

*Photograph of  
Applicant*

*Attach a 2x2 photo from the  
neck up taken within the  
previous 6 months.  
Photograph MUST be pasted  
and not stapled to application*



**STATE OF OKLAHOMA BOARD OF  
CHIROPRACTIC EXAMINERS  
APPLICATION FOR  
CERTIFIED CHIROPRACTIC  
ASSISTANT PERMIT**

FOR OFFICE USE ONLY

\_\_\_\_\_  
Date application received

\_\_\_\_\_  
Completed Application

\_\_\_\_\_  
Approval Date

\_\_\_\_\_  
Certification #

This Form Must Be Filled Out and Returned with Your Check or Money Order to:

Oklahoma Board of Chiropractic Examiners  
421 NW 13<sup>th</sup>, Suite 180  
Oklahoma City, Oklahoma 73103

**Section I. Official Registration and Correspondence Address**

This is the address where you will receive official correspondence from the Board.

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: (     ) \_\_\_\_\_ - \_\_\_\_\_ Fax #: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell #: (     ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security Number \_\_\_\_\_

(We will not put cell # or email on any public website this is for board use only. You must fill out the form completely and answer each question truthfully.)

2. **Official Identification:** You must attach a copy of your driver's license or state issued identification card with a picture to this application. State driver's license \_\_\_\_\_ Other form of identification \_\_\_\_\_

3. List any other names you have been known by and the reason for the change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section II. Previous Experience or Training**

1. Do you currently work for a chiropractic physician? If so, for how long?

\_\_\_\_\_

1. Please list any schools, programs or training you have received as a chiropractic assistant.

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**Section III. List all chiropractic office addresses in which you have worked in the past 5 years:**

This includes any office in which you were employed by a chiropractic physician for any purpose. You may attach additional sheets if necessary.

Employing Chiropractor: \_\_\_\_\_ Full time \_\_\_\_ Part-Time \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employing Chiropractor: \_\_\_\_\_ Full time \_\_\_\_ Part-Time \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employing Chiropractor: \_\_\_\_\_ Full time \_\_\_\_ Part-Time \_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Section IV. Please read all the questions and sign the attached affidavit below**

1. Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?

Yes \_\_\_\_\_ No \_\_\_\_\_.

2. Have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority; federal, state or municipal other than speeding tickets?

Yes \_\_\_\_\_ No \_\_\_\_\_.

(This includes any other professional license that has had action taken against it or been suspended and/or any criminal convictions or deferred sentences where a guilty or no contest plea has been given)

3. Have you ever been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI or APC?

Yes \_\_\_\_\_ No \_\_\_\_\_.

***\*If you answered yes to any of the questions 1 thru 3, please attach a letter with an explanation including any charges, dates, county/state, and the outcome.***

**Section V. Affidavit of Chiropractic Assistant**

I do hereby attest that all information or statements made on this form(s) or any information given in connection therewith, to be true and correct. I understand and agree that this is a State of Oklahoma official document and any misrepresentation or fraudulent statement on any part of this form(s) may be grounds for disciplinary action as set forth by the Oklahoma State Chiropractic Practice Act as well as other laws under the State of Oklahoma.

I certify that I have read the State Chiropractic laws, 59 O.S. 161.1 et. Seq. and the rules that are located on the State Board of Chiropractic Examiners website at [www.chiropracticboard.ok.gov](http://www.chiropracticboard.ok.gov). I understand and agree that any requirements for this certification enacted by statute or the rules that I have not already met will be completed within one year of the enactment of the rules or statutes or I may be subject to non-renewal.

Chiropractic Assistant Signature \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the above person is working in a capacity as a chiropractic assistant under my supervision as of the date of the affidavit.

Chiropractic Physician \_\_\_\_\_ Date: \_\_\_\_\_

Chiropractic license # \_\_\_\_\_

**TOTAL LICENSE AND OTHER FEES**

1. Chiropractic Assistant Application fee \$50.00 \_\_\_\_\_
2. Examination fee (*paid online*) \$50.00 \_\_\_\_\_

**INSTRUCTIONS FOR CHIROPRACTIC ASSISTANT CERTIFICATION**