BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Certification of Licensure and State Endorsement

ALL BLANKS MUST BE COMPLETED. IF NOT APPLICABLE, ENTER N/A

Name of Applicant:					
Address:	Number	Street	City	State	Zip Code

License Certification

State, province or territory completing this endorsement _____ License number:_____

License issue date: _____ Expiration date: _____ License status: _____
(active, inactive, cancelled, suspended, etc.)

Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters of warning? ❒ Yes ❒ No

IF YES, ATTACH AN EXPLANATION OR A CERTIFIED COPY OF THE DISCIPLINE TAKEN

Examination Criteria

How was the applicant granted licensure in your state?
❒ Examination (If by examination, please complete the results sections below)
❒ Reciprocity/Endorsement from which state _____
❒ Other (If selected, please attach an explanation)

Written examination results:

SUBJECT	SCORE ATTAINED

Practical or clinical examination results: (Note: California's examination includes sections in x-ray, clinical competency, adjustive technique, and physiotherapy)

SUBJECT	SCORE ATTAINED
X-Ray	
Clinical Competency	
Adjustive Technique	
Physiotherapy	

T (916) 263-5355
F (916) 327-0039
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, California 95814
www.chiro.ca.gov

BOARD CERTIFICATION

I hereby certify under penalty of perjury, that the foregoing information is true and correct. I further certify that the current laws of the state, province, or territory of _____
(Name of State)

permit us to grant reciprocal licensure to California chiropractic licensees if they meet our state, province, or territory's specific qualifications and requirements.

_____ _____
Signature Date

_____ _____
Print or Type Name Title

_____
Telephone Number

AFFIX BOARD SEAL