Board of Chiropractic Examiners
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Quarterly Probation Report

INSTRUCTIONS: Please print or type. All blanks must be completed; if not applicable enter N/A. If more space is needed attach additional sheets. The report is due quarterly based on the calendar year (January-December). The reports are due for the entire duration of your probation. Keep this as your master copy, if you should need a new master it can be found on our web site under forms. Please DO NOT FAX your report, as it will not be accepted, an original signature is required.

Check Appropriate Box for Reporting Period Covered

Report Period	Due to the Board By:
☐ January 1st - March 31st	April 10th
☐ April 1st - June 30th	July 10th
☐ July 1st - September 30th	October 10th
☐ October 1st - December 31st	January 10th
☐ Other: _____ to _____	

Probationer Name:	First	Middle	Last		Aliases
Home Address:	Number & Street	City	State	Zip	Phone Number ( )
Employer or Name of Practice:					
Address:	Number & Street	City	State	Zip	Phone Number ( )
Indicate the number of hours worked this quarter: Per week Per month			**What is your work schedule?**		

The Following Questions Refer to the Time Period Since You Last Completed a Quarterly Probation Report

1. Have you been arrested, charged, or convicted of any violation of federal or state statutes, county or city ordinances, in this state or any other state? ☐ Yes* ☐ No
2. Have you been treated for addiction to alcohol and/or drugs? ☐ Yes* ☐ No
3. Have you violated, or been arrested, convicted of, or cited for driving under the influence of alcohol or drugs? ☐ Yes* ☐ No
4. Have you violated, been arrested, convicted of, or received a citation for reckless driving or any other vehicle code violation involving alcohol or drugs or any incident involving alcohol or drugs? ☐ Yes* ☐ No
5. Have you violated, been arrested, diverted for, convicted of, or pled nolo contendere in any state court, federal court or foreign country to any misdemeanor, felony, or other offense? If yes, specify which one in your explanation. ☐ Yes* ☐ No
6. Is there any civil suit filed or pending against you? ☐ Yes* ☐ No
7. Have you resigned from any employment or has your employment been terminated? ☐ Yes* ☐ No
8. Have you failed to keep your license current and valid? ☐ Yes* ☐ No
9. Have you been denied or have you surrendered a license or certificate to practice a business or profession by any other federal, state, governmental agency or other country? ☐ Yes* ☐ No

 (Continued on Reverse)

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10. Are you in the process of applying for any other business or professional license or certificate?	☐ Yes*	☐ No
11. Do you have any unlicensed individuals that you supervise at your practice (this is not referring to students in a preceptor program)? If yes, how many and what are their work hours.	☐ Yes*	☐ No
12. Do you work with any other professional licensed individuals? If yes, please provide their names.	☐ Yes*	☐ No
13. Have you complied with every condition of the terms of this probation?	☐ Yes	☐ No*

***IF YOU ANSWERED YES, to the above question numbers 1 through 12 or NO to question number 13, you must explain in detail, on an attached sheet of paper, with your explanation(s). Failure to submit the explanation will result in noncompliance with your probation.**

Do you practice chiropractic at any other location? If yes, please provide the name of the practice, the address, and your work schedule:

Generally describe what types of techniques, treatments, nutritional aides, or procedures you utilize in your practice:

Provide the titles of continuing education courses you have completed for this quarter, if any:

What question(s), if any, do you have for the Board regarding your probation:

I hereby submit this Quarterly Report as required by the California Board of Chiropractic Examiners and its Order of probation thereof, and declare under penalty of perjury under the laws of the State of California that I have read the foregoing report in its entirety and know its contents and that all statements made are true in every respect, and understand that misstatements or omissions of material fact may be cause for revocation of probation.

Original Signature

Date

Please ensure that you complete your quarterly report in a timely manner so that it will be received by the Board on or before the due date specified on page 1. FAX copies will not be accepted. If you need a blank probation report it can be found on the Board's web site under forms.