

MEDICAL COLLEGE OF WISCONSIN / DEPARTMENT OF NEUROSURGERY  
MILWAUKEE, WISCONSIN

DOCTOR OF CHIROPRACTIC RESIDENCY PROGRAM (DCRP) APPLICATION

Instructions: Please complete the entire form and submit along with the required attachments to our Program Coordinator, Orlando Diaz, via email at [odiaz@mcw.edu](mailto:odiaz@mcw.edu). Please email Orlando with any questions you may have.

PLEASE INDICATE THE ACADEMIC YEAR FOR WHICH YOU ARE APPLYING (ex:7/1/2026-6/30/2027)

START DATE

END DATE

**PERSONAL INFORMATION**

NAME: LAST

FIRST

MIDDLE

Other names by which you may have been known professionally:

Date of birth

Gender

Present Address: Street

City

State

Zip

Home phone number

Cell phone number

Preferred Email address

Citizenship

If not US citizen, specify status and visa#

Birth city/state

Birth country

Languages spoken by applicant

### EMERGENCY CONTACT INFORMATION

Name

Relationship

Phone

### EDUCATION AND TRAINING

NAME OF INSTITUTION

STREET ADDRESS

CITY/STATE/ZIP

STATE DATE

FINISH DATE

FIELD OF STUDY

DEGREE

GPA

### LICENSING

CHIROPRACTICE LICENSE:

#	STATE	EXP	BOARD ACTION
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#	STATE	EXP	BOARD ACTION
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(If more, please report on separate sheet)

OTHER HEALTH-CARE RELATED LICENSES:

TYPE	#	STATE	EXP	BOARD ACTION
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TYPE	#	STATE	EXP	BOARD ACTION
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(if more, please report on separate sheet)

Have your privileges at any healthcare institution been suspended or revoked? If yes, please provide dates and details regarding the suspension/revocation.

Has your chiropractic license ever been suspended or revoked? If yes, please provide dates of suspension and details regarding the suspension/revocation.

Have you ever been convicted of a misdemeanor? If yes, please provide dates and details regarding the conviction.

Have you ever been convicted of a felony? If yes, please provide dates and details regarding the conviction.

#### **PLEASE ATTACH THE FOLLOWING DOCUMENTS**

- ☐ CV
- ☐ Personal Statement – to include personal background, interest and goals of participation in DCRP.
- ☐ Copy of Graduation Certification or letter attesting to anticipating graduation date and good standing.
- ☐ Copy of Chiropractic license

#### **REFERENCES**

LETTERS OF RECOMMENDATION: In order for your application to be complete, you must provide three letters of recommendation (LOR). LORs may be submitted directly to our program coordinator via email, [odiaz@mcw.edu](mailto:odiaz@mcw.edu). Please indicate who you will be asking to provide LORs.

1. Name/Email Address
2. Name/Email Address
3. Name/Email Address