

## INTERNATIONAL COLLEGE OF APPLIED KINESIOLOGY - U.S.A.

## **COURSE CREDIT REPORT**

NAME: _	DEGREE:			
ADDRESS:				
CITY:	STATE:	ZIP:		anga anda anga anga anga anga anga anga
DATES	COURSE TITLE & DIPLOMATE INSTRUCTOR	HOURS CREDIT	TOTAL ACC. HOURS	DIPLOMATE SIGNATURE
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This form is to be completed by the student and signed by the ICAK diplomate instructor at each seminar for which credit toward ICAK certification is desired. This form must be copied and sent into the ICAK Central Office at 6405 Metcalf Ave., Suite 503, Shawnee Mission, KS 66202, (PH: 913-384-5336; FAX: 913-384-5112).