

PARKER

COLLEGE OF CHIROPRACTIC

APPLICATION FOR RESIDENCY POSITION

Name: _____

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Social Security No. : _____

Are you a citizen of the United States or do you have the legal right to be employed in the United States?
Yes _____ No _____ If no, explain on a separate sheet.

COLLEGES OR SCHOOLS ATTENDED (Include Chiropractic Institutions)

NAME OF INSTITUTION (In Chronological order)	LOCATION (City and State)	Month & Year Of Graduation	Degree Earned, if any
1.			
2.			
3.			
4.			

Professional Memberships:

Civic Memberships:

Have you ever been convicted of any crime, including DWI but excluding minor traffic violations?
Yes _____ No _____

If yes, state the date, the offense, the county where the offense occurred and the disposition of the conviction. _____

Criminal conviction is not an absolute bar to employment but will be considered only in relation to specific job requirements.

In what state, province or foreign country do you hold a chiropractic license(s) or basic science certificate(s), or other professional certificate(s) or diploma(s)?

STATE OR PROVINCE	TYPE OF LICENSE OR CERTIFICATE	LICENSE NUMBER	DATE OBTAINED

1. Is your chiropractic license(s) in good standing? Yes _____ No _____
2. Have you ever been the subject of any disciplinary action? Yes _____ No _____

If no to #1 or yes to #2, please explain: _____

I hereby certify that the information submitted on this application is true and complete to the best of my knowledge and belief and I understand that falsification of any of the information contained herein shall be grounds for disqualification from further consideration or for immediate dismissal from employment. I also understand that if I am appointed as a resident, my signature below authorizes the Parker College of Chiropractic to use my name and/or picture in catalogs and any and all College publications. This authorization will continue to be valid unless it is withdrawn by me in writing. Withdrawal shall not affect any publications that are in circulation and the institution shall not be required to delete my name until a new issue is reprinted. I further certify that upon accepting appointment to the Parker College of Chiropractic, I agree not to function as a private entrepreneur in the offering of outside classes to students, doctors of chiropractic or chiropractic assistants unless the course offering is under the auspices of the Parker College of Chiropractic. It is also my understanding that, under very specific terms and conditions, special permission may be granted by the Administration for such course offerings.*

- *1. Submit proposal in writing to the Executive Vice President of the College or his designate.
- *2. Acceptance or rejection on the part of the Administration shall be in writing.

 Signature of Applicant

 Date of Application

Please submit the following with your application:

1. Current curriculum vitae
2. Copies of all professional licenses and certificates
3. Copy of diploma of highest professional or academic degree
4. Letter of recommendation from Department Chairperson or Head of Radiology at the chiropractic institution from which degree was granted
5. Non-refundable application processing fee of \$25

Request official transcripts from all undergraduate, graduate, pre-professional, and chiropractic institutions, as well as National Board Scores, be sent to:

Trevor H. Foshang, DC, DACBR
 Center for Clinical Sciences
 Parker College of Chiropractic
 2500 Walnut Hill Lane
 Dallas, TX 75229-5668

