\$ 50.00 for Application fee

\$500.00 for Written Exam

\$800.00 for Practical Exam

Mail Check and Application to:

ABCI

287 W. Butterfield Rd

Elmhurst, IL 60126

General Information

To be eligible to sit for the DABCI written and practical exams, you must have successfully completed the 300 hour DABCI program.

The ABCI board written examination fee is \$500.00.

There will be a seating fee of \$150.00 paid to NBCE / Testing Center by the candidate when scheduling the exam. The NBCE will announce when they will be offering the computerized exam that can be taken at examination facilities across the country. It will be offered sometime within a month of the practical exam.

The practical exam will consist of several stations, including but not limited to male examinations, female examinations, Regional physical exam, Case discussion and Case presentation.

In the case presentation portion the candidate will be required to present a case they have seen clinically to the proctors and other testing candidates. Case presentation should include, but is not limited to: Initial comprehensive history, Exam findings, Diagnostic tests performed with results, Treatment plan, Follow up tests and outcomes (if far enough into to case to have done follow up testing). Cases will need to be sanitized of all patient identifying information for HIPAA compliance. Any cases submitted that are not COMPLETELY Sanitized will be rejected. You will need to bring 3 copies of your case presentation with you to give to the proctors.

A non-refundable application fee of \$50.00 must accompany your first application.

Without a documented medical emergency, no refund will be issued unless written notice of withdrawal is received at least 10 days prior to the examination date. 75% refund will be granted if written notice of withdrawal is received at least 10 days before the exam.

A completed application and all supporting documentation accompanied by a check in the appropriate amount must be on file with the Secretary of the ABCI **6 weeks** prior to the examination.

There is a late application of \$150 for the practical exam if application is not received and fees not paid **6 weeks prior to exam**. Late applications are not guaranteed to be accepted.

Retakes:

Practical Exam

-\$800

Written Exam

-\$150 Seating fee

-\$350 to ABCI

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Application to Sit for the ABCI Board Examination

(Please Type or PRINT in INK)

Name: _____

(Last)

(First)

(Middle)

Mailing Address: _____

City/State/Zip: _____

Business Phone: _____ Business Fax: _____

Home Phone: _____

E-Mail: _____

Gender: _____ Date of Birth: _____

Chiropractic College Graduation Date: _____

College sponsoring postgraduate DABCI course _____

Date DABCI Course completed _____

How many years have you been engaged in a Diagnostic and Internal Disorders Family practice? _____

In which states are you currently licensed to practice? _____

Licensure #(s) and expiration(s) _____

Are you a member in good standing of the:

ACA – Yes No

Council on Diagnosis and Internal Disorders – Yes No

(ACA and CDID membership information are for statistical purposes only and will not affect your application)

The responses given are true and accurate to the best of my knowledge.

Applicant Signature _____ Date _____

Notary Signature _____ Date _____