State of Louisiana

BOARD OF CHIROPRACTIC EXAMINERS

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2026 - 2027 X-RAY PROFICIENCY REGISTRATION

1. LAC 46:XXVII.317.B requires annual registration of x-ray proficiency certificates. This page, with the form below completed in its entirety, and the fee of **$50.00**, must be received at the Board office on or before **July 31, 2026 (postmarked)** to be registered for the period of August 1, 2026 to July 31, 2027. Remit a certified check, money order or clinic (business) check only (no personal checks) payable to *LA Board of Chiropractic Examiners*, in the amount of **$50.00**.

2. **IF REGISTRATION REQUIREMENTS ARE NOT MET BY THE DEADLINE, JULY 31, 2026, YOUR CERTIFICATE WILL AUTOMATICALLY BE REVOKED.** Any registration form postmarked after July 31, 2026 will be considered "delinquent" and will be returned to you. A written request for issuance of a **new certificate** will be required, as well as the fee, documentation, and new application.

NO FAXED or EMAILED FORMS WILL BE ACCEPTED

LAST NAME _____ FIRST NAME _____ M.I. _____ AGE _____ CERT. # _____

*EMPLOYMENT ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

*HOME ADDRESS _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

*EMPLOYMENT PHONE. _____ HOME PHONE. _____ EMAIL Address _____

CLINIC/Place of EMPLOYMENT NAME _____ NAME of EMPLOYER (person) _____

* If you are employed by more than one employer OR at more than one address, please list that address and telephone information on a separate sheet of paper and attach to this registration.

PLEASE CHECK ONE:

_____ Mail to my employment address.
_____ Mail to my employment address with **tracking** (add $15.00).
_____ Email to my email address (add $5.00).
_____ Mail to my home address.
_____ Mail to my home address with **tracking** (add $15.00)
_____ Order a duplicate original x-ray proficiency certificate (add $40.00)
_____ Order a duplicate original renewal voucher (add $10.00)

I certify that the above information is correct to the best of my knowledge.

Driver's License # & State _____ Social Security # (last 4digits) _____ Signature _____ Date _____