



# Oregon

Theodore R. Kulongoski, Governor

## Oregon Board of Chiropractic Examiners

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### NAME ON LICENSE FORM Oregon State Board Exam

*Return this form after you register for the examination.*

#### PLEASE PRINT

NAME:

\_\_\_\_\_ (AS YOU WISH IT TO APPEAR ON YOUR LICENSE)

MAILING

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NO (Required): \_\_\_\_\_

( )

Area Code

Please indicate if this is a change from original application by checking here.

Also, if you have been certified as a Chiropractic Assistant, please check here so that we may update our CCA database (after you become licensed as a Chiropractor).

The above information will ensure that we have your correct address on file. Please be sure to give your telephone number as it is not always given with address changes.

Thank you,

Donna Dougan  
Administrative Assistant

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