

# AUTHORIZATION TO TAKE SPEC AND/OR REQUEST/REQUIREMENT FOR SPEC TRANSCRIPT

**\*\*\* NOTICE \*\*\***

This form is a required component of the application for the SPECIAL PURPOSES EXAMINATION FOR CHIROPRACTIC (SPEC). This completed document – bearing the official state/national seal – is to be mailed by the applicant to:

**National Board of Chiropractic Examiners**  
901 54th Avenue • Greeley, Colorado 80634

For more information, contact:  
(970) 356-9100  
[www.nbce.org](http://www.nbce.org)

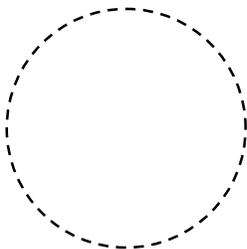
This document, bearing the official seal of the state/country of

\_\_\_\_\_ authorizes, requests or requires the  
following individual, \_\_\_\_\_ to take the Special Purposes

Print full name of individual

Examination for Chiropractic (SPEC) within one year from this date, and/or to furnish a transcript of a previously taken SPEC for the purpose of providing an examination score which may, at the discretion of this agency, be utilized for evaluation and possible reciprocity/endorsement or relicensure. It is understood that in administering SPEC to this individual or submitting a transcript of SPEC, under no circumstances does the NBCE guarantee SPEC score acceptance, reciprocity/endorsement or relicensure by this or any other state licensing agency. It is understood by examinee that an official transcript showing his or her SPEC score will be sent directly to the licensing agency listed above.

**OFFICIAL SEAL**



\_\_\_\_\_  
Signature of State/Country Representative

\_\_\_\_\_  
Position or Title

\_\_\_\_\_, 20 \_\_\_\_  
Date of Signing