

OREGON BOARD OF CHIROPRACTIC EXAMINERS

Chiropractic Assistant Renewal Notice

RENEWAL DATE: July 31, _____ (year)

RENEWAL PAYMENT : \$75.00 *

NAME: _____ LIC #: _____

EDUCATION: ___ 6 hours ___ Exempt **

* Contact the OBCE if you are renewing after July 31; there is a late fee.

** For CAs who initially certified between March 1 and May 31 of this year, you are exempt from the 6 hour CE requirement.

Instructions: Read carefully. Answer all questions.

1. Check YES or NO in answer to these questions. ("YES" answers require a full written explanation.)
Since your recent initial license date, OR last renewal,
(a) Have you been charged, arrested, or convicted (regardless of a dismissal or diversion) of any misdemeanor or felony? a. YES ___ or NO ___
(b) Have you been, or are you in the process of being, disciplined by any other regulatory body?..... b. YES ___ or NO ___
2. Please write in your employment and home address below.
3. SIGN and DATE this Renewal Notice and Affidavit, and return it to the OBCE by July 31.

If you ARE employed, the chiropractor's name and address are REQUIRED.

EMPLOYING CHIROPRACTOR Not employed? ___ Check here ___ if this is a change.

DC's Name: _____
Clinic: _____
Address: _____
City, State, Zip: _____
Telephone: _____

HOME ADDRESS Check here ___ if this is a Home Address change.

Address: _____
City, State, Zip: _____
Telephone: _____
(Required) Email: _____

CONTINUING EDUCATION AFFIDAVIT

By your signature below you affirm that you HAVE COMPLETED your required continuing education.

CHECK ONE BOX ONLY.

- ___ I have been trained in taking VITALS under another OREGON license and therefore am EXEMPT from the OBCE's 2 hours Vitals CE mandate; AND I have completed my regular annual six (6) CE hours.
- ___ I affirm that I have completed the OBCE's 2 hours Vitals CE mandate as part of my annual six (6) hours CE.
- ___ I have left the CA profession and I am NOT renewing my CA certificate, or practicing after July 31.

Failure to complete your CE, to submit this form and your payment (postmarked) by the Renewal Date above will incur a late renewal penalty.

By my signature I verify that all information hereon is true and correct.

Signature: _____

Date: _____

Send your Payment and Renewal Notice/Affidavit to: OBCE, 3218 Pringle Rd SE, Suite 150, Salem, OR 97302
Questions? Contact the OBCE @ (503) 373-1573 or email Oregon.obce@oregon.gov