

Douglas A. Ducey
Governor



Justin Bohall
Executive Director

State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
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www.chiroboard.az.gov

Verification of Licensure in Good Standing

The State of Arizona Board of Chiropractic Examiners requests that this form be completed by each jurisdiction in which the above reference applicant holds or has held a license. Please complete this form and return it to the above address.

1. Last Name	2. First Name	3. Middle Initial

4. The person listed above is applying for the following:		
<input type="checkbox"/> License by Examination	<input type="checkbox"/> License by Reciprocity	<input type="checkbox"/> License by Endorsement
<input type="checkbox"/> Reinstatement of Arizona License	<input type="checkbox"/> Continuing Education Course Approval	

5. Licensure Information:				
STATE	LICENSE NUMBER	STATUS	DATE ISSUED	DATE EXPIRES

6. License Issued by:		
<input type="checkbox"/> Examination	<input type="checkbox"/> Reciprocity	<input type="checkbox"/> Endorsement

7. National Board of Chiropractic Examiners Examination Record			
List all parts of the Exams given by the NBCE that were accepted for licensure.			
<input type="checkbox"/> Part I	<input type="checkbox"/> Part II	<input type="checkbox"/> Part III	<input type="checkbox"/> Part IV
<input type="checkbox"/> SPEC	<input type="checkbox"/> State Licensing Exam	<input type="checkbox"/> Other	

8. Has any disciplinary action been taken against this doctor's license?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach a certified copy of the Board Order(s).	

9. Are there any pending complaints or open investigation against this doctor's license?		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Pending complaints are confidential in accordance with applicable state statute.
If yes, please provide this office with any available documents relating to the complaint or investigation. These will be used for our investigative purposes only.		

STATE SEAL

Signed: _____

Name: _____

Title: _____

State Board: _____