



**CERTIFIED CHIROPRACTIC ASSISTANT RENEWAL FORM**  
**Oklahoma Board of Chiropractic Examiners**  
**421 N.W. 13<sup>th</sup> Street • Suite 180 • Oklahoma City • Oklahoma 73103**  
**405-522-3400 • Fax: 866-245-2748**  
[www.chiropracticboard.ok.gov](http://www.chiropracticboard.ok.gov)

NAME: \_\_\_\_\_

CERTIFICATE No.: \_\_\_\_\_

**Certified Chiropractic Assistant Renewal \$50.00**

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.

\_\_\_\_\_  
**CCA'S Signature**

\_\_\_\_\_  
**Date**

**Mailing Address:**

\_\_\_\_\_  
 \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?

- YES
- NO

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?

- YES
- NO

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?

- YES
- NO

**\*If you answered yes to any of the questions 1-3, please attached a letter with an explanation including any charges, dates, county/state, and the outcome.**

(Office Use ONLY)

**PAYMENT INFO**

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

**Form of Payment:**

- ◇ Personal/Business Check # \_\_\_\_\_
- ◇ Money Order/Cashier's Check

**Continuing Education for Renewals**  
**for Oklahoma's CCA**  
**(2 Hours)**

**ALL SEMINARS HAVE TO HAVE BEEN**  
**APPROVED BY THE OBCE. PLEASE**  
**ATTACH HOURS OF COMPLETION.**

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**We must receive your renewal fee post**  
**marked no later than January 1, 2016.** **IF**  
**YOUR FEE IS LATE, A LATE FEE OF \$50.00**  
**WILL BE ASSESSED AFTER 01/02/2016**  
**DEADLINE!**

**\*\*\*Incomplete Renewal Forms will be mailed**  
**back along with fees! Please, make sure you**  
**have filled the form out COMPLETELY prior**  
**to submitting to the OBCE office\*\*\***

