



Please use this form to report any chiropractic diplomat achievement, certification achievement, or specialist status granted by your state's chiropractic licensing board not currently identified on the PASSPORT application form.

**Licensee name:**

**Home chiropractic license state/province:**

**License#:**

**Telephone #:**

**Email:**

**Diplomat Program**

**Certification Program**

**State-licensed specialist**

**Name of Program:**

**Address:**

**Website:**

**Program's Director:**

**Telephone #:**

**Email:**

Please include copy of your diplomat certificate, certificate, or relevant license information.  
Send to: [passportsecure@fclb.org](mailto:passportsecure@fclb.org)