



LICENSURE BY UNIVERSAL RECOGNITION RESIDENT ATTESTATION

THE STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

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

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RESIDENT ATTESTATION

I, _____, do hereby attest that I am a resident of the State of Arizona and have provided documented proof of my residency. I further attest that I have held a license to practice Chiropractic in the State of _____ for a minimum of one year and the license is in good standing.
State or Jurisdiction

I agree that any false statement in the 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 certification if discovered after the issuance of the license or certification.

Signature of Applicant

Date

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____

Notary Signature _____

My commission expires _____