



Employment History Form

Overview

Under NCQA accreditation standards, EmpowerChiro is required to obtain five years of employment history from each provider.

Instructions

Please send the completed form to EmpowerChiro using one of the following options:

Email: providerservice@empowerchiro.com

Fax: (316) 687-2113

Mail: EmpowerChiro

7309 E 21st St N Ste 110

Wichita, KS 67206

Current Employment Information

Provider Name: _____		
Clinic Name: _____		
Street Address: _____		
City: _____	State: _____	Zip: _____
I have been employed at this location for at least five years Yes No		

! *If you answered Yes above, stop here, and return the completed form to EmpowerChiro. If you answered No above, complete the entire form and return to EmpowerChiro.*

Past Employment Information

Name of Employer	City	State	Dates Employed (Month/Year)
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___
_____	_____	_____	___/___ to ___/___