

# Certified Chiropractic Assistant Application

Oregon Board of Chiropractic Examiners  
 3218 Pringle Road SE, Suite 150,  
 Salem OR 97302-6311  
 (503) 378-5816, ext. 22

(See reverse side for instructions)

CERT. # \_\_\_\_\_  
 (issued by OBCE)

Paste Photo Here	First	Middle	Last
	Home Mailing Address:		
	City	State	Zip
	Phone (       )		
	Birth Date:		

\_\_\_\_\_  
 (Date Photo was Taken)

## CERTIFICATION of APPLICANT

I, (print or type your name) \_\_\_\_\_, do hereby certify that I am the applicant mentioned in the foregoing application and that all statements are true and correct to my knowledge and belief, and also I certify that the photograph attached is a true likeness of myself. I also do hereby agree to respect and adhere to the letter and spirit of the Law which governs the Chiropractic Profession and Certified Chiropractic Assistants in Oregon (ORS Chapter 684 and OAR Chapter 811). (If applicant is not employed at initial CA certification, disregard this section, and use the enclosed Employment Verification form after employment begins.)

\_\_\_\_\_  
 Signature of Chiropractic Assistant Applicant /  
Date signed

## VERIFICATION of EMPLOYMENT (by supervising Chiropractic Physician)

I certify that the above named person is currently employed by me, **that I have read the applicant's answers on the back of the application.** and that I will be acting as the supervising chiropractic physician over this person.

\_\_\_\_\_  
 Signature of Supervising Chiropractic Physician (REQUIRED, if employed) /  
DC License #

\_\_\_\_\_  
 Clinic Name and Address (       )  
Clinic Telephone #

### FOR OBCE OFFICE USE ONLY

Application Fee Received    \$ 25    ___ Examination Fee Receive    \$ 35    ___ Certification Fee Received    \$ 50    ___ (Total Fees Due \$110) ✓ category received; write in deposit date	Deposit Date _____	Date Application Received _____ Date Certificate Issued _____ Approval: (Signature of OBCE Program Manager) _____
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**CIRCLE** the appropriate answer to all questions below. **IF YOU ANSWER "YES"** to any question, please **EXPLAIN YOUR ANSWER IN DETAIL ON A SEPARATE SHEET**, and if you answer "Yes" to question #s 5, 6, or 7, **SUBMIT THE POLICE or COURT DOCUMENTS**. Failure to provide this information may delay the processing of your application.

1.	Have you ever used any other name than the one you are using to make this application? If yes, list names.	Yes	No
2.	Are you a massage therapy student and/or physical therapist student?  If you have <b>ever</b> licensed as a Massage or Physical therapist, please circle which vocation:  ____ Massage Therapist      ____ Physical Therapist  Is either license currently active? In which state/s? _____	Yes	No
3.	Have you ever been terminated for cause as a Chiropractic Assistant in Oregon or elsewhere?  If yes, on a separate piece of paper, describe the circumstances of your termination, including chiropractor's name, address, telephone number and dates of your employment. Include any other facts that are relevant.	Yes	No
4.	Have you ever received a disciplinary sanction under ANY professional license or certification?	Yes	No
5.	Have you ever been arrested for, or charged with, a violation, misdemeanor or felony – in Oregon or elsewhere?	Yes	No
6.	Have you ever been treated for substance abuse of any kind?	Yes	No
7.	Have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to any offense, misdemeanor or felony, which could have resulted in your imprisonment in a state or local institution? (Even if not imprisoned.)	Yes	No

## APPLICATION INSTRUCTIONS

**NOTE: Applicant Must Be At Least 18 Years of Age to Certify**

- 1) Complete the front and back of the application. Answer ALL questions and attach additional explanation when answering "Yes" to any question.
- 2) Attach an original, un-retouched, photograph taken within the last six months showing a front view. No photocopies will be accepted.
- 3) Application for certification must also be accompanied by:
  - a) The completed open book examination (obtain from the OBCE; call (503) 378-5816 x22.)
  - b) Total fees equaling \$110: Application... \$25 Examination... \$35 Certification fee... \$50
  - c) Proof of completion of Initial Training Course for Chiropractic Assistant certification
  - d) The "Statutory Requirements Regarding Social Security Numbers" form, and
- 4) If you ARE employed by a chiropractic physician today, your employing supervising DC MUST sign the front of the application. **DO NOT** complete the enclosed "Verification of Employment" form. If you are NOT employed today, complete the separate Verification Form **ONLY** when you become employed, and Mail it within 10 days of employment.
- 5) Mail all application materials and fees using pre-addressed envelope enclosed or mail to:

**Oregon Board of Chiropractic Examiners  
Unit 01  
PO Box 4395  
Portland, OR 97208-4395**

**\*\* Incomplete applications will not be processed until all requirements are met and submitted \*\***