

Residency Application

Please consider my application for the following residency program:

Diagnostic Imaging

Sports Medicine

Spine Care

A \$50.00 non-refundable application fee must accompany this application.

Please make check or money order payable to: Southern California University of Health Sciences.

Send to: SCU Health Systems 16200 East Amber Valley Dr. Whittier, CA 90604 attn: LACC Dean's Office

You may attach additional sheets if your information does not fit on the printed form.

Application process checklist (for applicant), please complete the following steps before submitting your application:

- Complete Residency Application Form
- Indicate references
- Have Official Transcripts from all colleges attended sent to the SCU Dean's Office
- Submit the results of parts I, II, III, IV & PT from the National Board of Chiropractic Examiners
- For DI applicants obtain a California X-ray Supervisor and Operator's permit
- Submit a copy of your license or a letter from the CA State Board indicating your eligibility to sit for the licensure examination
- Submit Verification of Licensure in Good Standing from all states where licensed
- TOEFL results for those applicants whose second language is English
- Application fee
- Return completed application packet to the SCU/LACC Dean's Office

For Office Use Only

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|--|---|
| <input type="checkbox"/> CV and Cover Letter received | <input type="checkbox"/> TOEFL results received |
| <input type="checkbox"/> Application received – Date: _____ | <input type="checkbox"/> Eligible for Interview & Testing |
| <input type="checkbox"/> Application fees paid | <input type="checkbox"/> Interview Date: _____ |
| <input type="checkbox"/> Transcripts received | <input type="checkbox"/> Testing Date: _____ |
| <input type="checkbox"/> Board results received | <input type="checkbox"/> Hired – Start Date: _____ |
| <input type="checkbox"/> Copy of CA license or eligibility letter received | <input type="checkbox"/> 1st Year MOU Complete |
| <input type="checkbox"/> Verification of Good Standing letters received | <input type="checkbox"/> Not Hired |
| <input type="checkbox"/> Reference letters received | <input type="checkbox"/> Letter sent – Date: _____ |

Personal Information:

Name	Phone Number
Address	Email
City	Chiropractic College
State / Province	Zip / Postal Code

References: Please provide three reference letters with your application. One letter must be from a Department Chairperson or a Clinical Supervising Doctor. The letter should be sent directly to the LACC Deans office by the individual writing the reference. Please list the following information for the references provided:

Name	Phone or Email Address	Position

Education: Please list all colleges attended. Please send official transcripts for each college listed.

College	Address	Dates Attended	Degree

Health professional licenses obtained: Please list all professional licenses obtained. Please send official documentation indicating what is listed below.

License Type	State	Number	Year Issued	Current (Y/N)

Experience: This is an opportunity for you to expand on your experiences/abilities/attitudes/training in the areas of teaching, clinical practice and research. Do not write "see CV". If you do not have anything to add beyond what you listed in your CV please leave blank.

Teaching:

Clinical practice:

Research:

I certify that the information given in this application is true and complete. I understand that false information will invalidate my application.

Signed: _____

Date: _____