



## State of Arizona Board of Chiropractic Examiners

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

### Application for Approval to Perform Board- Ordered Education

The State of Arizona Board of Chiropractic Examiners welcomes your interest in becoming a Board-approved provider.

You must meet the criteria listed in the policy to be approved by the Board. To apply for approval, please complete the enclosed application and submit it to the above address with the following documentation:

1. Instructor Resume.
2. Available Materials for Training
3. Outline of Training

Board staff will notify you of their decision in writing. You may not commence any Board-ordered training prior to receiving approval from the Board.

If you have any questions or concerns regarding this application, please contact Justin Bohall, Executive Director at (602) 864-5088 or [JBohall@chiroboard.az.gov](mailto:JBohall@chiroboard.az.gov).

Douglas A. Ducey  
**Governor**

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James Badge, D.C.  
**Chairperson**

Richard Guarino, D.C.  
**Vice-Chairperson**

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**Member**

April Hamilton  
**Member**

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Justin Bohall  
**Executive Director**



**State of Arizona  
Board of Chiropractic Examiners**

**Application for Approval to Perform  
Board-Ordered Education**

**Instructions:**

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_  
Email: \_\_\_\_\_
3. Licensee to be evaluated (if applicable): \_\_\_\_\_
4. Type of Training for which you are applying. (Please mark all that apply)  
 Ethics  X-Ray Imaging  Billing  Record Keeping  
 History, Diagnostic Procedures & Evaluation / Management
5. Are you willing to be listed on the directory of potential educators published by the Board?  
 Yes  No

**Disclosure Information:**

6. Please provide all States and Jurisdictions in which you are licensed and the name of your licensing Board.  
\_\_\_\_\_  
\_\_\_\_\_
7. Has any formal sanction ever been taken against your license or have you ever surrendered a license in this or any other jurisdiction?  
 Yes  No
8. In the last 12 months have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony, requiring resolution in the courts?  
 Yes  No

If yes, please explain: \_\_\_\_\_



State of Arizona  
Board of Chiropractic Examiners

**Application for Approval to Perform  
Board-Ordered Evaluations and Monitoring**

9. Have you ever been convicted of, or pled guilty to, or plead nolo contendere to a felony or misdemeanor involving moral turpitude, even if later the record of the conviction was sealed, or expunged, or the conviction itself set aside or forgiven, or entered into a stipulation or settlement agreement in lieu of such proceedings? You are not required to disclose adjudications that took place in Juvenile Court.

Yes  No

If yes, please explain: \_\_\_\_\_

10. Do you have a preexisting doctor/patient relationship with the licensee?

Yes  No

**Statements of Understanding:**

11. I understand that the education is strictly for the purpose of improving fitness for duty and safety to practice of the health care professional.

Initial: \_\_\_\_\_

I, \_\_\_\_\_, the applicant herein, 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 from approval to perform Board-ordered evaluations.

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

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