

STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS

1741 West Adams Street, Suite 2430 · Phoenix, Arizona 85007 Telephone 602.864.5088 · www.chiroboard.az.gov

Chiropractic Assistant Registration

Eligibility:

- A chiropractic assistant may not be licensed to practice chiropractic in this or any other jurisdiction.
- A chiropractic assistant may not have had a license to practice chiropractic or any other healthcare profession suspended, revoked or denied for any reason other than failing to meet education or licensing examination requirements in this or any other jurisdiction.

Coursework Requirements:

- Chiropractic assistants must begin Board-approved coursework within three months of initial employment and complete the coursework within one year of initial employment.
- All chiropractic assistants must complete 24 hours of basic coursework with a Boardapproved facility or chiropractor. The basic coursework includes chiropractic principles, management of common diseases, history taking, recordkeeping, professional standards of conduct and CPR. The assistant must complete four hours of coursework in each subject.
- If CPR was not included in the Board-approved course the C.A. completed, they must complete four hours of CPR training provided or sponsored by the American Heart Association, the American Red Cross, a local fire department or an entity that meets ASHI standards.
- If the chiropractic assistant's supervising doctor holds a physical medicine modalities and therapeutic procedures certificate, the assistant must complete 12 hours of coursework in physiotherapy. The coursework must be taken from a Board-approved facility or chiropractor.
- If the chiropractic assistant's supervising doctor holds an acupuncture certificate, the assistant must complete 2 hours of coursework in acupuncture. The coursework must be taken from a Board-approved facility or chiropractor.

Registration:

Once *all* of the required chiropractic assistant coursework has been completed, you must complete the Chiropractic Assistant Registration form and send it to the above address. Please note the following when submitting a chiropractic assistant registration:

- You must answer all questions. Forms with unanswered questions will be returned, causing delays in registration.
- You must write in the number of hours completed, the course identification number, the start dates and the completion dates for each of the courses completed by the C.A. The course instructor should provide you with the Course ID number.
- For the CPR course identification number, you must enter the name of the provider or sponsor of the course (e.g. Tucson Fire Department, Heart Savers, AHA, or Red Cross). Please do not list the specific instructor, but the name of the organization with which they are affiliated.
- The assistant and all supervising doctors must sign the registration form. Unsigned forms will be returned.
- You must attach a copy of the chiropractic assistant's CPR card to the registration form.

You can request a copy of the registration certificate using the "Request for Copy of Registration" Form found on the <u>Board website</u>.

Registration Transfers:

If you employ a chiropractic assistant who has been registered with the Board under the supervision of another chiropractor, you must complete and submit this form with all required information.

Questions?

If you have any questions or require additional information regarding chiropractic assistant training or registration, please feel free to contact the Board office at 602.864.5088.



State of Arizona Board of Chiropractic Examiners

1740 West Adams Road Suite 2430 • Phoenix, Arizona 850007

Voice: (602) 864-5088

Website: www.chiroboard.az.gov

Chiropractic Assistant Registration / Transfer Form

Type or print in blue or black ink. You must provide a response to each question.

Chiropractic Assistant Information 1. Last Name 2. First Name 3. Middle Name Is the above-referenced Chiropractic Assistant; 4. A licensed Chiropractic Physician in this or any other jurisdiction? 5. Under investigation in this or any other jurisdiction? 6. Had a license to practice chiropractic or any other healthcare profession suspended, revoked or denied in this or any other jurisdiction? 7. Previously registered as a CA in the State of Arizona? Registration #:	
Is the above-referenced Chiropractic Assistant; 4. A licensed Chiropractic Physician in this or any other jurisdiction? 5. Under investigation in this or any other jurisdiction? 6. Had a license to practice chiropractic or any other healthcare profession suspended, revoked or denied in this or any other jurisdiction? 7. Previously registered as a CA in the State of Arizona? Registration #:	
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4. A licensed Chiropractic Physician in this or any other jurisdiction? 5. Under investigation in this or any other jurisdiction? 6. Had a license to practice chiropractic or any other healthcare profession suspended, revoked or denied in this or any other jurisdiction? 7. Previously registered as a CA in the State of Arizona? Registration #: Yes New	
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6. Had a license to practice chiropractic or any other healthcare profession suspended, revoked or denied in this or any other jurisdiction? 7. Previously registered as a CA in the State of Arizona? Registration #:	0
revoked or denied in this or any other jurisdiction? 7. Previously registered as a CA in the State of Arizona? Registration #:	0
7. Previously registered as a CA in the State of Arizona? Registration #: Yes N 8. Date of Initial Employment as a Chiropractic Assistant (does not apply to other office positions): 9. Supervising Doctor Name:	0
8. Date of Initial Employment as a Chiropractic Assistant (does not apply to other office positions): Supervising Doctor	
9. Supervising Doctor Name:	0
Name: Lic #: PMMTP#: Acup #: Clinic Name: Telephone: City/State/Zip: 10. This CA will be supervised by multiple doctors and I have attached a separate list of supervising doctors to the form. Completed Coursework	//_)
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Clinic Name: Mailing Address: City/State/Zip: 10. This CA will be supervised by multiple doctors and I have attached a separate list of supervising doctors to the form. 11. Completed Coursework Provider Hours Course ID Date Started Date Course ID Specialty Coursework Hours Course ID PMMTP Acupuncture CPR Coursework* Hours Provider Date Course ID * Please attach a copy of the Current CPR card.	
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ignatures:	
We, the undersigned, do certify that we have read and understand the laws and rules governing chiropractic assistants in this addition, we certify that we have read all the questions on this registration and attest that the facts, statements and answers giverein are true and correct.	
Chiropractic Assistant Date Supervising Doctor	Date
Board Use Only	
Registration #: Effective Date:	
Signature:	

Board Use Only



State of Arizona Board of Chiropractic Examiners

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Chiropractic Assistant Supervising Doctors Type or print in blue or black ink.

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1. Last Name	Chiropractic Assistant Information 1. Last Name 2. First Name		3. Registration #	
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N	9a. Supervis			
Name:	Lic #:	PMMTP#:	Acup #:	
Clinic Name:		Telephone: ()	
Mailing Address:	_	City/State/Z	*	
10. The above referenced Ch	iropractic Assistant has	been terminated f	rom employment: Yes No	
	9b. Supervis	sing Doctor		
Name:	Lic #:	PMMTP#:	Acup #:	
Clinic Name:	·	Telephone: ()	
Mailing Address:		City/State/Z	Zip:	
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10. The above referenced Ch	iropractic Assistant has	been terminated f	rom employment: Yes No	
addition, we certify that we have read a	all the questions on this registration that the above referenced chir	ation and attest that the opractic assistant will b	ing chiropractic assistants in this state. In e facts, statements and answers given by us begin a board approved course within three employment is terminated.	
Supervising Doctor	Date	Supervising D	octor Date	
Supervising Doctor	Date	Supervising D	octor Date	