



ACTIVE PRACTICE AFFIDAVIT

THE STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

1740 WEST ADAMS STREET, SUITE 2430 | PHOENIX, ARIZONA 85007

TELEPHONE: (602) 864-5088 | EMAIL: Licensing@chiroboard.az.gov | www.ChiroBoard.az.gov

ACTIVE PRACTICE AFFIDAVIT

I, _____, do hereby attest that I have engaged in the practice of chiropractic continuously for not less than five of the past seven years in _____
State or Jurisdiction.

I agree that any false statement in this affidavit shall be sufficient to bar me from licensure or certification. Such falsification shall serve as sufficient grounds for the revocation or suspension of my license and or certifications if discovered after issuance of the license or certifications.

Signature of Applicant

Date

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____

Notary Signature _____

My commission expires _____