STATE OF CALIFORNIA EDMUND G. BROWN Jr., Governor

Board of Chiropractic Examiners
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Consumer Compliant Hotline (866) 543-1311
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Application for Chiropractic Referral Service

Pursuant to California Code of Regulations section 317.1 you are required to submit to the Board for approval an application for a chiropractic referral service. A $25.00 nonrefundable fee must be submitted with this application.

The referral bureau shall be made up of at least five (5) chiropractors of which there is no fiduciary relationship one to the other. One participating office may not represent more than 20 percent of the bureau's available practitioners. Please enclose a copy of the contractual agreement between the referral service and participating chiropractors. In addition, provide the Board with the method of referring callers to participating chiropractors, if not included in the agreement.

Please print or type

Referral Service Name:			Telephone Number for Answering Service: ( )		
Referral Service Address:	Number	Street	City	State	Zip Code
Contact Person for the Referral Service:					

Doctors Participating in the Referral Service (if additional space is needed, please attach a separate sheet)

Name						License Number
Business Name and Address:	Number	Street	City	State	Zip Code	Phone Number ( )
Name						License Number
Business Name and Address:	Number	Street	City	State	Zip Code	Phone Number ( )
Name						License Number
Business Name and Address:	Number	Street	City	State	Zip Code	Phone Number ( )
Name						License Number
Business Name and Address:	Number	Street	City	State	Zip Code	Phone Number ( )
Name						License Number
Business Name and Address:	Number	Street	City	State	Zip Code	Phone Number ( )

Please enclose a copy of the fictitious business name statement for the Referral Service.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Principal Chiropractor

Date