

# CREDENTIALING EXAM Registration Form

*For Office Use Only*

Course #: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_

Student #: \_\_\_\_\_ Confirm#: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Ck#: \_\_\_\_\_

**Submit this original application notarized along with your full payment, a copy of your professional state license and photo. (Spots cannot be held.)**

Exam Date \_\_\_\_\_ Exam City \_\_\_\_\_

Name Mr.  Dr.   
Ms.  \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Cell # \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Company Name \_\_\_\_\_ Company Website \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (Work) \_\_\_\_\_ Fax # \_\_\_\_\_

Profession:  PT  DC  MD  Other \_\_\_\_\_ #Years in clinical practice: \_\_\_\_\_

Professional Licensure #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Payment Info (please provide all information; missing or incorrect info may result in a delay in processing)

Exam Fee: \$500.00 Retake Fees:  Whole Exam \$250.00  Written Only \$200.00  Performance Only \$50.00

VISA  MasterCard  Discover  Personal card  Company card  Check payable to: The McKenzie Institute

Cardholder Name: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

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

**AFFIX  
PHOTO  
IN THIS BOX**

I, the undersigned, certify that the information on this form is correct and that the attached photo is mine. I acknowledge that I have reviewed and accept the regulations of the credentialing process stated in the Credentialing Examination Booklet.

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

Date: \_\_\_\_\_

### NOTARY STATEMENT

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_

to be known to be the identical person named above and who executed the same as a voluntary act and deed.

Signed (Notary Public): \_\_\_\_\_

Printed (Notary Public): \_\_\_\_\_

My commission expires: \_\_\_\_\_

**NOTARY  
AFFIX  
SEAL HERE**

Return this form by MAIL ONLY to: The McKenzie Institute USA  
432 N Franklin St, Ste 40 • Syracuse NY 13204-1491