

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
Chiropractic Clinical Assistant Application and
Exam Registration for Certificate of Competency

Mail, Email or Fax completed application to: N.C. Board of Chiropractic Examiners
363 Church Street N, Suite 250-R
Concord, NC 28025
Fax #: (704) 793-1385
ncboce@ncchiroboard.com

Application Fee: \$20.00, payable by card on the application page of the Board
Website: ncchiroboard.com Or Mail check to address above.

Registration for Exam Date of: Jan ___ Apr ___ Jul ___ Oct ___ 20___

I. Personal Information

Name (please print): _____

Home address: _____

City: _____ State: _____ Zip Code: _____

Primary telephone: _____ Cell phone: _____

E-mail: _____

Date of birth: _____ Social Security no. (last 4 digits): _____

II. Education

Are you a high school graduate? If yes, give year of graduation: _____

Name of high school _____ City/State: _____

If no, do you have a G.E.D. or other equivalency diploma? Yes: _____ No: _____

Name of entity awarding G.E.D./equivalency diploma: _____

City/State: _____ Year awarded: _____

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III. Good Moral Character

Have you ever been convicted of a felony? Yes: _____ No: _____ If yes, identify
felony, give date of conviction, county and state where convicted:

Are there any pending criminal charges against you? Yes _____ No: _____

If yes, identify all charges and give county and state where charges are pending:

Are you addicted to or dependent upon alcohol or any other drug?

Yes: _____ No: _____ If yes, explain: _____

IV. Employment Information

Employer's name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work telephone: _____ Date employment began: _____

V. Optional Information (maintained for statistical purposes only)

Sex: _____ Race: _____

I certify by signing below, that to the best of my knowledge, the information contained in this application is accurate and complete.

Applicant's Signature

Date

See Attestation of Good Moral Character Requirement on the next Page.

ATTESTATION OF GOOD MORAL CHARACTER

NOTE: This portion of the application form should be completed by a person who knows the applicant but is not related to the applicant, such as an employer, teacher, minister, neighbor, etc.

Completed form should be sent to ncboce@ncchiroboard.com or

Faxed to (704) 793-1385

Applicant Name: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Your age: _____ Your occupation: _____

How do you know the applicant? _____

How long have you known the applicant? _____

I hereby attest that I am not related to the applicant, that I have known and observed the applicant for a sufficient period of time to form an opinion as to the applicant's character and reputation, and that in my judgment the applicant possesses good moral character.

Attester's Signature

Date