



APPLICATION FOR PERCUTANEOUS THERAPY REGISTRATION

STATE OF ARIZONA | BOARD OF CHIROPRACTIC EXAMINERS
1740 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 FEE	\$50.00
DATE APPLICATION FEE PAID (month, day, year)	
APPLICATION NUMBER	
DATE REGISTERED	
REGISTRATION NUMBER	

BOARD OFFICE USE ONLY

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

APPLICANT INFORMATION

1. Last Name	2. First Name	3. Middle Name
4. Current Mailing Address (number and street or rural route)		
5. City	6. State	7. Zip
8. Telephone number (office) ()		9. E-mail address: (This address will not be a public record)

10. LICENSE & SPECIALTY CERTIFICATION INFORMATION

You must have one or both of the Specialty Certifications to apply for Registration.	LICENSE #:	
<input type="checkbox"/> PHYSICAL MEDICINE MODALITIES & THERAPEUTIC PROCEDURES	CERTIFICATE #:	
<input type="checkbox"/> ACUPUNCTURE	CERTIFICATE #:	

11. COURSEWORK

Registration requires 24 hours of in person contact hours of education				
DATE COMPLETED	COURSE NUMBER	COURSE NAME	PROVIDER	LENGTH (in hours)

Please provide copies of all certificates of completion with your application.

I am requesting that the Board review my course work or specialty certification training and make a determination if I am eligible for registration.

12. AFFIRMATION

I, _____, the licensee herein, swear or affirm that I 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 registration. 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	Date
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