



State of Arizona Board of Chiropractic Examiners

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Notice of Chiropractic Assistant Employment

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response. This form is to be delivered to the Board within Seven Calendar Days of Hiring a Chiropractic Assistant. Definition of Date of Initial Employment means the Date the Chiropractic Assistant began physically working with patients.

Chiropractic Assistant:

Name: _____

Date of Initial Employment as a Chiropractic Assistant: _____

Previously Registered as a Chiropractic Assistant: _____

Supervising Doctor:

1st Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____

2nd Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____

3rd Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____

Clinic Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

Signatures:

Chiropractic Assistant Date

Supervising Doctor Date

Supervising Doctor Date

Supervising Doctor Date

The above form maybe submitted to the Board by fax, email, or mail. Contact
Licensure@chiroboard.az.gov with any questions.

Updated: 1/2/2015