



NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

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MAILING LIST REQUEST FORM

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1. Complete this form;
 - a. For electronic list – you must include a valid email address;
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NAME: _____

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CITY: _____; STATE: _____; ZIP _____

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ALL – CHIROPRACTORS & CERTIFIED CHIROPRACTIC CLINICAL ASSISTANTS (CCCA'S)

CHIROPRACTORS ONLY (Active & Inactive)

CERTIFIED CHIROPRACTIC CLINICAL ASSISTANTS (CCCA'S) ONLY

The ND Board of Chiropractic Examiners includes the Names, Mailing Addresses; Email Addresses; License Numbers; Issue Dates; Expiration Dates; and License Status.

We do not share Social Security Numbers; Birthdates; or Phone Numbers.

There is no fee for an electronic record. The list is in Microsoft Excel format.

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