



CLINICAL CERTIFICATION CLASS

Request for Temporary License & Class

I am requesting a temporary chiropractic assistant letter be issued to the student listed below and understand this obligates that student to take the next available course when offered. I understand the student or office will use this letter to apply for a Temporary CA license through the Board of Chiropractic Licensing. Fee is \$50.00. Should the employee terminate or no longer wish to take the course, the fee can be transferred to another employee in your office. This fee is non-refundable other than transfers outlined.

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact email: \_\_\_\_\_

CA Name: \_\_\_\_\_ Fee \$ \_\_\_\_\_

CA Email : \_\_\_\_\_ Phone: \_\_\_\_\_

(email and phone only used for urgent or day of event issues)

Payment can be made out to MCA and mailed to MCA, 58 Albert Street Lewiston ME 04240If paying by credit card, please fax to (207) 782-5482 or scan and email to [mainechiroed@gmail.com](mailto:mainechiroed@gmail.com)

Card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Billing Zip code for card \_\_\_\_\_