

* 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: 2123 8th Ave. S, Nashville, TN 37204 | **By Fax:** (615) 383-6233 | **By Email:** tca@tnchiro.com