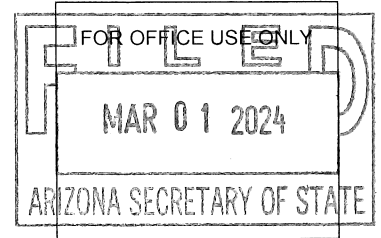




STATE OF ARIZONA
 Application for Serial Number
 Initiative Petition
 A.R.S. § 19-111



The undersigned intends to circulate and file an initiative petition and hereby makes application for the issuance of an official serial number to be printed in the lower right-hand corner of each side of each signature sheet of such petition. Attached hereto is the full title and text, in no less than eight point type, of the measure or constitutional amendment intended to be initiated at the next general election.	<input checked="" type="checkbox"/> Statutory Measure	<input type="checkbox"/> Constitutional Amendment
	Date of Application	03/01/2024
	Signatures Required	255,949
	Deadline for Filing	07/03/2024
	Serial Number Issued	I-21-2024

This act allows Chiropractors to be able to practice to the full extent of their education, training, and clinical experience. It allows Chiropractors to have post-secondary training and clinical specialties. It allows chiropractors to become advanced practitioners. There is no financial cost to the public or the state.

Andrew Altman


Name of Applicant
 PO Box 24959
 Address
 Tempe AZ 85285
 City State Zip
 6026962225
 Telephone Number
 azfamilyhealth@Gmail.com
 E-mail Address

Arizona Alliance of Health

Committee Name
 101608
 Committee ID No.
 Andrew Altman
 Chairperson
 Karen Harkins
 Treasurer
 6226 N. Mockingbird Ln
 Committee Address
 Paradise Valley AZ 85253
 City State Zip
 (602) 888-1745
 Committee Telephone Number
 azallianceofhealth@gmail.com
 Committee E-mail Address

By submitting this Application for Serial Number and checking all boxes below, I acknowledge the following:

- That I have read and understand the accompanying Instructions for Statewide Initiatives, including the Secretary of State's recommended best practices for printing copies of the Statewide Initiative Petition to be circulated.
- That at the time of filing, I was provided instructions regarding accurate completion of the electronic Statewide Initiative Petition form.

 _____ Date 3/1/2024

Applicant Signature

Office of the Secretary of State
 1700 W. Washington Street
 Phoenix, Arizona 85007

Date