

SOTO EUROPE CERTIFICATION APPLICATION

APPLICANT INFORMATION					
Name:					
Year of Graduation:	College:	Phone:			
Current address:					
City:	State:	Post Code:			
SOT modules/courses completed:					
Email address:					
PAYMENT INFORMATION					
<input type="checkbox"/> Cheque (payable SACRO-OCCIPITAL TECHNIQUE)					
<input type="checkbox"/> Bank transfer to SACRO-OCCIPITAL TECHNIQUE Sort Code: 09 01 27 Account Number: 47779271					
<input type="checkbox"/> IBAN: GB68ABBY09012747779271					
<input type="checkbox"/> BIC number : ABBYGB2LXXX					
<input type="checkbox"/> C Card:				Exp date:	CCS code:
Name on Card:					
EXAMINATION LEVELS					
<input type="checkbox"/> Basic <ul style="list-style-type: none"> Chiropractor must be registered with national organization Chiropractor must be a full member of SOTO Europe in good standing Must have completed 64 hours of SOT accredited instruction (SORSI, SOTO Europe or SOTO Australasia) Must have 1 full year as SOT chiropractor 					
<input type="checkbox"/> Advanced <ul style="list-style-type: none"> Chiropractor must be registered with national organization Chiropractor must be a full member of SOTO Europe in good standing Must have completed 128 hours of SOT accredited instruction (SORSI, SOTO Europe or SOTO Australasia) Must have 3 full years as SOT chiropractor Successfully completed Basic qualification 					
<input type="checkbox"/> Cranial <ul style="list-style-type: none"> Chiropractor must be registered with national organization Chiropractor must be a full member of SOTO Europe in good standing Must have completed 200 hours of SOT accredited instruction (SORSI, SOTO Europe or SOTO Australasia) Must have 5 full years as SOT chiropractor Successfully completed Advanced qualification 					