



**ICA Council on Chiropractic Pediatrics**  
**Diplomate in Clinical Chiropractic Pediatrics (DICCP)**

**Year 1 Registration Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

College of Graduation \_\_\_\_\_ Year \_\_\_\_\_

DC License # \_\_\_\_\_ State \_\_\_\_\_

Email Address \_\_\_\_\_

Check location desired:  Seneca Falls\*  Levittown\*  Chicago

\*Please note that if there are less than 15 doctors registered for either Levittown or Seneca Falls, the classes will be combined and the location with more doctors registered will be the site for the classes in NY. You will be notified 40 days in advance if classes will be held at the campus you have chosen or will be held at the alternative campus.

**REGISTRATION FEES**

**Total for Year 1: \$3,250**

**Option 1:** Two installments (*discounted 10%*). First installment of \$1,462.50 due with registration. Balance due 15 days before Module 1.

**Option 2:** Monthly by auto debit only. Checks accepted only for deposit, not monthly payments. Two months deposit (\$650) required with registration. 3rd and following payments of \$325 will be charged 15 days prior to each module starting with Module 1 and ending with Module 8.

**PAYMENT METHOD**

• **I am paying in:**  1 installment  2 installments

**By check** (Make payable to **ICA Council on Chiropractic Pediatrics**)

**By credit card**

• **I am paying monthly** and hereby authorize payments of \$325 to be made monthly to the following credit card:

MasterCard  Visa  Am Express  Discover

**For my initial deposit of \$650**  I am enclosing a check  charge to the credit card

Account # \_\_\_\_\_ Exp date \_\_\_\_\_

Security Code \_\_\_\_\_ Signature \_\_\_\_\_

Appropriate applications for continuing education credits for license renewal in selected states (see list) have been made for this program. However, please note that CE credits are not automatically included in your tuition. If you want CE credits an additional \$25 is required per module. Please notify the Council in advance when registering if you want CE credits (12 hours per module). If your state is not on the list below you must give 60-90 days notice before the scheduled module so the sponsoring college can apply for credits. States pre-approved for CE credits: AZ, CO, CT, GA, IA, ID, IL, IN, MI, MS, MT, NE, NM, NY, ND, OR, RI, SC, UT, VT, VA, WA. For information on CE credits for Levittown/Seneca Falls please contact NYCC Postgraduate Department at 800-434-3955. For Chicago contact Palmer College at 800-452-5032 or the Council at 800-423-4690.

**MAIL OR FAX PAYMENT**

**Mail registration form and payment to:**

ICA Council on Chiropractic Pediatrics  
 DICCP Program  
 1110 N. Glebe Road, Suite 650  
 Arlington, VA 22201

**If paying by credit card fax to:**

ICA Council on Chiropractic Pediatrics at 1-703-351-7893  
 or call Molly Rangnath at ICA Council on Chiropractic Pediatrics at  
 1-800-423-4690 Ext 110.  
 For questions email [peditricscouncil@chiropractic.org](mailto:peditricscouncil@chiropractic.org)

**READ TERMS AND CONDITIONS ON REVERSE AND SIGN.**

## TERMS AND CONDITIONS

1. This registration form is for Year 1 of the DICCP program and you are registering to attend all 10 modules of the Year 1 program.
2. If you are paying via Option I and decide you are unable to attend BEFORE attending any modules your money will be refunded less \$325. If you are unable to continue after starting the program you will be charged \$325 for each module attended plus a penalty of \$500, and the balance refunded. Example: If you paid \$2,925 and discontinued after attending 3 modules, you would be refunded \$1,450.
3. If you are signed up for monthly auto debit and discontinue after a few modules, you will be charged \$325 for each module attended and a penalty of \$500.
4. If you are paying by auto debit and your payment is denied you must pay the amount due before the class starts plus a penalty of 10%. You cannot attend a class if payments are not current.
5. The ICA Pediatrics Council is not responsible for any travel or accommodation expenses made by registrants if due to extreme weather conditions (e.g. ice, storms, floods, etc.) classes have to be cancelled.
6. The ICA Council on Chiropractic Pediatrics reserves the right to replace instructors and modules in the event of an emergency.
7. No certificate of completion will be given after Year 1. It is only the first year of a 3-year program. However, if you discontinue after Year I you may pick up the program anywhere it is offered within a period of 5 years.
8. If you miss a module, you can attend the missed module at any other location that it is offered. It is your responsibility to ensure there is another location you can make up the module BEFORE Year 1 exam.
9. No one will be permitted to sit for Year 1 exam if they do not have the requisite attendance.
10. Membership in the ICA Council of Chiropractic Pediatrics though encouraged is not mandatory to register. However, you have to become a member BEFORE sitting for the Year 1 exam.

*I have read the above and agree to the terms as stated*

Signature \_\_\_\_\_ Date \_\_\_\_\_