



NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · Email: contact@ndsbce.org · Web: www.ndsbce.org

VERIFICATION OF CERTIFIED CHIROPRACTIC CLINICAL ASSISTANT

INSTRUCTIONS TO APPLICANT:

Print your name and certification number in the space provided. Forward a copy of this form to each licensing Board in which you are, or have ever been, certified as a chiropractic assistant, or equivalent. Make additional copies of this form as needed.

TO: _____
[State or Jurisdiction where you hold, or have held, a certified chiropractic clinical assistant certification or equivalent]

[Applicant's Name]

[Certification Number]

LICENSING BOARD SECTION: The above-named applicant is applying as a certified chiropractic clinical assistant in North Dakota. Please provide the following information and return this form to the address listed above.

Certification Status: Active Inactive Lapsed Other

Issue Date: _____ Expiration Date: _____

Basis for Issuance of Certification: (check all that apply)

_____ CCCA Program & Examination of the Federation of Chiropractic Licensing Boards

_____ Reciprocity/Endorsement from (please list state): _____

_____ State Examination: *see question below if you have selected this option.

*How many hours of education are required prior to taking your state examination? _____

- Is this applicant's certificate in good standing? YES; NO
- Has the applicant incurred any disciplinary action in your State? YES; NO
- Has the applicant's certification ever been limited, denied, surrendered, suspended, or revoked? YES; NO
Please attach copies of any action taken by your board.

I hereby certify, to the best of my knowledge, the information above is true per the records of this board.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Board Seal