

Certificate No. _____
Date Certification Issued _____
Fee Paid /Date _____

LOUISIANA BOARD OF CHIROPRACTIC EXAMINERS

8621 Summa Avenue, Baton Rouge, LA 70809

(225) 765-2322

Application for Certification of X-Ray Proficiency

Each applicant must answer all questions fully and precisely. Insufficiency of the answers will be grounds for rejection of the application. All answers must be either printed legibly or typed, and sworn to by the applicant. Use additional sheets of paper, if necessary, to fully answer any questions.

NOTICE: This application must be completed in its entirety and accompanied by:

1. Copy of Photo ID (Drivers License, Passport or State of Louisiana ID)
2. Fee \$75.00+ \$10.00 certified mail postage /handling costs = total \$85.00
payable to: LA Board of Chiropractic Examiners (money order, clinic check, cashier's check or certified check-NO personal checks or cash)
3. Notary's signature and seal where applicable
4. Certificate of attendance of course attended.

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1. Name in full _____
 2. Print name as you wish it to appear on certificate _____
 3. Date of birth _____ Place of birth (town/city, state) _____
 4. Social Security Number: _____ Drivers License Number & State _____
 5. Home address _____ Phone _____

 6. Office address _____ Phone _____

 7. Date of Employment _____
 8. E-mail address _____
 9. Do you have a High School diploma or equivalent? Yes ___ No ___ .If yes, date of graduation _____
 10. Have you completed and passed a course in X-Ray Proficiency & Safety? _____
 11. Date of completion _____
 12. Organization presenting course: _____

I solemnly swear and attest that the statements made herein are true to the best of my knowledge and further that, if granted a Certificate by the Louisiana Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address.

(Print your Name)

(Signature)

Signed and sworn to before me this _____ day of _____, _____ (SEAL)

My Commission Number: _____

(Signature of Notary)

My Commission Expires: _____

(Print Name)

