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*"A 501c3 non-profit  
organization dedicated  
to the Gonstead System  
of chiropractic"*

Dear Doctor,

Thank you for your interest in applying for membership in the GCSS College of Fellows Program. Attaining membership in the GCSS College of Fellows is a great honor and high privilege. Membership represents extensive knowledge gained through numerous educational programs. More importantly, it is the acknowledgement by your peers of the extent to which you have developed your skill set through many years of clinical practice.

The GCSS College of Fellows believes that with greater knowledge comes greater responsibility. As an active member of the College of Fellows you will have the opportunity to provide an enhanced level of service to Chiropractic, while continuing to grow your clinical skills in fellowship with the most advanced Gonstead practitioners in the world.

This application includes a list of 8 items to be completed to move forward with your Fellow candidacy. Once your application is accepted, there will be an interview with a panel of at least three GCSS Fellows. After the interview, the GCSS College of Fellows Committee will discuss your application and make a decision whether to bring it to a vote by the majority of representatives of the College of Fellows membership.

The full completed application, required forms, materials and application fee should be sent to Michele Hohmann at the GCSS Administrative office so that it is received no later than 45 days in advance of the date of the meeting of the GCSS College of Fellows at which you wish to be interviewed.

***Email your application documents to [michele@gonstead.com](mailto:michele@gonstead.com).***

The Administrative office phone number is 1-831-476-1873. On behalf of the College of Fellows thanks again for your continued support of the GCSS and interest in the College of Fellows Program.

Sincerely,

Charles Martin, D.C.  
GCSS Fellow

# ***Gonstead Clinical Studies Society***

## **Application for College of Fellows**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Website: \_\_\_\_\_

Number of Years in practice: \_\_\_\_\_

### **Application Requirements**

\_\_\_\_\_ Complete application and resume.

\_\_\_\_\_ Submit Application fee of \$200.00.

\_\_\_\_\_ Submit the recommendation of three Fellows.

\_\_\_\_\_ A GCSS Diplomate in the current year and for the previous three contiguous years.

\_\_\_\_\_ Consistently practiced the Gonstead System of Chiropractic as a licensed chiropractor full time for a minimum of 10 years.

\_\_\_\_\_ 595 hours of study of approved graduate Gonstead Technique, 24 hours within the last 1 year. (The organizations/institutions can provide you with verification or you can use forms below.)

\_\_\_\_\_ Nominated and Elected by the majority of the College of Fellows.

\_\_\_\_\_ Please review the activities described in the Gonstead Professional Background Highlights document and describe your involvement and history in the topics that are applicable to you.

Gonstead Professional Background Highlights

In what activities have you been involved to promote the Gonstead work?

**Attach additional pages as necessary.**

**Teaching**

Gonstead classes you have created and taught	Local State National International
Gonstead classes taught under organizations (GCSS, GMI, GSI)	Local State National International
Gonstead Presentations to chiropractic conference-	Keynote Keynote Invited Invited
Gonstead in office practice mentoring of a	Student/Doctor Student/Doctor Student/Doctor

**Gonstead/Chiropractic Service/ donations**

Service to Gonstead organizations	(GCSS, GMI, GSI, etc.)
Fundraising GCSS (list)	
Professional Affiliations	(ACA, ICA, technique, research, local, etc.)
Service capacity of your service to those Associations	
Sponsorship of student(s) (list)	
Service to the student community (list)	
Service to your community through your practice (list/how)	

**Publishing/Research**

Scholarship: (Research, Authorship, Editing Journals)	Profess mag, (list) Co-author peer review ( list) Primary author (list)
Publications-	Office (list) Local (list) Community (list) Professional (list)
Book/ manuscripts-	Contributor chapter (list) Chapter co-author (list) Chapter author (list)



Email this completed application and all required materials to:

[michele@gonstead.com](mailto:michele@gonstead.com)  
**Gonstead Clinical Studies Society**  
888-556-4277 • Fax: 831-476-1873

***Do not write in this box***

Fellow application requirements met \_\_\_\_\_

Gonstead Professional Background Highlights reviewed \_\_\_\_\_

Interview completed \_\_\_\_\_

Applicant proposed for election \_\_\_\_\_

Applicant accepted by the GCSS College of Fellows \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Optional Hours Completion forms**—For use if the sponsoring seminar or institution prefers to use this format, does not have a verification form, needs to add hours from old records, or for any other reason.

**Seminar Hours Certification Form**

This certifies that \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of Gonstead instruction from this Institution/Group/Instructor.

\_\_\_\_\_  
Date Signed, **Gonstead Seminars, Inc.**

**Seminar Hours Certification Form**

This certifies that \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of Gonstead instruction from this Institution/Group/Instructor.

\_\_\_\_\_

Date

Signed, **Gonstead Methodology Institute**

Seminar/ Research Hours Certification Form (Please obtain from the sponsoring organization/s)

This certifies that \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of Gonstead instruction from this Institution/Group/Instructor.

\_\_\_\_\_

Date

Signed, **Name of Institution/Group/Instructor**

Seminar/ Research Hours Certification Form (Please obtain from the sponsoring organization/s)

This certifies that \_\_\_\_\_ has completed  
\_\_\_\_\_ hours of Gonstead instruction from this Institution/Group/Instructor.

\_\_\_\_\_

Date

Signed, **Name of Institution/Group/Instructor**