LOUISIANA BOARD OF
CHIROPRACTIC EXAMINERS
8621 Summa Avenue, Baton Rouge, LA 70809 | Phone: 225-765-2322 / Fax: 225-765-2640 / Email LSBCE@eatel.net

APPLICATION FOR CERTIFICATION OF X-RAY PROFICIENCY

Each applicant must answer all questions fully and precisely. Insufficiency of the answers will be grounds for rejection of the application. All answers must be either printed legibly or typed and sworn to by the applicant. Use additional sheets of paper if necessary to fully answer any questions

NOTICE: This application must be completed in its entirety and accompanied by:

- Copy of Photo ID (Driver's License, Passport, or Louisiana ID)
- Fee of $115 (includes $100 license fee + $15 postage /handling costs) Payable to: LA Board of Chiropractic Examiners (Money Order, Clinic Check, Cashier's Check or Certified Check – NO Personal Checks or Cash)
- Notary's Signature and Seal
- Certificate of attendance of course attended.

1. Name in Full: _____
2. Print Name as you wish it to appear on certificate: _____
3. Date of Birth:_____ Place of Birth (town/city, state): _____
4. Social Security Number: _____ Driver's License Number & State:_____
5. Home address: _____

   _____ Phone:_____
6. Office Name and Address:_____

   _____ Phone:_____
7. Date of Employment:_____
8. E-Mail Address:_____
9. Do you have a High School diploma or equivalent? ☐ Yes ☐ No If yes, date of graduation: _____
10. Have you completed and passed a course in X-Ray Proficiency and Safety? ☐ Yes ☐ No
11. Date of Completion: _____
12. Organization presenting course: _____

I solemnly swear and attest that the statements made herein are true and to the best of my knowledge and further that, if granted a Certificate by the Louisiana Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address.

_____ _____
(Print your Name) (Signature)

Signed and sworn to before me this _____day of _____, _____. (SEAL)

My Commission Number_____ _____
(Signature of Notary)

My Commission Expires: _____ _____
(Print Name)