

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

### **Board Meeting Attendance for Continuing Education Credit**

All new licensees must attend three hours of a single, regularly scheduled Board meeting within their first year of residence in this state. Staff must approve and schedule meeting attendance for each new licensee. Licensees that attend a meeting without prior approval will not be awarded credit for their time. Seating is limited at most Board meetings.

Therefore, it is strongly suggested that licensees submit their request for attendance well in advance of their first meeting choice.

Please complete and submit this form to request to attend a Board meeting. You will be notified in writing of the date and time of the Board meeting for you have been scheduled. You will also receive an attendance verification form that you must bring with you to the meeting. Please note that you must arrive at the meeting by the scheduled time. If you do not, you will not be provided credit for the meeting. We suggest that you arrive 15 to 30 mins early to allow time for security screening and sign-in.

#### Requestor's Contact Information

|   |   |              |          |
|---|---|--------------|----------|
| 1. Last Name  | 2. First Name   | 3. License # |          |
| 4. Mailing Address (number and street or rural route)     |   |              |          |
| City  |   | State        | ZIP code |
| Telephone number<br>(      )                              | 5. E-mail address: (This address will not be a public record) |              |          |
| 6. Indicate your 1st, 2nd and 3rd choice of meeting date: | 1 <sup>st</sup> choice:                                       |              |          |
|   | 2 <sup>nd</sup> choice:                                       |              |          |
|   | 3 <sup>rd</sup> choice:                                       |              |          |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Board Staff Use Only:

|                            |              |   |
|----------------------------|--------------|---|
| Staff Reviewed & Approved: | Notice Sent: | <input type="checkbox"/> 1 <sup>st</sup> choice <input type="checkbox"/> 2 <sup>nd</sup> choice <input type="checkbox"/> 3 <sup>rd</sup> choice |
|----------------------------|--------------|---|