



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: _____ <small>(active, inactive, cancelled, suspended, etc.)</small>
Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters of warning? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>IF YES, ATTACH AN EXPLANATION OR A CERTIFIED COPY OF THE DISCIPLINE TAKEN</small>	

Examination Criteria	
How was the applicant granted licensure in your state? <input type="checkbox"/> Examination <small>(If by examination, please complete the results sections below)</small>	
<input type="checkbox"/> Reciprocity/Endorsement from which state _____	
<input type="checkbox"/> Other <small>(If selected, please attach an explanation)</small>	
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	

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