



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

Janice K. Brewer
Governor

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P. Dianne Haydon, D.C.
Chairperson

Susan Wenberg, D.C.
Vice-Chairperson

James Badge, D.C.
Member

Norris Nordvold
Member

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Patrice A. Pritzl
Executive Director

Chiropractic Assistant Training Course Requirements for Board Approval

Thank you for your interest in getting your chiropractic assistant training course approved. Below are the requirements and documentation needed to do this.

Requirements and Documentation:

1. Submit documentation that describes each subject. (*attach syllabus and printed instructional material*)

| | |
|------------------------------------|-------------------|
| Chiropractic Principles: | (minimum 4 hours) |
| Management of Common Diseases: | (minimum 4 hours) |
| History Taking: | (minimum 4 hours) |
| Record Keeping: | (minimum 4 hours) |
| Professional Standards of Conduct: | (minimum 4 hours) |
| CPR: | (minimum 4 hours) |

| | |
|---------------|--------------------|
| Physiotherapy | (minimum 12 hours) |
| Acupuncture | (minimum 2 hours) |

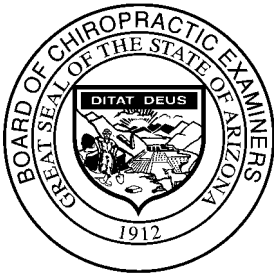
2. Curriculum Vitae from each instructor.
3. Proof of attendance form (*attach sample form*)

The Board must approve the training course before the course can be taught. If the course or instructors change, you will need to get the training course re-approved.

When approved, the Board will issue an approved course identification number. This will be used when filling out the chiropractic assistant registration, upon completion of training.

You can download the chiropractic assistant registration and associated forms from our website at: www.azchiroboard.us

Sincerely,
Jennifer Mitchell
Licensing Manager



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Application for Approval of Chiropractic Assistant Training Course

1. Organization: _____
2. Contact Person: _____
3. Address: _____
City/State/Zip: _____
Telephone: () _____
4. Main Instructor: _____
Address: _____
City/State/Zip: _____
Telephone: () _____
5. Course Title: _____
6. Topics: _____

Fill in the number of hours per subject that apply to your training course. Attach a syllabus and any printed brochure for the training course.

| <i>Course Name</i> | <i>(minimum hours)</i> | <i>Hours</i> |
|------------------------------------|------------------------|--------------|
| Chiropractic Principles: | (minimum 4 hours) | _____ |
| Management of Common Diseases: | (minimum 4 hours) | _____ |
| History Taking: | (minimum 4 hours) | _____ |
| Record Keeping: | (minimum 4 hours) | _____ |
| Professional Standards of Conduct: | (minimum 4 hours) | _____ |
| CPR: | (minimum 4 hours) | _____ |
| Physiotherapy | (minimum 12 hours) | _____ |
| Acupuncture | (minimum 2 hours) | _____ |

7. Will this course be available to C.A.'s, other than your employees? Yes: No:
8. Proof of Attendance: *Attach sample attendance sheet*
9. Signature: _____ Title: _____ Date: _____

Board Use Only

Course Approval #: _____ Date Approved: _____ / _____ / _____

Authorized Signature: _____

