

FCCA RECOGNITION PROGRAM RECOMMENDATION FORM

TO THE CANDIDATE: Please type your name in the space provided and give this form to a colleague *(i.e., practitioner, administrator or academician) familiar with your contributions to chiropractic practice who can attest to your achievement of the Fellow criteria. This recommendation can be submitted as part of your FCCA application or e-mailed directly to Kelley Smith (ksmith@calchiro.org) by the person completing it. **Please note, current chiropractic students, current CalChiro staff, current CalChiro Board members, and current members of the FCCA Recognition Committee are not eligible to submit recommendations.*

Candidate Name	Click here to enter text.				
Recommender Name	Click here to enter text.				
Title	Click here to enter text.		Affiliation	Click here to enter text.	
Street Address	Click here to enter text.				
City	Click here to enter text.		State	Click here to enter text.	Zip Click here to enter text.
Daytime Telephone	Click here to enter text.	E-mail	Click here to enter text.		
Candidate's professional relationship to you	Click here to enter text.				
Length of time of relationship with candidate	Click here to enter text.				

TO THE RECOMMENDER: The individual named above is applying for recognition as a Fellow of CalChiro. The FCCA Recognition Program is intended to recognize excellence in chiropractic practice and contributions to CalChiro and grant recognition to and promote public awareness of chiropractors who have distinguished themselves.

As part of the application review process, **it is critical that each candidate obtain written assessment from colleagues concerning his or her achievement of the criteria for recognition as a Fellow as contained in the FCCA Program Guidelines.** Feel free to either enter as much text as you would like in the space below or attach a separate letter. You can view the FCCA Program Guidelines and criteria at <https://www.calchiro.org/calchiro-fellows-program-new>.

Click here to enter text.

Signature of Recommender	Click here to enter text.	Date	Click here to enter text.
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Recommendation Form must be signed. Electronic signature will be accepted.

Please submit this Recommendation Form, including any additional pages, via e-mail no later than February 1 to: Kelley Smith (ksmith@calchiro.org).