Office：2021-Japan Chiropractic Register (JCR)

Chiropractor Registration Form

Name	Given Name & Family Name			ＩＤ-Ｐｈｏｔｏ ４ｃｍ×３ｃｍ
Nationality				
Sex	Ｍａｌｅ □ Ｆｅｍａｌｅ□ Ｏｔｈｅｒｓ□	Date of Birth (D/M/Y)	/ /	
Contact Address	Post Code - Telephone Number:			
Office Name				
Office Address	Post Code - Telephone Number:			
E-mail				
URL (Office)				
Other Health Care Licenses	□ Medical Doctor □ Dentist □ Judo Bone Setter □ Acupuncturist/Moxibustion Therapist □ Physical Therapist □ Occupational therapist □ Nurse □ Traditional Shiatsu Massage Therapist □ Radiological technologist □ Others（ ）			
Chiropractic School and Year of Graduation	□ a CCE accredited Program □ a CSC (conversion) Program			
	Name of Chiropractic School: Year of Graduation： / / (D/M/Y)			

Have you ever been arrested or convicted for an offense or crime in Japan or another country?

□ YES □ NO

Have you ever been deported or refused entry on arrival to Japan or another country?

□ YES □ NO

※ Please send us following three items.: ①this registration form ②a copy of your degree③ one of the following documentation; (1. a certificate providing you have passed the JCR Registration Exam 2. a certificate providing you have passed the NBCE Parts I & II 3. a copy of overseas license to practice chiropractic)

I hereby certify that the above information is correct to the best of my knowledge.

Signature of Applicant： *Date*:

Official Use Only

登　録　番　号		受付日	年　月　日