

**STATE OF OKLAHOMA**  
**BOARD OF CHIROPRACTIC EXAMINERS**

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(p): 405/522.3400 (f): 866/245.2748  
*www.chiropracticboard.ok.gov*

<u><b>Certification Renewal</b></u>
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**Certified Chiropractic Assistant Certification Renewal Form**

<b>Name:</b>	<b>Certification Number:</b>
<b>CCA (\$50):</b> I certify that I have attended continuing education that has been approved by the Oklahoma Board of Chiropractic Examiners and have marked the appropriate date of attendance so it may be verified.	
<b>Current Mailing Address:</b>	<b>City, State, Zip</b>
<b>Email Address:</b>	
<i><b>Please answer the following:</b></i>	
Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession? <b>YES</b> <b>NO</b>	
Have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority; federal, state, or municipal other than speeding tickets? <b>YES</b> <b>NO</b>	
Have you ever been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, or APC? <b>YES</b> <b>NO</b>	
<i><b>If you have responded YES to any of these questions, attach on a separate sheet of paper detailed information about each conviction or disciplinary action and include copies of the charges and disposition papers or disciplinary order.</b></i>	
<b>CONTINUING EDUCATION: (6 hours)</b>	
<b>Online Continuing Education:</b>	
<b>*Any ONLINE hours will need to be attached*</b>	

**Please note:** Incomplete forms will be mailed back. Make sure you have filled out the form completely and attach any necessary documents to support your renewal.

**IMPORTANT:** We must receive your renewal fee **post marked no later than December 31st**. If your fee is late, a late fee of \$25 will be assessed after the January 1st, deadline.

By signing this form, shows your acknowledgment:

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_