

STATE OF NORTH CAROLINA

Board of Chiropractic Examiners

As part of my application for license to practice Chiropractic in North Carolina, I the undersigned, certify that I have carefully read and understand a copy of:

The General Statutes of North Carolina dealing with the practice of Chiropractic.

If granted a license to practice chiropractic in North Carolina, I will comply with the law and the Rules and Regulations of the State Board of Chiropractic Examiners and will conduct my practice in accordance therewith while practicing in North Carolina.

Signed _____
Signature of Applicant must be notarized

AFFIDAVIT

State of _____

SS

County of _____

On this the _____ day of _____, 19 _____, personally appeared before

me _____ who being duly sworn says that

_____ has signed the above statement, of his own free will,

and that he understands the meaning of the same.

Notary Public

My Commission expires: