



State of Louisiana

BOARD OF CHIROPRACTIC EXAMINERS

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2026 - 2027 X-RAY PROFICIENCY REGISTRATION

Michael N. Traxler, D.C.
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505 N. 18th Street, Ste. B
Monroe, LA 71201

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2215 Pelopidas St., Ste. B
New Orleans, LA 70122

Rafael Azuara, Jr.
Consumer Member
2189 Park Drive
Baton Rouge, LA 70819

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

Shay W. Corbin, D.C.
7417 Jefferson F
Baton Rouge, LA 70806

Francis J. "Jim" L.
P.O. Box 522
St. Martinville, LA 70582

Denise D. Rollet
2108 Rue Simon
Hammond, LA 70403

LAST NAME	FIRST NAME	M.I.	AGE	CERT. #
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 4 digits)	Signature	Date
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