State of Arizona
Board of Chiropractic Examiners

1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015
Phone (602) 864-5088 • FAX (602) 864-5099
www.chiroboard.az.gov

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:_____