

BOARD CERTIFICATION

I hereby certify under penalty of perjury, that the foregoing information is true and correct. I further certify that the current laws of the state, province, or territory of _____
(Name of State)

permit us to grant reciprocal licensure to California chiropractic licensees if they meet our state, province, or territory's specific qualifications and requirements.

Signature

Date

Print or Type Name

Title

Telephone Number

AFFIX BOARD SEAL