



STATE OF NORTH CAROLINA
BOARD OF CHIROPRACTIC EXAMINERS

9121 Anson Way, Suite 200
Raleigh, North Carolina 27615
704-793-1342

**NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
RECIPROCITY ANALYSIS FORM**

Applicant Section

Full Legal Name

<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>

Current Residential Address

<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>

Email

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Please have a representative of the Board in the state from which you are applying answer the questions below, sign, and return the form to us by email (john@ncchiroboard.com) or fax (704-793-1385).

1. Does the above listed Chiropractor hold an active license, in good standing, in your state?

- Yes
- No

2. Has the above listed Chiropractor been an active practitioner in your state for at least one out of the last three years?

- Yes
- No

3. Has any disciplinary action been taken against the above listed Chiropractor?

- Yes (if yes, please attach additional documentation or description of the disciplinary action)
- No



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6070 Six Forks Road, Suite L
Raleigh, North Carolina 27609
704-793-1342

4. Did your board verify that the above listed Chiropractor completed a baccalaureate degree from a regionally accredited university?

- Yes
 No

5. Did your board verify that the above listed Chiropractor completed a Doctor of Chiropractic degree from an institution accredited by the Council on Chiropractic Education?

- Yes
 No

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Name of Chiropractic College *Date of Graduation*

6. Which National Board exams were verified prior to issuing the above listed Chiropractor a license (check all that apply)?

- Part I
 Part II
 Part III
 Part IV
 Physiotherapy
 SPEC

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

Name: _____

Title: _____

Date: _____

Signature: _____