

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
Application and Registration for X-Ray Certification

*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 credit card on the application page of the Board
Website: ncchiroboard.com Or Mail check to the address above.

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

Personal Information

Name (please print) _____

Home Address _____ City _____ State _____

Zip code _____ Primary Telephone # _____ E-mail _____

Date of birth _____ Male ___ Female ___ SS # (last 4 digits) _____

- Did you graduate from high school? Yes ___ No ___
- If not, did you obtain the equivalency of a high school diploma? Yes ___ No ___
- Do you now have or have you ever had an addiction to or dependency upon alcohol or drugs? Yes ___ No ___
- Do you have any physical, mental or emotional infirmity? Yes ___ No ___
If yes, explain _____
- Have you ever been convicted of a felony? Yes ___ No ___
- Are you currently under investigation for any criminal offense? Yes ___ No ___

Employment Information

Supervising DC _____ Date employed _____

Address _____ Telephone _____

E-mail address _____

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