

Joe Lombardo
Governor



Geoffrey D. Lowden, DC
Member
Christian L. Augustin, Esq.
Consumer Member
Reza R. Ayazi, Esq.
Consumer Member

Benjamin S. Lurie, DC
President
Adam L. Ingles, DC
Vice President
Jason O. Jaeger, DC
Secretary-Treasurer

Julie Strandberg
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245 | Reno, Nevada 89502-5000
Phone: (775) 688-1921 | Fax: (775) 688-1920
Website: <https://chirobd.nv.gov> | Email: chirobd@chirobd.nv.gov

CHIROPRACTIC ASSISTANT RADIOGRAPH ATTESTATION

Please select one:

☐

I attest that **I AM** a Chiropractic Assistant who will utilize X-ray equipment and techniques for taking X-rays, including the positioning of the body, and understand that I must complete/pass an examination on the subject of X-rays prior to becoming certified.

☐

I attest that **I AM NOT** a Chiropractic Assistant who will utilize X-ray equipment and techniques for taking X-rays, including the positioning of the body.

Chiropractic Assistant Signature

Date

Print Name

Supervising DC confirmation (Primary DC Supervisor):

Signature

Date

Print Name

Please upload the completed attestation.