



The Britannia Clinic

Dr. Gordon Hasick

Associate Applicant Questionnaire

Applicant Information

Full Name: _____ Date: _____
First Last

Please answer in the space provided

1. Which chiropractic college did you attend and when did or will you graduate? Have you been in practice, where and for how long?

2. What is your experience with the NUCCA technique (including school, as a patient, as a practitioner)?

3. Describe the reason for your interest in the position at The Britannia Clinic. How do you see yourself as a good fit for this organization?

4. Describe your practice philosophy and style.

5. How does this position relate to your long-term goals?

6. What is your commitment to continued learning and developing your skills as a NUCCA practitioner? What kind of educational support are you looking for?

Date of last NUCCA conference attended: _____

Are you registered in the NUCCA certification program: YES ___ NO ___ Active in LEVEL: 1 ___ 2 ___ 3 ___

I hereby certify that the information provided here is true and accurate

Signature of Applicant