



# 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:

1<sup>st</sup> Doctor Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_ PT #: \_\_\_\_\_ Acup. #: \_\_\_\_\_

2<sup>nd</sup> Doctor Name: \_\_\_\_\_ Lic. #: \_\_\_\_\_ PT #: \_\_\_\_\_ Acup. #: \_\_\_\_\_

3<sup>rd</sup> 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