



STATE OF OKLAHOMA
 BOARD OF CHIROPRACTIC EXAMINERS
 421 NW 13th Street, Suite 180
 Oklahoma City, OK 73103
 (p): 405/522.3400 (f): 866/245.2748
 www.chiropracticboard.ok.gov

Application Fee: \$50

**Make checks payable
 to the Oklahoma
 Chiropractic Board**

Approved
 Disapproved

SPECIALTY APPLICATION

Please complete form online then print

Full Name: (First, Middle, Last, Suffix)		
Permanent Mailing Address:		
City:	State and Zip:	E-mail address:
Oklahoma Issue Date:	Oklahoma License Number:	
Chiropractic College Graduated From:		Graduation Year:
States in which you are current licensed to practice chiropractic:		
In what specialty do you desire to be certified by the Board:		
Give date of completion of this specialty and provide the name of the chiropractic school or institution through which the specialty was obtained:		
Are you certified by your specialty's council? If so, provide the name of the council and your certificate (copies are accepted): <input type="checkbox"/> Yes <input type="checkbox"/> No		
Give names of professional organizations in the specialty in which you hold a membership with:		
Are you required to maintain continuing education for this certification and/or diplomate? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, how many hours?		
What is your Specialty Board Status?		
Is this a Diplomate Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No		

 Signature of Applicant

 Notary Signature Date

State of _____ County of _____
 Commission Expires: _____
 Commission Number: _____

**NOTARY
 SEAL**