

Certified Chiropractic Assistant Employment Verification Form

As a chiropractic assistant, you are required to notify the Oregon Board of Chiropractic Examiners where you are working and who will be your supervising chiropractic physician. You MAY certify prior to being employed, but you must notify the OBCE in writing within 10 days of employment.

Please use this form to notify the OBCE.

Additional uses of this form.

- Use this form if you are CHANGING employers. This also requires notifying the OBCE within 10 days; or
- Use this form if you have started working for an additional chiropractic physician. Again, you must notify the OBCE who that chiropractor is and where the clinic is located.

Mail this completed Employment Verification Form to: OBCE, Attention: Kelly Bird, 3218 Pringle Rd SE, Ste. 150, Salem OR 97302-6311. (Send within 10 days of employment status change)

NAME of CCA: _____ **CERT No:** _____ (if issued)

I, certify that as of this date _____ I began employment with OBCE licensee,

Dr. _____ / _____ (required)

(Print DC's Name)

(Lic. No.)

The clinic where I provide therapies is located at this address:

(Clinic Address)

(City / State)

(Zip)

I understand that as a CERTIFIED chiropractic assistant, I may only perform therapies when the supervising DC is physically on the premises. I may NOT perform therapies for any person who has not, or does not, first see the doctor for a diagnosis and treatment plan.

By my signature, I certify that this information is true and correct.

_____ *

Signature of CCA

_____ *

Signature of Chiropractor

***TWO** signatures are required above - the chiropractic assistant's AND the supervising DCs.

*It is the responsibility of the Certified Chiropractic Assistant
to inform the Board of any employment or address changes.*