



Application Form

Thank you for your interest in applying for a status with the IACE. The IACE wishes your institution a successful experience in the pursuit of your institutional mission and in gaining status with this agency. The IACE Office is available to assist you, especially during the application and self-evaluation process. We believe that you will find

the process of accreditation/certification to be useful and productive. Please feel free to contact us for any clarifications you may require or issues that arise in your institution’s experience with IACE.

Application fee

Initial application fee.....3,500 (US) This fee includes the required consultation, which takes place in the form of a preliminary one day on-site visit (note: 1. This fee must be paid before the applicant may use the designation, “Certification Applicant” or “Accreditation Applicant”; 2. The applicant program will also be assessed the additional cost of travel and lodging for one person).

This application may be withdrawn by the program at any time for any reason without prejudice before final action by the IACE. The initial application fee is non-refundable.

Eligibility for IACE Accreditation/Certification

- An institution must be legally constituted and authorized to operate in its jurisdiction;
- The program must have and be in pursuit of a vertebral subluxation centered mission;
- The institution must demonstrate the operation or feasibility of a vertebral subluxation-centered educational program in terms of function, demographics, public need, student interest, and availability of clinical facilities.

By completing and signing this application the program or institution attests that it meets the above eligibility criteria.

Name, address, telephone, E-mail and web address of program/institution:

Chief Executive Officer name and title _____

Chief Executive Officer signature _____

Governing Board (Chair) name and title _____

Governing Board signature _____

Date _____

Please return this form, enclosed payment and supportive documentation to:

Dr. Myron Brown
Executive Director
International Agency for Chiropractic Evaluation
1835 Ebenezer Rd.
Rock Hill, SC 29732 USA
803-366-8100
drbrown@youneedchiro.com