



## Quarterly Probation Report

**INSTRUCTIONS:** Please print or type. All blanks must be completed, if not applicable, enter N/A. Attach additional sheets, if more space is needed. 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 website: [www.chiro.ca.gov](http://www.chiro.ca.gov), under Forms & Applications. An original signature is required. **DO NOT FAX** your report, as it will not be accepted.

### Check Appropriate Box for Reporting Period Covered

#### Report Period

#### Due to the Board by:

- |  |                          |
|--|--------------------------|
| <input type="checkbox"/> January 1 <sup>st</sup> – March 31 <sup>st</sup>    | April 10 <sup>th</sup>   |
| <input type="checkbox"/> April 1 <sup>st</sup> – June 30 <sup>th</sup>       | July 10 <sup>th</sup>    |
| <input type="checkbox"/> July 1 <sup>st</sup> – September 30 <sup>th</sup>   | October 10 <sup>th</sup> |
| <input type="checkbox"/> October 1 <sup>st</sup> – December 31 <sup>st</sup> | January 10 <sup>th</sup> |
| <input type="checkbox"/> Other: _____ to _____                               |                          |

|  |                 |        |                             |         |             |  |
|--|-----------------|--------|-----------------------------|---------|-------------|--|
| Probationer Name:  | First           | Middle | Last                        | Aliases |             |  |
| Home Address:  | Number & Street | City   | State                       | Zip     | Phone # ( ) |  |
| Employer or Name of Practice:  |                 |        |                             |         |             |  |
| Address:   | Number & Street | City   | State                       | Zip     | Phone # ( ) |  |
| Indicate the # of hours worked this quarter:<br>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, government agency or other country?  Yes\*  No

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. FAILURE TO SUBMIT EXPLANATION WILL RESULT IN NONCOMPLIANCE WITH YOUR PROBATION.**

|   |
|---|
| Do you practice chiropractic at any other location? If yes, 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:   |
| <p><b><i>I hereby submit this Quarterly Probation Report as required by the California Board of Chiropractic Examiners and its Order of Probation thereof, and declare <u>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 <u>misstatements or omissions of material fact may be cause for revocation of probation.</u></u></i></b></p> |
| <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Original Signature</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>   |
| <p><b>Please ensure that you complete your quarterly probation report in a timely manner so that it will be received by the Board on or before the due date specified on page 1. FAXED copies WILL NOT BE ACCPETED. If you need a blank probation report, it can be found on our website at: <a href="http://www.chiro.ca.gov">www.chiro.ca.gov</a>, under Forms &amp; Applications.</b></p>  |