



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.us

Chiropractic Assistant Registration and Coursework Completion

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: _____

Date of Initial Employment: _____

Supervising Doctor:

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

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

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

Clinic Name: _____

Address: _____

City/State/Zip: _____

Telephone: () _____

Coursework Completion:

<i>Course Name</i>	<i>Hours</i>	<i>Course ID</i>	<i>Dates Completed</i>
1. Chiropractic Principles	_____	_____	_____
2. Management of Common Diseases	_____	_____	_____
3. History Taking	_____	_____	_____
4. Record Keeping	_____	_____	_____
5. Professional Standards of Conduct	_____	_____	_____
6. CPR	_____	_____	_____

Specialty Coursework Completion:

<i>Course Name</i>	<i>Hours</i>	<i>Course ID</i>	<i>Dates Completed</i>
7. Physiotherapy	_____	_____	_____
8. Acupuncture	_____	_____	_____

Signatures:

Chiropractic Assistant

Date

Supervising Doctor

Date

Supervising Doctor

Date

Supervising Doctor

Date