



State of Arizona Board of Chiropractic Examiners

Application to Reinstate License From Inactive to Active Status

Instructions:

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response.

1. Name: _____
Last First M.I.

2. Social Security Number: _____

3. Year license was last Active: ____ / ____ / ____

4. D.C. License #: _____ Physiotherapy #: _____ Acupuncture #: _____

5. Clinic Name: _____ Clinic Owner: _____

Clinic Owner's Profession: _____

Address: _____
Street

_____ City State Zip Code

Telephone: (_____) _____

6. Home: _____
Street

_____ City State Zip Code

Telephone: (_____) _____

7. List state and dates you were last actively engaged in the practice of chiropractic.
_____ From: ____ / ____ / ____ To: ____ / ____ / ____

8. List all states or jurisdictions in which you are, or have been licensed to practice chiropractic. For each, provide verification of good standing, submitted directly from the licensing state.
_____/_____/_____/_____

9. List any healthcare profession you are, or have been licensed or certified to practice and the state or jurisdiction. For each, provide verification of good standing, submitted directly from the licensing state. You may use copies of the enclosed form or each state may submit its own form.

_____ / _____ / _____ / _____

10. If your license was inactive for less than 12 months, attach documentation of completing the required continuing education pursuant to ARS 32-931.

11. If you have not actively engaged in the practice of chiropractic for more than two years, have NBCE send documentation proving that you passed the SPEC Exam.

12. Since your last renewal, has any formal sanction been taken against your license, in any state you are or have been licensed? If yes, provide the Board with copies of the disciplinary action. These copies must be sent directly to us from the issuing agency.

Yes No

13. Since your last renewal, have you been convicted of a misdemeanor or felony? If yes, provide the Board with copies of the police report and court record of the conviction. These copies must be sent directly to us from the issuing agency.

Yes No

Applicant's signature

State of _____

County _____

Subscribed and sworn before me this _____ day of _____, _____

Notary Signature _____

My commission expires _____