



POWELL CHIROPRACTIC CLINIC
APPLICATION FOR DOCTOR OF CHIROPRACTIC

Date:		
Personal Information:		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Mobile:	
Email:		
Professional Information:		
Undergraduate training:		
Degrees:		
Schools Attended:		Dates:
Schools Attended:		Dates:
Chiropractic College:		
Graduation Date:		
State Licenses currently Active:		
State:	License Number:	
State:	License Number:	
Certification:		
Additional technique training:		
Are you now or have you ever been involved in any litigation, lawsuit, claims or arbitration; or are you now involved in any litigation or claim related to your professional activities?		
Yes ___ No ___		
Have judgements or settlements been made against you in professional liability cases or are you involved in any pending litigation, or have you been denied liability insurance at standard rates?		
Yes ___ No ___		

Previous practice experience:
Were you an associate or did you own the practice? Yes ____ No ____
Explain:
Are you a member of any Local, State or National Chiropractic Organizations?
Yes ____ No ____
1.
2.
3.
Have you ever had your Chiropractic License suspended? Are there any sanctions against you?
Yes ____ No ____ (if yes please explain below)
Explain:
Are you currently or in the past been treated for alcohol or drug related disorders?
Yes ____ No ____
List Chiropractic Seminars attended:
1.
2.
3.
References:
1.
2.
3.
4.

Briefly describe "who" you are and how you envision your career path moving forward.

Signature: _____

Date: _____