

# INTERNATIONAL BOARD OF ELECTRODIAGNOSIS

## Application & Registration Packet for October 2019 Diplomate Examination in Electrodiagnosis

**Introduction** Please complete all sections fully and add additional pages as necessary. Enclose all requested information with \$1500.00 Exam Fee and have educational institutions send Official transcripts directly to the IBE President at the address listed on page 5.

### **Board Eligibility Requirements**

1. Must hold a doctoral-level professional degree i.e.: DC, MD, DO
2. Must hold a valid license or certificate to legally practice profession in their country, state, or province of residence as appropriate.
3. Must have successfully completed a minimum of 300 hours of postgraduate studies in electrodiagnosis or a combination of 150 hours of postgraduate studies in electrodiagnosis and 150 hours of postgraduate studies in chiropractic neurology sponsored by one of the following:  
  
An institution having status with an accrediting agency recognized by the Council on Chiropractic Education (CCE)  
  
Or an agency having the reciprocal agreement with the CCE, directed toward qualification to become certified in electrodiagnosis.  
  
Or appropriate equivalent for candidate's profession.
4. Must submit completed application packet and required materials as specified by the IBE with \$1500.00 Exam Fee. All required information as requested (additional materials described and outlined below- including submitted studies) must all be approved by the Board.

### **Board Examination Schedule & Location**

Part I: Friday October 18, 2019

Part II: Saturday October 19, 2019

IBE & IACN Annual Symposium – Denver, CO

### **Examination Format**

Part I: Written Test – Objective Format – 200 Questions

Part II: Practical Examination – OSCE Format

**NOTE: PASSING GRADES ON BOTH PARTS AND SATISFACTORY BOARD APPROVAL OF ALL SUBMITTED MATERIALS, TRANSCRIPTS, STUDIES, AND RELATED INFORMATION ARE REQUIRED FOR DIPLOMATE STATUS**

### **Costs**

Parts I & II: Total Exam Fee: \$1500.00 **(NON-REFUNDABLE)**

### **Deadline**

All Completed Applications Must Be Received 30 Days Prior To The Exam

**INTERNATIONAL BOARD OF ELECTRODIAGNOSIS  
October 2019 Diplomate Examination in Electrodiagnosis Application**

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**Name:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **SS#:** \_\_\_\_\_ **Male/Female**

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**Office Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Address:**

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Office Phone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Office Fax #:** \_\_\_\_\_ **Home Phone#:** \_\_\_\_\_

**Cell Phone #:** \_\_\_\_\_ **Emergency Contact#:** \_\_\_\_\_

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**Educational Background:**

**Professional Degree Institution(s):** (Please Send Official Transcripts to IBE)

**Name & Address:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Graduate & Undergraduate College(s):** (Transcripts not required except for professional degree)

**Name & Address:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Name & Address:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**Name & Address:** \_\_\_\_\_

**Dates of Attendance:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

Institutions of EDX & Neurology training: \_\_\_\_\_

(Please Send Official Transcripts of Electrodiagnosis Training to IBE. **NOTE: 300 Credit Hours required**)

Total # Transcribed Hrs in EDX: \_\_\_\_\_ Year Completed EDX Program: \_\_\_\_\_

Total # of Years Practicing EDX: \_\_\_\_\_ Total # of EDX Patients Examined (Approx): \_\_\_\_\_

Please Enclose 2 Complete Patient Examinations that you recently performed with the following:

1. Brief Patient History
2. Physical Examination Findings
3. Advanced Imaging Findings
4. All EDX Data Waveforms and Data Tables
5. Test Interpretation & Report

**NOTE:** Please remove all personal patient identifying information on the two above EDX Cases

Professional Licensure:

Please list each State, Providence, Nation, etc. that you are licensed to practice in:

Region: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License# \_\_\_\_\_

Region: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License# \_\_\_\_\_

Region: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License# \_\_\_\_\_

Region: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License# \_\_\_\_\_

Region: \_\_\_\_\_ Year Licensed: \_\_\_\_\_ License# \_\_\_\_\_

Please List all Professional Disciplinary Actions, Allegations, & Charges:

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Have you ever been convicted of a serious crime? Yes / No

If yes, please explain:

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**Professional Recommendations & References**

**Names & Addresses of two professional colleagues:**

1. \_\_\_\_\_  
Name Profession Address

2. \_\_\_\_\_  
Name Profession Address

**Please supply, as references, the names and addresses of three additional professional people in your locality, whom are members of professions other than your own (i.e.: Professor, Attorney, CPA, etc.)**

1. \_\_\_\_\_  
Name Profession Address

2. \_\_\_\_\_  
Name Profession Address

3. \_\_\_\_\_  
Name Profession Address

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**Additional Documentation to be enclosed:**

1. Photocopy of all University/College Diplomas of schools listed on Page 2.
2. Photocopy of all State/Providence Licenses listed on Page 3.
3. Copy of updated Curriculum Vitae/Resume.
4. Two identical recent color Passport size photos (2"x2" approx) & attach on Page 5.
5. Have entire completed packet signed and notarized on Page 5 before mailing.
6. Check or Money Order to: "INTERNATIONAL BOARD OF ELECTRODIAGNOSIS" for:  
Exam Fee \$1500.00 (Non-refundable)

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**Please Mail Completed Application to:**

International Board of Electrodiagnosis  
Gary R. Smith, DC, DIBE  
5660 Clinton Street, Suite# 4  
Elma, New York 14059

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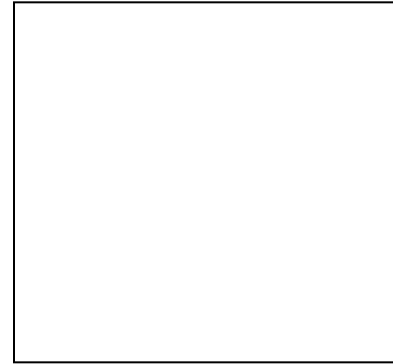
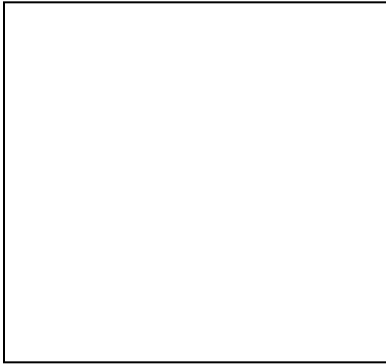
**Deadline**

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Please Staple Two Photos Below:

**RECENT COLOR PASSPORT PHOTO #1**

**RECENT COLOR PASSPORT PHOTO #2**



Please sign completed application in the presence of a Notary Public before mailing to IBE.

I, \_\_\_\_\_, **HEREBY CERTIFY UNDER PENALTY OF**  
(IBE DIPLOMATE CANDIDATE)

**PERJURY THAT ALL INFORMATION ENCLOSED IS ACCURATE, TRUE, AND COMPLETE  
TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
IBE DIPLOMATE CANDIDATE'S SIGNATURE

\_\_\_\_\_  
DATE

**NOTARY SIGNATURE & SEAL**

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_ 2019

Notary Public

**Deadline**

**All Completed Applications Must Be Received 30 Days Prior To The Exam**