

\* Do not write in this area – Staff use only \*

# Chiropractic Therapy Assistant

## 50-Hour Distance Learning Program Application

As of April 16, 2003, the Tennessee Board of Chiropractic Examiners requires completion of an approved 50-hour instructional program, passage of the CTA exam, and accrual of 1,200 clinical internship hours to become a state-certified CTA. Program applicants are eligible to apply for the CTA exam after a minimum seven (7) days of program ownership. Upon passing the exam, the individual may begin a supervised clinical internship and is exempt from certification requirements, as defined in Rule 0260-05, for one (1) year, unless an extension is granted by the Board.

### APPLICANT INFORMATION

Application Date: \_\_\_\_\_

Name: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt./Suite: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Last 4 of SSN (for verification only): \_\_\_\_\_

**IMPORTANT: Programs are mailed to the applicant's home address, unless otherwise requested. An affidavit number is assigned to each issued program and is tied to the program applicant only. Should the applicant decide not to pursue the CTA certification, a separate transfer application may be submitted for unused, uncompromised programs within 30 days of purchase.**

### EMPLOYER INFORMATION

Practice/Doctor Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Practice Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Practice E-mail Address: \_\_\_\_\_

Practice Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### PAYMENT INFORMATION

CTA Program Fee: \$200.00  
+ Shipping & Handling: \$15.00  
= **TOTAL \$215.00**

- Check Enclosed (*checks payable to TCA*)  
 Visa     Mastercard     Amex     Discover

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Name on Card (print) \_\_\_\_\_

Billing address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

### APPLICANT ACKNOWLEDGMENT (SIGNATURE REQUIRED)\*\*

*I understand that this program is registered to me and not to my employer and that all fees are non-refundable. I acknowledge this program does not guarantee state licensure. I understand that if I choose not to pursue CTA certification, my program is only eligible for transfer within 30 days of purchase and upon verification by TCA staff that the program is complete and unused.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*Applications are not valid without payment or signed acknowledgment.

### Submit Completed Applications to the TCA

By Mail: 2541 Atrium Way, Ste. 103, Nashville, TN 37214 | By Fax: (615) 383-6233 | By Email: tca@tnchiro.com