

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.

Check the appropriate box:

This is my **FIRST PRACTICE** location since I received my chiropractic assistant license.

This is an **ADDITIONAL CLINIC** location (I'm already practicing somewhere else too)

This is a **CHANGE** in practice location (Please delete any other practice location in the OBCE's database.)

NAME of CCA: _____ **CERT No:** _____

I, certify that as of this date _____ I began working as a licensed Chiropractic Assistant for:

Dr. _____ / _____ (*required*)
(Print DC's Name) (DC's 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 Doctor of Chiropractic 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 (**required*) Signature of Chiropractor (**required*)

**If you would like a NEW certificate to be printed with this new information,
please attach your \$5 check (or Credit Card Authorization form).**

Mail this completed Employment Verification Form to: OBCE, 3218 Pringle Rd SE, Ste 150, Salem OR 97302 (Send within 10 days of employment status change) OR Fax to (503) 362-1260