



APPLICATION FOR SPECIALTY CERTIFICATE

STATE OF ARIZONA | BOARD OF CHIROPRACTIC EXAMINERS
1704 West Adams Street, Suite 2430 | Phoenix, Arizona 85007
Telephone: (602) 864-5088 | E-mail: generalinfo@chiroboard.az.gov | www.chiroboard.az.gov

Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.

FOR BOARD OFFICE USE ONLY	
APPLICATION & ISSUANCE FEE	BOARD OFFICE USE ONLY
DATE APPLICATION FEE PAID (month, day, year)	
APPLICATION NUMBER	
LICENSE #:	
FINAL ACTION DATE:	
FINAL ACTION:	

-----DO NOT WRITE ABOVE THIS LINE-----

Applicant's Information		
1. Last Name of applicant	2. First Name of applicant	3. License #
4. Mailing Address (number and street or rural route)		
City	State	ZIP code
Telephone number (office) ()	5. E-mail address: (This address will not be a public record)	
6. Type of certification for which this application is made:	PMMP (PHYSIOTHERAPY) <input type="checkbox"/>	ACUPUNCTURE <input type="checkbox"/>

7. Items required for the Application:

I will have the chiropractic college submit the following documentation directly to the Board:

- Official Transcripts demonstrating coursework in acupuncture and physical medicine modalities and therapeutic procedures
- Transcript of Exam scores from the National Board of Chiropractic Examiners

8. Declarations - A.A.C. R4-7-1001 & A.A.C. R4-7-1001 (B)(2)

- a. I hereby give my permission for the State of Arizona Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.
- b. I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the State of Arizona Board of Chiropractic Examiners any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for chiropractic licensure.
- c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.
- d. I further authorize the State of Arizona Board of Chiropractic Examiners to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.
- e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.
- f. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for specialty certificate and during my licensure pursuant to A.R.S. § 32-3208 (B).
- g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing Board. A.R.S. § 32-921 (C)
- h. I certify that I have read and personally answered all the questions on this application. A.A.C. R4-7-502 (C)(12)
- i. I have paid the fee or enclosed a check or money order for the appropriate amount in payment of all required application fees. A.A.C. R4-7-502 (C)(5)

9. Affirmation - Waiver of Confidentiality

I, _____, the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree to same, 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 licensure or certification. Such falsification, omission, or withholding 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. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

Signature of Applicant

State of _____

County of _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires:

A.R.S. 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02

