

Douglas A. Ducey
Governor



Justin Bohall
Executive Director

State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
Voice: (602) 864-5088 | TTY (800) 367-8939 (AZ Relay Service)
www.chiroboard.az.gov

Dear Applicant,

Thank you for your interest in the Internship position at the State of Arizona Board of Chiropractic Examiners.

Please find enclosed the Application for Internship. Please return the completed application with a resume and official transcript sent directly from your college or university.

If there are any questions regarding this matter, please contact me at (602) 864-5088 or by e-mail at jbohall@chiroboard.az.gov.

We look forward to reviewing your application.

Kind Regards,



Justin Bohall
Executive Director

State of Arizona Board of Chiropractic Examiners

1951 W. Camelback Road Suite 330 Phoenix, AZ 85015

www.chiroboard.az.gov

State Government Intern

Phoenix, AZ

Agency Information

Regulation exists to protect the public's health, safety and welfare. In the State of Arizona, statute provides for the Board of Chiropractic Examiners to handle the licensing and regulation for the chiropractic profession.

Responsibilities include:

- To investigate complaints.
- To oversee the general application of the laws governing the practice of chiropractic.
- To update and develop regulations.
- To address scope of practice and to better define both appropriate conduct by professionals and consumer expectations.
- To continually review required credentials for doctors to practice safely, effectively and ethically.
- To apply appropriate disciplinary action to doctors of chiropractic who may have broken the public trust through a violation of law.
- To function in the global regulatory community to assist other professions or jurisdictions affected by chiropractic.
- The Governor appoints the five members of the State of Arizona, Board of Chiropractic Examiners. The Board is comprised of three doctors of chiropractic and two public members. The Board employ staff to carryout administrative, licensing and investigative functions of the agency. An assistant attorney general provides legal counsel to the Board and staff members.
- The Board generally meets monthly. All Board meetings are open to the public.

Job Information

The State of Arizona Board of Chiropractic Examiners is offering an unpaid summer internship opportunity in cooperation with colleges and universities. This is an opportunity for hands on experience in the civil law enforcement field. You will be given an opportunity to participate in day to day operations that serve the public. You will assist administrative staff in many duties and projects

Job Duties:

- General office and administrative tasks
- Attend monthly board meetings
- Assist in the creation of the annual newsletter

- Assist in preparing the Annual Report
- Presenting the Annual Report to the Board members
- Assist in creating a timeline of the Board
- Assisting with the digitalization of records
- Assist in research activities
- Assistant in records storage and maintenance

Expected Growth

You will gain experience from your internship that you can positively influence your knowledge and work experience. You will develop skills in operating basic office equipment, learn new computer processing programs and software, how to compile data, develop relationships with high-level professionals and gain great insight to the inner workings of the State of Arizona. You will learn to read and understand statute and rules, understand public records law, learn how Boards and Commissions run and how to interact with other government agencies.

Helpful Courses

- Communications coursework
- Business coursework
- Political Science coursework
- Computer Information Systems coursework

Job Requirements

- Currently enrolled in curriculum leading to or completion of a Bachelor's or higher level degree
- Grade Point Average of 2.75 or better
- Basic Microsoft Word, Excel and Adobe Acrobat experience
- Adhere to agency work hours, days, policies and procedures
- Assume personal and professional responsibilities for all activities and actions
- Be consistent and punctual in meeting assigned project deadlines
- Proof of eligibility to work in the United States

How to Apply

(write in information when known)

Contact Justin Bohall at jbohall@chiroboard.az.gov with any questions



2018 BOARD INTERNSHIP APPLICATION

Type or print in blue or black ink. You must provide a response to each question.
You may answer "None" or "N/A" if it is the correct response.

STATE OF ARIZONA
BOARD OF CHIROPRACTIC EXAMINERS
1740 West Adams Street, Suite 2430
Phoenix, Arizona 85007
Telephone: (602) 864-5088
E-mail: generalinfo@chiroboard.az.gov
www.chiroboard.az.gov

FOR BOARD OFFICE USE ONLY

Completed Application:	
Resume Received:	
Transcript Received:	

-----DO NOT WRITE ABOVE THIS LINE-----

APPLICANT INFORMATION

1. Last Name of applicant	2. First Name of applicant	3. Middle Name of applicant	
4. Home Address (number and street or rural route) All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.			
City		State	ZIP code
Telephone number (home or cell) ()		5. E-mail address:	

6. ELIGIBILITY

Are you eligible to work in the U.S. without Sponsorship?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

EDUCATION

7. NAME OF SCHOOL	8. YEARS ATTENDED	9. EXPEDCTED DATE OF GRADUATION (month, day, year)
10. MAJOR / CONCENTRATION	11. ARE YOU ATTENDING FULL TIME?	12. CUMULATIVE GPA:

13. PROGRAM LEVEL

Currently enrolled in a:	
<input type="checkbox"/> Undergraduate Degree	<input type="checkbox"/> Graduate Degree (Currently holds an Undergraduate degree)

14. LIST ANY RELEVANT AWARDS OR HONORS

Award / Honor Name	Date Received

15. SHORT ANSWER PROMPT: IN THE SPACE PROVIDED BELOW, PLEASE ANSWER THE FOLLOWING SHORT ANSWER PROMPT IN 250 WORDS OR LESS.

“Explain what interests you the most about the Board and its operations.”

16. Declarations

- a. I hereby give my permission for the State of Arizona Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the State of Arizona Board of Chiropractic Examiners any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application.
- c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
- d. I further authorize the State of Arizona Board of Chiropractic Examiners to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
- e. I hereby understand and agree that if I receive an internship through the Board, I must be available for the full duration of the internship program which will be a minimum of 10 weeks in duration. I further understand that I may not take vacation time during this period.
- f. I hereby certify that all statements and answers made on this internship application are complete and true. I understand, that subsequent to an internship, any such statements and/or answers are found to be false or that information is omitted, such false statements or omissions will be considered grounds for termination of my application and/or internship.

17. AFFIRMATION

I, _____, the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree to same, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me application and interning for the Board.

Signature of Applicant