



INTERNATIONAL COLLEGE
OF CHIROPRACTORS INCORPORATED
HOC COGNITO · MERIT/HONOR

NOMINATION TO FELLOWSHIP

I hereby nominate Dr. _____
(Use name desired on certificate)

Address* _____

City _____ State _____ Zip Code _____ Country _____

Email Address _____ Phone Number _____

Date of Birth _____

***For the Degree of Fellow of the
International College of Chiropractors, Inc.***

Dr. _____

has rendered valiant service to our Beloved Profession as follows:
MUST BELONG TO AMERICAN CHIROPRACTIC ASSOCIATION, CANADIAN CHIROPRACTIC ASSOCIATION,
AUSTRALIAN CHIROPRACTIC ASSOCIATION, JAPAN CHIROPRACTIC ASSOCIATION, ETC., AND
SUBMIT A CURRICULUM VITAE:

It is understood that I shall not disclose this nomination to nominee or others until I am advised of election. (Be certain nominee is well qualified.)

Dr. _____ Fellow

Address* _____

City _____ State _____ Zip Code _____ Country _____

Email Address _____ Phone Number _____

(*Note: Must provide actual address. PO Box number will not be accepted)

