

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
Radiologic Technologist (X-Ray Tech) Application and Exam Registration
for Certificate of Competency

Email, Mail or Fax completed application to: *N.C. Board of Chiropractic Examiners*
6070 Six Forks Rd., Suite L
Raleigh, NC 27609
Fax #: (704) 793-1385
Email: ncboce@ncchiroboard.com

Registering for Exam Date: Month: _____ Year: 20 _____

Personal Information

Name (please print): _____

Home Address: _____ City: _____ State: _____

Zip code: _____ Primary Telephone #: _____ E-mail: _____

Date of birth: _____ Male: ___ Female: ___ SS #: _____

- 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: _____

Office email 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