



BOARD OF CHIROPRACTIC MEDICINE

**GENERAL INFORMATION/INSTRUCTIONS
REGISTERED CHIROPRACTIC ASSISTANT TO MODIFY SUPERVISOR**

HOW TO APPLY FOR FLORIDA LICENSURE

***** PLEASE TYPE OR PRINT IN BLACK INK - PLEASE READ CAREFULLY *****

1. FLORIDA LAWS & RULES:

You may download a copy of Section 460, Florida Statutes and Rule Chapter 64B2, Florida Administrative Code at www.doh.state.fl.us/mqa/chiro/index.html It is important to read this in order to determine your eligibility prior to applying, and to familiarize yourself with the statutes and board rules regarding your application for licensure.

2. FEE SCHEDULE:

Registration Fee	\$25.00 (non-refundable)
Unlicensed Activity Fee	\$ 5.00
Total:	\$30.00

NOTE: A FEE OF \$30.00 MUST BE INCLUDED WITH **EACH** APPLICATION.
PLEASE PROVIDE SEPARATE PAYMENTS FOR MULTIPLE APPLICATIONS.

3. RETURN APPLICATION AND FEES TO: (certified check or money order).

Department of Health
Post Office Box 6330
Tallahassee, Florida 32314-6330



**CONFIDENTIAL AND EXEMPT FROM PUBLIC
RECORDS DISCLOSURE**

**Florida Department of Health
Board of Chiropractic Medicine**

Name:

Last **First** **Middle**

Social Security Number:

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under Chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.

4052 Bald Cypress Way, Bin # C07
Tallahassee, Florida 32399-3257



BOARD OF CHIROPRACTIC MEDICINE
Application for
Registered Chiropractic Assistant to Modify Supervisor (RCA)
(Client: 502)

Fees: (8075)

Please complete form and return the fees (certified check or money order) to the address below. Also print legibly or type the information.

Registration Fee: \$25.00
Unlicensed Activity Fee: \$ 5.00
Total Fee: \$30.00

1. APPLICATION PROFILE DATA: (completed by RCA Applicant)

(Name) Last First Middle

(Mailing Address) Street Number Apt/Suite Number

City State Zip Code

() ()
Home Telephone Number Business Telephone Number

Date of Birth Place of Birth (City/State/Country)

Have you ever changed your name through marriage or through action of a court, or have you ever been known by any other name?

Yes No
If yes, list name(s) and date(s) of change below:

What country are you a citizen of?

E-mail Address:

RCA License Number:

2. PLEASE INDICATE YOUR REQUEST(S): [Attach additional sheet(s) if necessary]

I am ADDING this supervisor: CH

I am REMOVING this supervisor: CH
Supervisor's Name License Number

