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## Reinstatement Requirements

*The Application for Reinstatement follows. Please review the following instructions before you complete and submit the application. Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.*

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### Reinstatement of License from Administrative Suspension Instructions:

1. Answer all questions on the application.
2. Have your signature notarized.
3. Have verifications of licensure in good standing sent directly from **ALL** jurisdictions in which you hold or have held a license.
4. Provide documentation of having completed 12 hours of qualifying continuing education for each year since your license was Active (Maximum 24 hours).
5. Complete the "Statement of Citizenship and Alien Status for State Public Benefits" form and attach a copy of the appropriate document from the enclosed "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" list.
6. Include payment of all license renewal fees and reinstatement fees. (If you are unsure as to the amount contact the Board office for confirmation.)

### Reinstatement from Retired Status Instructions:

- All the above requirements (#1-6) and #7.
- 7. Provide documentation of successful completion of the SPEC examination. Your transcript must be sent directly from NBCE.

### Reinstatement from Inactive Status Instructions:

- If applying for Reinstatement to Active after less than 2 years All the above requirements (#1-6) and #8.
- If applying for Reinstatement to Active after more than 2 years and not actively engaged in Chiropractic Practice in another state, All the above requirements (#1-6) and #7 - #8.
- 8. If you have remained inactive in practice in another state, complete the Active Practice Affidavit.

*Once we have received all of the required documentation, your application Board staff will review your application for approval. Please remember that you may **NOT** practice chiropractic in Arizona until the Board has approved your application.*

[Review the Administrative Rules regarding reinstatement in the rule book that can be found on the Board's website.](#)



## Reinstatement of License Application

*Type or print in blue or black ink. You must provide a response to each question. You may answer "None" or "N/A" if it is the correct response.*

FOR BOARD OFFICE USE ONLY	
DATE COMPLETE APP & FEE RECEIVED:	
APPLICATION NUMBER:	
YEAR OF LAST RENEWAL	
REVIEWED DATE (month, day, year)	
APPROVED DATE (month, day, year)	

-----DO NOT WRITE ABOVE THIS LINE-----

### Section 1: APPLICANT INFORMATION

1. Last Name of applicant	2. First Name of applicant	3. Middle Name of applicant
4. Maiden Name of applicant ("None" or "N/A" is acceptable)	5. List all other names or aliases: ("None" or "N/A" is acceptable)	
6. Address (number and street or rural route) All correspondence will be emailed to the email address.		
City	State	ZIP code
License #	PMMTP #:	Acupuncture #:

### Section 2: ATTESTATION

10. Are you under investigation by any licensing Board or are you the subject of an unresolved complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Since your last renewal, has any formal sanction been taken against your license in any state in which you are or have been licensed? If yes, provide the Board with a written explanation and copy of the disciplinary action. The copy must be sent directly from the issuing agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. In the last 12 months, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony, requiring resolution in the courts? If yes, provide the Board with a written explanation and copy of the police report. The copy must be sent directly from the issuing agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Since you last applied for renewal of your license, have you entered into a plea agreement or been convicted of a misdemeanor or felony? If yes, provide the Board with a written explanation and copies of the police report and court record of the conviction. The copies must be sent directly from each issuing agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3: OTHER STATE LICENSES

15. List <u>ALL</u> States or Jurisdiction in which you are or have been licensed or certified to practice chiropractic.					
<i>For each state listed, provide verification of licensure submitted directly from the licensing jurisdiction. ("None" or "N/A" is acceptable)</i>					
STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	PROFESSIONAL LICENSE	LICENSE STATUS

16. List **ALL** States or jurisdictions including Arizona in which you are or have been licensed or certified to practice any other healthcare profession.

*For each state listed, provide verification of licensure submitted directly from the licensing jurisdiction. ("None" or "N/A" is acceptable)*

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	PROFESSIONAL LICENSE	LICENSE STATUS

**Section 4: Declarations & Signature**

a. I hereby give my permission for the State of Arizona Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.

b. I have completed at least 12 hours of Continuing Education for each year that I did not renew your license and have attached documentation of completion of the required continuing education pursuant to ARS 32-931.

I, \_\_\_\_\_ the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree (Name of Applicant) to same, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or certification. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of my license and or certifications if discovered after issuance of the reinstatement. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

Signature of Applicant	Date of Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of, \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires \_\_\_\_\_

A.R.S. 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule, or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages, and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02



**ARIZONA STATEMENT OF CITIZENSHIP  
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS  
Professional License and Commercial License  
Arizona State Board of Chiropractic Examiners**

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

**Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.**

**Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government-issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.**

**SECTION I – APPLICANT INFORMATION**

APPLICANT'S NAME (Print or type) \_\_\_\_\_

TYPE OF APPLICATION (Check one)      INITIAL APPLICATION      RENEWAL

TYPE OF LICENSE/REGISTRATION (Check one)      CHIROPRACTIC      BUSINESS ENTITY

**SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION**

Are you a citizen or national of the United States?      Yes      No

If **Yes**, indicate place of birth:

City \_\_\_\_\_ State (or equivalent) \_\_\_\_\_ Country or Territory \_\_\_\_\_

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.

Name of document \_\_\_\_\_

2) Go to Section IV.

If you answered **NO**, you must complete Section III and IV.

**SECTION III – ALIEN STATUS DECLARATION**

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other documents as evidence of your status. Name of the document provided \_\_\_\_\_

Qualified Alien Status (8 U.S.C. §§ 1621(a)(1), -1641(b) and (c))

1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)
2. An alien who is granted asylum under Section 208 of the INA.
3. A refugee admitted to the United States under Section 207 of the INA.
4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
5. An alien whose deportation is being withheld under Section 243(h) of the INA.
6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
7. An alien who is a Cuban/Haitian entrant.
8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States for Less Than One Year (8 U.S.C. § 1621(a)(3))

10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C))

11. A nonimmigrant whose visa for entry is related to employment in the United States, or
12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federated States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
13. A foreign national is not physically present in the United States.

Otherwise Lawfully Present

14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

**SECTION IV - DECLARATION**

**All applicants must complete this section.**

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
TODAY'S DATE



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### Active Practice Affidavit

*Only complete if you have an Active Chiropractic license in another state or jurisdiction*

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I, \_\_\_\_\_, do hereby attest that I have engaged in the practice of chiropractic continuously for not less than five of the past seven years and that at the time of application I hold an active license in \_\_\_\_\_.

I agree that any false statement in this affidavit shall be sufficient to bar me from licensure or certification. Such falsification shall serve as sufficient grounds for the revocation or suspension of my license and or certifications if discovered after the issuance of the license or certifications.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

State of \_\_\_\_\_

County \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_

Notary Signature \_\_\_\_\_

My commission expires \_\_\_\_\_