



State of Arizona Board of Chiropractic Examiners

5060 North 19th Avenue Suite 416 • Phoenix, Arizona 85015
Voice: (602) 864-5088 FAX (602) 864-5099
TTY (800) 367-8939 (AZ Relay Service)

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. #: _____ PMMTP #: _____ Acup. #: _____

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

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

Address: _____

City/State/Zip: _____

Telephone: () _____

Chiropractic Assistant:

Name: _____

Date of Initial Employment: _____

Signatures:

Supervising Doctor Date

Supervising Doctor Date

Supervising Doctor Date