



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
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Member

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Member

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Patrice A. Pritzl
Executive Director

Verification of Licensure in Good Standing

Name: _____
Last First M.I.
(Please type or print)

The person listed on this form 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
- Retired Arizona License

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

Name of Applicant/Licensee _____

State: _____ License Number: _____

Date Issued ____ / ____ / ____ By Examination ____ By Reciprocity/Waiver ____

Is license current? Yes No If no, date lapsed ____ / ____ / ____

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 the doctor's license? Yes No

If yes, please provide this office with documents/reports, for our investigative purposes only.

If verification of licensure by examination is required for reciprocity, what exams were accepted for licensure?

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

**STATE
SEAL**

Signed: _____
Title: _____
State Board: _____