



**National University**  
Of Health Sciences

**College of Professional Studies**

200 EAST ROOSEVELT ROAD  
LOMBARD, ILLINOIS • 60148

**RESIDENCY PROGRAMS** (Please check one)

- Diagnostic Imaging
- Family Practice
- Research

# APPLICATION FOR ADMISSION

/   /  
\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Full Name (Please Print)

**PLEASE READ BEFORE COMPLETING THE APPLICATION FOR ADMISSION**

- The 4-page application must be completed in full
- The application is to be typed or printed legibly in ink
- Applicants must hold a Doctor of Chiropractic degree and either be licensed or eligible for professional licensure in the State of Illinois
- Recommended minimum GPA: 3.0 / 4.0 in undergraduate and 1st professional programs
- A non-refundable application fee of \$55.00 (US Funds) must accompany your application (check or money order)

**Please have the following mailed directly to the Dean of NUHS / College of Professional Studies by their originators:**

- ◆ Official Transcript(s) from all professional and pre-professional colleges / universities
- ◆ Transcript(s) from: i. National Board of Chiropractic Examiners (NBCE)  
ii. Canadian Chiropractic Examining Board (CCEB) (if applicable)
- ◆ Official transcript(s) from institutions through which Postgraduate / Continuing Education programs were attended
- ◆ 3 letters of recommendation (If you are a recent graduate, letters from the Clinic Director and/or Department Head of the area you wish to specialize in is suggested. You must have at least one professional and one academic recommendation. No personal or family recommendations will be accepted.)

**Please include the following with the 4-page application:**

- ◆ Copies of all Diplomas / Educational Certificates
- ◆ Copies of all Professional State / Provincial Licenses
- ◆ Copy of Student / Work Visa(s) / Permanent Resident Card (if not a US citizen)
- ◆ Current curriculum vitae (please follow attached CV structure)
- ◆ Essay explaining reasons for wanting to enter the residency program
- ◆ Application Fee

## MAILING INSTRUCTIONS

Please forward the completed 4-page application & supporting documents to the following address:

NUHS / College of Professional Studies  
200 E. Roosevelt Road  
Lombard, IL 60148  
Attn: Dr. Sandra Rogers

**Dean, NUHS / College of Professional Studies**  
Sandra Rogers, PhD

**P:** 630/889-6467  
**F:** 630/889-6482  
**E:** srogers@nuhs.edu

**GENERAL INFORMATION**

Please indicate the month/year you plan to begin the Residency program. Month \_\_\_\_\_ Year \_\_\_\_\_  
(if other than September)

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_ (Maiden Name) \_\_\_\_\_

Present Address \_\_\_\_\_ Apt. or Box # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

( ) ( )

Cell Phone Number \_\_\_\_\_ Day or Evening Phone Number (if different than cell #) \_\_\_\_\_

( )

E-Mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Social Security Number/Social Insurance Number \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If you are not a U.S. Citizen, what is your immigration status? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt. or Box # \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

( ) ( )

Primary Phone Number \_\_\_\_\_ Secondary Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Have you ever been:

A. Convicted of a felony or a misdemeanor? Yes  No

B. The subject of disciplinary proceedings or reprimanded by an academic institution, administrative agency, hospital or professional association? Yes  No

C. Declined, canceled or refused renewal for malpractice insurance? Yes  No

Has your license to practice ever been revoked, suspended or subject to probation? Yes  No

If **YES** was answered to any of the above questions, please explain in detail on a separate sheet of paper.

**ACADEMIC INFORMATION**

**Summary of degree(s) received or pending (Please check all that apply.)**

<p><input type="checkbox"/> Associate _____  <small>Type (AA, AS...) Major (if applicable) Mo. Yr.</small></p> <p><input type="checkbox"/> Masters _____  <small>Type (MA, MS...) Major (if applicable) Mo. Yr.</small></p> <p><input type="checkbox"/> 1<sup>st</sup> Professional _____  <small>Type (DC, MD...) Major (if applicable) Mo. Yr.</small></p>	<p style="text-align: center;">Graduation /</p> <p><input type="checkbox"/> Bachelor _____  <small>Type (BA, BS...) Major (if applicable) Mo. Yr.</small></p> <p><input type="checkbox"/> Doctorate _____  <small>Type (Ph.D., Ed.D.) Major (if applicable) Mo. Yr.</small></p> <p><input type="checkbox"/> Other _____  <small>Type Major (if applicable) Mo. Yr.</small></p>
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1. \_\_\_\_\_  
 Institution where Doctor of Chiropractic (DC) degree was completed \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Date of Graduation \_\_\_\_\_

2. \_\_\_\_\_  
 College/University attended (undergraduate) \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 \_\_\_\_\_ Degree Earned: Yes  No   
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Degree Type \_\_\_\_\_

3. \_\_\_\_\_  
 College/University attended (undergraduate or graduate) \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 \_\_\_\_\_ Degree Earned: Yes  No   
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Degree Type \_\_\_\_\_

4. \_\_\_\_\_  
 College/University attended (undergraduate or graduate) \_\_\_\_\_ Dates Attended \_\_\_\_\_  
 \_\_\_\_\_ Degree Earned: Yes  No   
 City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Degree Type \_\_\_\_\_

**National Board of Chiropractic Examiners (NBCE):**

(Please check appropriate boxes indicating successful completion of the following exams)

Part I  Part II  Part III  Part IV  PT  Acupuncture  \_\_\_\_\_  
 or SPEC NBCE Exam(s) taken but scores pending

Did you fail your NBCE exams a combination of 5 times or greater? Yes  No

**States/Provinces of Professional Licensure:**

State/Province	License Number	Initial License Date	Current
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

**VOLUNTARY SURVEY (OPTIONAL)**

(You are not required to answer these questions as your responses are not used to determine your eligibility for residency at NUHS. Responses are recorded for statistical purposes only.)

Sex Male  Female

Date of Birth \_\_\_\_\_ Place of Birth (city/country) \_\_\_\_\_

Marital Status Single  Married  Divorced  Widowed

Number of Children \_\_\_\_\_

How would you best describe your race?

Caucasian  Black/Non-Hispanic  Hispanic  American Indian/Alaskan Native

Asian/Pacific Islander  Other  \_\_\_\_\_

**TECHNICAL STANDARDS**

All applicants accepted to National University of Health Sciences must be able to meet the University's technical standards. Technical standards are those physical, behavioral, emotional and cognitive criteria that an applicant must already possess as personality traits, life skills or acquired abilities before enrolling in the University. These qualities are regarded as essential requirements needed to participate and complete the entire spectrum of study, training and experiences within each educational program offered by the University. These standards are applied in addition to, and separate from, academic standards of qualification.

Students must review the technical standards that apply to the educational program they intend to enroll in and to sign a form certifying they have read, understand, and are able to meet the standards (with or without reasonable accommodations) of that program. This information is provided to help every student be more aware of the types of performance and expectations associated with different educational programs that the University offers. The use of technical standards is derived from Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. These laws provide a framework for individuals with documented disabilities to request reasonable accommodations to fulfill their educational objectives. Reasonable accommodations are defined as any change or modification in the way things are usually done that enables an individual with a disability to participate as fully as possible in an educational program. An effective accommodation for a disability can ensure that an otherwise qualified student with a disability is able to perform and be assessed on their ability rather than by their disability.

Candidates with documented disabilities who wish to request accommodations under the Americans with Disabilities Act must follow the University's procedure for requesting an accommodation. This procedure, in summary, requires submitting a written request for accommodations and supporting documentation of a life-limiting disability to the Dean of Student and Alumni Affairs. The Dean will review the request and determine whether a reasonable accommodation can be made.

National University of Health Sciences does not discriminate against qualified individuals with disabilities in the recruitment or admission to its programs, services or activities. Any information disclosed by an applicant regarding disabilities will not adversely affect admissions decisions nor eligibility to remain enrolled.

The University reserves the right to reject requests for accommodations that would fundamentally alter the nature of a University educational program, lower the academic standards, cause an undue hardship on the University, or endanger the health or safety of a student with a disability, other students, clinic patients, or any other member of the University community.

**SENSORY/OBSERVATION**

A student must be able to observe demonstrations and experiments in the basic sciences including, but not limited to, demonstrations on human cadavers, animals, microbiologic cultures, and microscopic studies of microorganisms and tissues in normal and pathologic states. A student must be able to observe a patient accurately at a distance and close at hand. Observation necessitates the functional use of the senses of vision and somatic sensation. It is enhanced by the functional use of the sense of smell. Therefore, a student must have sufficient sense of vision, hearing, and touch to perform the customary techniques in a physical examination such as auscultation (listening with a stethoscope), percussion (tapping of the chest or abdomen to elicit a sound indicating the relative density of the body part), palpation (feeling various body parts such as the breast or abdomen with the ability to discern the size, shape, and consistency of masses) and visual observation sufficient to note changes in skin and eye color as well as to use such instruments as an otoscope (magnifying device for examining the ear) and ophthalmoscope (magnifying device for examining the eye).

**COMMUNICATION**

A student must be able to speak, to hear, and to observe patients in order to elicit information, describe changes in mood, activity, and posture, and perceive nonverbal communications. A student must be able to communicate effectively and sensitively with patients. Communication includes not only speech, but also reading and writing. The student must be able to communicate effectively and efficiently in oral and written form. In summary, a student must have verbal and written communication skills sufficient to conduct patient interviews and record clinical histories, read all forms of diagnostic imaging and make assessments and plans known to patients and other members of the health care team.

**MOTOR/STRENGTH/COORDINATION**

Students must have sufficient motor function to elicit information from patients by palpation, auscultation, percussion, perform basic laboratory tests (urinalysis, CBC, etc.), carry out diagnostic procedures (digital rectal, otoscopic, etc.) and read EKGs and X-rays. A student must also be able to coordinate both gross and fine muscular movements, equilibrium, and provide general chiropractic care and emergency treatment to patients. Examples of minimal emergency treatment required of physicians include the ability to perform quickly and effectively such emergency procedures as CPR, the application of pressure to stop bleeding, the opening of obstructed airways, and venipuncture (inserting a needle into a vein). Examples of general chiropractic care involve the requisite strength and dexterity to be able to perform basic procedures such as static and dynamic palpation of joints, movement of diagnostic and therapeutic equipment and sufficient motor function to coordinate and balance the hands and body while manually delivering the high velocity, low amplitude thrusting action associated with the controlled manipulative therapy chiropractic physicians frequently apply to the spine or extremities of a patient.

**CONCEPTUAL, INTEGRATIVE & QUANTITATIVE ABILITIES**

These abilities include measurement, calculations, reasoning, analysis, and synthesis. Additionally, students must be able to comprehend three-dimensional relationships and to understand the spatial relationships of structures. Problem solving in group and individual settings, requires all of these intellectual abilities. Testing and evaluation of these abilities in the College of Professional Studies employs periodic examinations as an essential component of the curriculum. Successful completion of these examinations is required of all candidates as a condition for continued progress through the curriculum. Examples of these tests include essay, oral and/or multiple choice tests, typewritten papers, oral presentations, and lab practicals designed to assess a variety of cognitive and non-cognitive skills in a simulated or supervised clinical setting.

**BEHAVIORAL & SOCIAL ATTRIBUTES**

A student must possess the emotional health required for full utilization of his or her intellectual abilities, the exercise of good judgment, the prompt completion of all responsibilities attendant to the diagnosis and care of patients, and the development of mature, sensitive, and effective relationships with patients. Students must be able to function effectively under stress. Students must also be able to adapt to change, display poise and flexibility in the face of uncertainties and stressful situations, and to independently demonstrate empathy, integrity, compassion, motivation, and commitment commensurate with the habits and mannerisms of a professional training to become a physician.

Do you have the ability to satisfy these essential technical standards? Yes  No

I, the undersigned, certify that the information contained in this application is true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

# Curriculum Vitae Structure

A health care professional's CV should include the following information at a minimum. The order of the following categories is not critical. You should have documentation to prove/substantiate everything that you state in this very important document about yourself. List all category items in chronological order starting with the most recent items.

## CONTACT INFORMATION:

Full (legal) Name  
Mailing Address  
Phone (cellular)  
E-mail Address (personal)

## CATEGORIES:

**Education (graduate, undergraduate)** – degree(s) earned name of school, location of school (city, state), dates attended or graduation date

e.g.  
Doctor of Chiropractic (DC)  
National University of Health Sciences  
Lombard, IL  
August 2006

**Professional Experience** – employment log, military experience

**Professional Licensure** – include states/provinces, license numbers and date(s) when originally licensed

**Teaching / Faculty Appointments** – include all current educational institution appointments – rank, department, institution, location and dates of each appointment

e.g.  
Associate Professor, Department of Clinical Sciences  
Loyola University  
Chicago, IL  
2006-present

Postprofessional Faculty (part-time)  
Lincoln College of Postprofessional, Graduate and Continuing Education  
National University of Health Sciences  
Lombard, IL  
2006-present

*Note: Appointments from for-profit companies are not typically true faculty appointments*

**Teaching / Professional Speaking experience** – list of professional presentations/lectures and/or in-services created & presented. Include the group or institution who they were presented for along with location/date(s)

**Continuing Education completed** – Name of program, Sponsoring Institution, Date, Instructor, Hours completed

*Note: List a minimum of the past 3 years plus any core lecture topic training*

e.g.  
Clinical Nutrition (further description as you deem appropriate)  
University of Michigan  
September 11-12, 2008  
David Smith, PhD  
18 hours

# ***Curriculum Vitae Structure Continued***

**Certifications** – List all that were completed and if current, name of board / institution that certification/recertification was completed through, certification date.

(NBCE is not a certification and should not be listed)

*Note: Most educational institutions are not certifying bodies*

e.g.

Board Certified Chiropractic Orthopedist  
American Board of Chiropractic Orthopedists  
October 2009

Board Certified, Internal Medicine  
American Board of Internal Medicine  
December 2001

*Note: Certificate programs should be listed under their own category – certificate programs are not certifications.*

**Staff Appointments / Professional Affiliations** – hospital, surgical centers, specialty clinics etc. – location & dates

**Professional Associations** – current memberships

**Publications** – categorize as ‘peer reviewed’ versus ‘non-peer reviewed’.

**Current (ongoing) Research Activity**

**Research Grants**

**Honors, Scholarships & Awards**

**Volunteer / Community Work** – group / organization – dates

**Special Interests**

**Professional References** – Include a minimum of 3 professional references with their contact information so we can readily contact them as we need to.