

CHIROPRACTIC RADIOGRAPHIC ASSISTANT

The South Dakota Board of Chiropractic Examiners must certify all chiropractic assistants taking x-rays. Tests will be given periodically throughout the year as warranted by application.

Please review the attached rules and regulations pertaining to chiropractic radiography.

Application fee: The application fee is **\$50.00** and should be made payable to the South Dakota Board of Chiropractic Examiners. The payment must be included with your application to sit for the exam.

Renewal fee: A renewal fee of **\$25.00** per year will be required to keep your certificate active.

Continuing Education: 6 hours of continuing education every three years as approved by the board.

Current applications may be sent to:

SD Board of Chiropractic Examiners
Marcia Walter, Executive Secretary
407 Belmont Ave
Yankton, SD 57078
Phone 605-668-9017

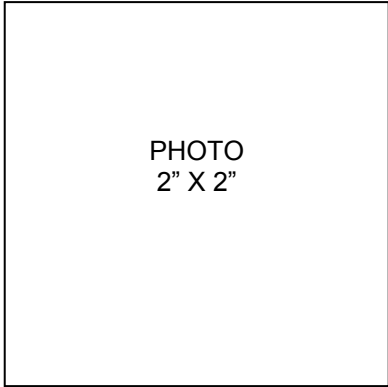
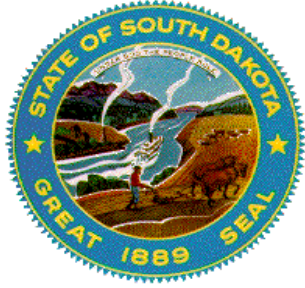


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South Dakota State
Board of Chiropractic Examiners

CHIROPRACTIC RADIOGRAPHIC ASSISTANT APPLICATION

- 1. Full Name _____ M _____ S _____ D _____
- 2. Permanent Address _____ City _____ State _____ Zip _____
- 3. Print name as you wish it to appear on license _____
- 4. Birthplace _____ Date of Birth _____ Age _____ Sex _____
- 5. Citizen of the U.S _____ Telephone _____ Social Security # _____
- 6. High school graduate from _____ Year _____
- 7. College Education: From _____ to _____ Degree _____
College Name & Location
- 8. Education: Chiropractic Radiology: _____ Total Hours _____
College or Agency
- 9. Other Radiographic training: From _____ to _____ Hours _____
College or Agency
- 10. Length of time working as a chiropractic radiographic assistant: _____
- 11. Location of work: _____

AFFIDAVIT

I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct. I also agree to abide by the laws of the state of South Dakota concerning the practice of Chiropractic Radiography.

Signature of Applicant

Notary Public

County _____

In testimony whereof, witness my hand and seal of
office this _____ day of _____ 20____

My Commission Expires: _____ 20____
(SEAL)