

APPLICATION TO SIT S.O.T CERTIFICATION EXAMS.

Name: _____ Contact Phone: _____

Email Address: _____ Practice Name: _____

Exam Date: ____/____/20____ Exam Location: _____

STANDARD ELIGIBILITY FOR ALL EXAMS (please mark all required fields with an x)

____ I, am a current registered chiropractor with AHPRA or NZ relevant and have studied Chiropractic at a recognised College

____ I, am a current Full Financial Member of SOTO Australasia.

____ I, confirm I have the required amount of SOT study hours. Documented proof required.

PLEASE TICK WHICH EXAM AND ALL ELIGIBILITY REQUIREMENTS MET.

BASIC (Cat II, I&III)

\$220.00

____ Min one (1) Full Year in Practice as a Chiropractor.

____ Have completed **64 hours** of SOT study.

ADVANCED (C.M.R.T. / Cranial)

\$330.00

____ Min three (3) Years in Practice as a Chiropractor.

____ Have completed a min of **128 hours** of SOT study.

____ Completed and passed the BASIC Certification Examination

CERTIFIED CRANIOPATH

\$550.00

____ Min five (5) Years in Practice as a Registered Chiropractor

____ Have completed a min of **200 hours** of SOT study.

____ Completed and passed the BASIC & ADVANCED Certification Examination

RESIT EXAM (50% of full exam fee)

____ Basic ____ Advanced ____ Craniopath

____ Re sit within the next calendar year of original exam sit.

PAYMENT DETAILS Payment Details: Credit Card (Visa / Mastercard only)

Card # _____ Exp ____/____ Amount \$ _____

Cardholder name: _____

Note - SOT Study includes any SOTO A run sessions, for all other SOT study proof of course / hours and content needs to be approved by the board, please contact the office.

Applications must be submitted a min of 28 days prior to exam date.

Submit to – hello@soto.org.au, Any queries, please contact Jacquie at the office on (07) 55 762 132