



Georgia Board of Chiropractic Examiners
237 Coliseum Drive
Macon, GA 31217
(844) 753-7825

<http://sos.ga.gov/index.php/licensing/plb/14>

APPLICATION FOR CERTIFICATION FOR ELECTRICAL AND THERAPEUTIC MODALITIES

*****NOTE: This application is only to be used by Chiropractors who already hold a license in Georgia and do not currently have the certified in modalities designation on the license. Those individuals applying for initial licensure, licensure by endorsement or licensure by reinstatement are to use the form provided within the appropriate application.**

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Chiropractic in the State of Georgia.

Pursuant to Georgia § 43-9-16 and Board Rule 100-9-.01, in order to issue certification for electrical and therapeutic modalities, the Georgia Board of Chiropractic Examiners must receive documentation of the following:

- 1) 120 hours of physiotherapy instruction in the proper utilization of those procedures in accordance with the guidelines set forth by the Council on Chiropractic Education (CCE) or its successor, the Georgia Chiropractic Association, or the Georgia Chiropractic Council; and,
- 2) A statement of certification in the proper utilization from the proper authority from your chiropractic school.

In order to be certified for modalities in the state of Georgia, please cause the proper authority from your chiropractic school to complete page two (2) of this document and submit it, along with official copies of your transcript(s) or certificate of completion, in a sealed envelope to the Board at the above address for evaluation.

Any fees associated with the production of this documentation must be paid by the licensee.

****IMPORTANT****

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board.

Please review the requirements of this application before it is submitted to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing and are void after one year.

**CERTIFICATION FOR ELECTRICAL AND THERAPEUTIC
MODALITIES TRAINING**

Name of Applicant

This is to certify that pursuant to O.C.G.A. §43-9-16(b) and Board Rule 100-9-.01, the above listed applicant has obtained at least 120 hours of instruction in the proper utilization of electrical and therapeutic modalities in accordance with the guidelines set forth by the Council on Chiropractic Education (CCE) or its successor, the Georgia Chiropractic Association, or the Georgia Chiropractic Council and so certified in the proper utilization.

Official copies of transcript(s) in a sealed envelope **must** be attached to this form for evaluation of educational requirements for licensure in Georgia.

Signature & Title of Authorized Personnel

Seal of College/Organization

Date _____