

**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*  
*6070 Six Forks Rd. Ste. L*  
*Raleigh, NC 27609*  
*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](http://ncchiroboard.com) or Mail check to the address above. Cash will not be accepted.*

**Registering for Exam Date: Month: \_\_\_\_\_ Year: 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.: \_\_\_\_\_

**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: \_\_\_\_\_

Office email: \_\_\_\_\_

#### **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](mailto:ncboce@ncchiroboard.com) or*

*Faxed to: (704) 793-1385*

Applicant Name: \_\_\_\_\_

Your 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