

# APPLICATION

Herewith I apply for the next Exam in Radioprotection and X-Ray Technique for Chiropractors:

Name .....

First Name .....

Date of Birth .....

Place of Origin .....

Address .....

ZIP/Place .....

Phone Office .....

Phone Private .....

e-mail .....

I take the exam in \* German \* French \*please tick

Diploma in \* German \* French \*please tick

Date .....

Signature .....

**Enclosures:**

- Copy of your Diploma of the Chiropractic College
- Confirmation that you have followed the postgraduate education course on radioprotection and X-ray techniques
- Confirmation of your principal (minimum 50 X-rays)

**Please submit this form together with the enclosures to the  
Swiss Academy for Chiropractic SAC, Sulgenauweg 38, CH-3007 Bern  
Phone 031 371 03 01 – Fax 031 372 26 54 – academy@chirosuisse.ch**