Chiropractic Assistant Registration Form

- Submit this form within seven (7) days of employment.
- The \$50.00 registration fee must be submitted within sixty (60) days of employment.
- The six (6) hours of continuing education must be received within six (6) months of employment.

Name:	
Address:	
Mailing Address:	
	SSN:
address. Clinic Name:	
Mailing Address:	
City:	
City: State, Zip:	

Are you also employed as a Radiological Technician? Yes No

You must keep the Board of Chiropractic Examiners notified of any changes to the above information.