



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Phone (602) 864-5088 • FAX (602) 864-5099
www.azchiroboard.us

Verification of Licensure in Good Standing

(Please print in blue or black ink)

Name: _____
Last First M.I.

The person listed above is applying for the following:

- Arizona Licensure by Examination
- Arizona Licensure by Reciprocity *(verification of licensure by examination required by reciprocity state)*
- Reinstatement of Arizona License
- Reinstatement of Retired Arizona License

The State of Arizona Board of Chiropractic Examiners requests that this form be completed by each jurisdiction in which the above referenced applicant holds or has held a license. Please complete this form and return it to the above address.

Name of Licensee: _____

State: _____ License Number: _____

Date Issued: _____ By Examination: _____ By Reciprocity/Waiver: _____

If licensed by examination, which exams were accepted for licensure?

- NBCE I-IV
- NBCE I-III
- SPEC
- State Exam
- Other: _____

Is license current? Yes No If no, date expired: _____

Has any disciplinary action been taken against this doctor's license? Yes No
If yes, please attach a certified copy of the Board Order(s).

Are there any pending complaints or open investigations against this doctor's license? Yes No
If yes, please provide this office with any available documents relating to the complaint or investigation. These will be used for our investigative purposes only.

STATE SEAL

Signed: _____
Title: _____
State Board: _____