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

Chiropractic Assistant Registration Transfer

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:_____
Address:_____
City/State/Zip:_____
Telephone: (____)_____

Initial registration date:____/____/____/

Previous Supervising Doctor(s):

1st Doctor Name:_____ Lic. #:_____ PT #:_____ Acup. #:____
2nd Doctor Name:_____ Lic. #:_____ PT #:_____ Acup. #:____

New Supervising Doctor(s):

1st Doctor Name:_____ Lic. #:_____ PT #:_____ Acup. #:____
2nd Doctor Name:_____ Lic. #:_____ PT #:_____ Acup. #:____
Clinic Name:_____
Address:_____
City/State/Zip:_____
Telephone: (____)_____

Signatures:

_____ _____
Chiropractic Assistant Date Supervising Doctor Date

_____
Supervising Doctor Date