



**Council on
Diagnostic Imaging**



GRANT APPLICATION

INSTRUCTIONS:

This interactive digital application is in eight sections. All information is to be completed electronically. The application should then be printed and signed before mailing to the CDI Secretary. Handwritten applications will be rejected.

The first five sections pertain to information regarding the applicant, and must bear the signature of the applicant. All requested information is to be completed - if there is no information to include in any section, simply type "NONE" in the appropriate space.

The sixth section pertains to personal references. This information is to be completed and returned with the application. The individual letters of reference are to be sent directly to this Council's office by the writers of the reference letters.

The seventh section provides documentation from the Chiropractic College conducting the residency program. It must be signed by the appropriate college officials and submitted with the application.

The eighth section provides for the release of your educational records from the Chiropractic College to this Council. Two copies are furnished and both must be completed and bear your original signature. One copy is to be presented to the administrative offices of the Chiropractic College providing your residency training, the other copy is to be returned to this Council's office with the application.

Submit a passport size photo, paper clipped to this application.

A transcript from the Chiropractic College granting your D.C. degree is required. It is to be sent by that college directly to:

**Council on Diagnostic Imaging
PO Box 190
Cheney, KS 67025**

GRANT APPLICATION - Part 1

Personal Information:

Name of Applicant: _____ Birth Date: _____

Soc. Sec. # or ID #: _____

Mailing Address: _____

Telephone Numbers: Residence: _____ Business: _____

Name of Chiropractic College conducting residency program: _____

Address of Chiropractic College: _____

Date residency began: _____ Date residency ends: _____

GRANT APPLICATION - Part 2

Education Information:

1. Date of graduation, name and location of high school.
2. Pre-chiropractic college education - list dates, names and locations of colleges attended. List degrees, if applicable.
3. Chiropractic education - list dates, names and locations of all chiropractic colleges attended - show date and name of college granting your D.C. degree.
4. Post-chiropractic education - list dates, names and locations of any additional college education attained since receiving D.C. degree. Include all post-graduate chiropractic courses you have completed.
5. Diplomate status - list dates and names of any specialty board examinations you have successfully completed

GRANT APPLICATION - Part 3

Licensure Information:

List the name, date, and number of all professional licenses - chiropractic or other. Include jurisdiction of the regulatory agency granting such license.

GRANT APPLICATION - Part 4

Employment/Experience Information:

List occupational and/or professional experience you have had since graduating from high school. List only those you considered as full-time/primary occupations, accounting for all time not covered by the preceding educational information.

GRANT APPLICATION - Part 5

MEMBERSHIPS:

A. Status of membership in the ACA

1. Type of membership: _____ 2. Date membership began: _____

B. Status of membership in Council on Diagnostic Imaging

1. Type of membership: _____ 2. Date membership began: _____

C. List names of other chiropractic organizations or councils in which you hold membership.

D. List names of other professional but non-chiropractic organizations in which you hold membership.

In making this application for a Radiology Resident's grant-in-aid from the Council on Diagnostic Imaging of the American Chiropractic Association, I hereby certify that the information contained on all pages of this application is true and correct. Furthermore, I affirm my intention and goal of completing the Radiology Residency Program for the express purpose of expanding my education and training to meet the eligibility requirements of the American Chiropractic Board of Radiology and, upon completion of my training, I will take that Board's examinations.

(Signature of Applicant) (Date of application)

GRANT APPLICATION - Part 6

REFERENCES:

Two (2) letters of personal references are required. List the names and addresses of persons from whom you are requesting such references. These are to include one person from outside the chiropractic profession and one person who is a practicing Doctor of Chiropractic (preferably members of this Council). None of the two listed persons are to be employees or students of the chiropractic college where you are receiving the residency training.

A third required letter of reference is to be requested from the person who served as chairman of the radiology department at the Chiropractic College where, and when, you received your undergraduate training. List that person's name and present address. All letters of reference are to be sent by the writers directly to:

**Council on Diagnostic Imaging
PO Box 190
Cheney, KS 67025**

**ATTACH
PHOTO
HERE**

GRANT APPLICATION - Part 7

DOCUMENTATION:

College Verification and Authorization

The following statement is to be signed by an appropriate administrative officer and by the chairman of the department of radiology of the Chiropractic College providing your residency training:

This is to certify that: _____
(Name of resident applicant)

has been accepted into the radiology residency program of _____
(Chiropractic College)

We affirm that, in our opinion, the residency program meets the stipulations of eligibility set forth by the requirements of this residency grant application. We agree to provide, to the Council on Diagnostic Imaging, periodic reports on the progress of this resident as required for continuation of the resident's grant payments. We also agree to promptly notify the Council of any premature termination of this person's status as a radiology resident within this institution.

(date)

(Signature: Administrative Officer) (Title)

(Signature: Chairman, Department of Radiology)

GRANT APPLICATION - Part 8

AUTHORIZATION AND CONSENT

I, _____ hereby authorize and consent to the release of all my
(Applicant name)
personally identifiable educational records, maintained by _____
(Chiropractic College)

to the Council on Diagnostic Imaging of the American Chiropractic Association. I understand that this information is to be utilized in connection with my application for and/or receipt of financial aid from the Council on Diagnostic Imaging and for no other purposes. I hereby agree to hold The American Chiropractic Association, the Council on Diagnostic Imaging of the ACA, and the above named College of Chiropractic harmless from any and all liability arising from the release or utilization of the aforesaid educational records.

Date: _____

(Signature)

(Name)

(Address)

(City, state, zip)

*This is a duplicate of the form in Part 8. It is to be completed and submitted to the administrative offices of the sponsoring institution named herein.

GRANT APPLICATION - Part 8

AUTHORIZATION AND CONSENT

I, _____ hereby authorize and consent to the release of all my
(Applicant name)

personally identifiable educational records, maintained by _____
(Chiropractic College)

to the Council on Diagnostic Imaging of the American Chiropractic Association. I understand that this information is to be utilized in connection with my application for and/or receipt of financial aid from the Council on Diagnostic Imaging and for no other purposes. I hereby agree to hold The American Chiropractic Association, the Council on Diagnostic Imaging of the ACA, and the above named College of Chiropractic harmless from any and all liability arising from the release or utilization of the aforesaid educational records.

Date: _____

(Signature)

(Name)

(Address)

(City, state, zip)