



State of Arizona Board of Chiropractic Examiners

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Notice of Chiropractic Assistant Termination

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

Chiropractic Assistant:

Name: _____
Date of Initial Employment: _____
Registration Date: _____
Date of Termination: _____

Supervising Doctor:

1st Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____
2nd Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____
3rd Doctor Name: _____ Lic. #: _____ PMMTP #: _____ Acup. #: _____
Address: _____
City/State/Zip: _____
Telephone: () _____

Signatures:

Supervising Doctor Date

Supervising Doctor Date

Supervising Doctor Date