

State of Arizona Board of Chiropractic Examiners

 5060 North 19th Avenue Suite 416
 Phoenix, Arizona 85015

 Voice: (602) 864-5088
 FAX (602) 864-5099

 Website: www.azchiroboard.com
 FAX (602) 864-5099

Chiropractic Assistant Registration

Registering the Chiropractic Assistants (C.A.) in your office with the Board of Chiropractic Examiners is a simple process. Review the requirements and follow the instruction on this page.

C.A. Course Work Requirements

1.	Basic:	24 hours of C.A. course work from Board approved Executive Director
		instructor and course.
2.	Specialty	12 hours physiotherapy coursework from Board approved instructor and course.
3.	Specialty	2 hours acupuncture coursework from Board approved instructor and course.

Course work must be started within three (3) months of hire and completed within one (1) year of hire.

If the supervising doctor has a specialty certificate in either physiotherapy or acupuncture or both, the additional course hours are required.

If the supervising doctor does not have any specialty certificates, the C.A. cannot assist in those areas, even if they took the additional hours in those specialty areas.

Registration Instructions for C.A.:

Please print or type the information on the C.A. Registration and Coursework Completion form.

- 1. Once the chiropractic assistant training is completed, fill out the *C.A. Registration and Coursework Completion* form and send to the Board office.
 - a. Make sure the form is filled out completely.
 - b. The instructor will provide their Board approved Course ID number and other necessary information.
 - *c*. All signatures must be originals.
 - d. Attach a copy of the CPR Card to the Registration form.
- 2. The approved C. A. Registration and Coursework Completion form will be returned to you with a signature and seal. You must keep this approved form at the C.A.'s place of employment, per law and rule.
- 4. If a CA works for a new supervising doctor, a Chiropractic Assistant Registration Transfer form needs to be filled out and sent to the Board office. The approved C.A. Registration and Coursework Completion form will be sent to the new supervising doctor to be kept on file as proof of CA Registration.

Janice K. Brewer Governor

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P. Dianne Haydon, D.C. Chairperson

S. Steven Baker, D.C. Vice-Chairperson

Susan Wenberg, D.C. Member

Evelyn Gittinger Member

Francisco Heredia Member

Patrice A. Pritzl Executive Director



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Chiropractic Assistant Registration And Coursework Completion

Chiropractic Assistant:

Nam	e:	Member			
Add	ress:				• • •
City/	/State/Zip:				Patrice A. Pritzl
Tele	phone: ()	Executive Director			
Initia	al Date of Employment:				
Supe	ervising Doctor:				
1^{st} D	octor Name:		Lic. #:	PT #:	Acup. #:
$2^{nd} \Gamma$	Ooctor Name:		Lic. #:	PT #:	Acup. #:
Clini	ic Name:				
Addı	ress:				
City/	/State/Zip:				
Tele	phone: ()				
Cou	rsework Completion:				
	Course Name	Hours	Cou	rse ID	Dates Attended
1.	Chiropractic Principles				
2.	Management of Common Diseases		· · · · · · · · · · · · · · · · · · ·		
3.	History Taking				
4.	Record Keeping				
5.	Professional Standards of Conduct		·		
6.	CPR		·		
Spec	cialty Coursework Completion:				
7.	Physiotherapy (12 hours)				
8.	Acupuncture (2 hours)				
Sign	atures:				
Chiropractic Assistant Date		_	Supervising Doctor		Date

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