



State of Arizona Board of Chiropractic Examiners

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Notice of Chiropractic Assistant Employment

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

Supervising Doctor:

1st Doctor Name: _____ Lic. #: _____ PT #: _____ Acup. #: _____

2nd Doctor Name: _____ Lic. #: _____ PT #: _____ Acup. #: _____

3rd Doctor Name: _____ Lic. #: _____ PT #: _____ Acup. #: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

Chiropractic Assistant:

Name: _____

Date of Initial Employment: _____

Signatures:

Supervising Doctor Date

Supervising Doctor Date

Supervising Doctor Date