



RENEWAL FOR CHIROPRACTIC LICENSE

THE STATE OF ARIZONA/BOARD OF CHIROPRACTIC EXAMINERS

1740 West Adams Street, Suite 2430 | Phoenix, Arizona 85007

Telephone: (602) 864-5088 | Email: Renewals@chiroboard.az.gov www.chiroboard.gov

IMPORTANT:

- YOUR LICENSE EXPIRES ON DECEMBER 31ST OF EACH YEAR. TO RENEW YOUR LICENSE, YOU MUST COMPLETE AND SUBMIT THIS RENEWAL APPLICATION WITH THE \$225 RENEWAL FEE.
- **TO BE CONSIDERED A COMPLETE RENEWAL APPLICATION, YOU ARE REQUIRED TO SUBMIT BOTH THE RENEWAL APPLICATION AND SUBMIT THE RENEWAL PAYMENT ON OR BEFORE THE EXPIRATION DATE.**
- APPLICATIONS AND/OR FEES RECEIVED AFTER DECEMBER 31ST WILL BE **REQUIRED TO PAY THE \$200 REINSTATEMENT FEE.**
- YOUR SOCIAL SECURITY NUMBER IS BEING REQUESTED BY THIS STATE AGENCY IN ACCORDANCE WITH [A.R.S. §25-320\(P\)](#) & [AAC R4-7-503\(C\)\(4\)](#). DISCLOSURE IS MANDATORY, AND THIS RECORD CANNOT BE PROCESSED WITHOUT IT.
- YOU MUST RESPOND TO EACH QUESTION. YOU MAY ANSWER "NONE" OR "N/A" IF IT IS A CORRECT RESPONSE.
- PURSUANT TO [A.A.C. R4-7-801\(M\)\(1\)](#), YOU MUST ATTEST TO YOUR COMPLETION OF 2 HOURS OF CONTINUING EDUCATION IN RECORDKEEPING FOR EVERY EVEN-NUMBERED CALENDAR YEAR

APPLICATION FOR RENEWAL OF LICENSURE

PAYMENT TYPE

DATE:	AUTHORIZATION #	AMOUNT PAID:
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PART I. PERSONAL INFORMATION

THIS INFORMATION IS CONFIDENTIAL AND FOR THE BOARD'S USE ONLY

LEGAL NAME (FIRST NAME, MI, LAST NAME)			PREVIOUS LAST NAMES (IF APPLICABLE)
DATE OF BIRTH (MM/DD/YYYY)	CURRENT AZ BOARD LICENSE #	LICENSE STATUS	SOCIAL SECURITY NUMBER
HOME ADDRESS			PREFERRED PHONE (HOME OR CELL PHONE)
CITY	STATE	ZIP CODE	ALTERNATIVE PHONE (HOME OR CELL PHONE)
PREFERRED EMAIL (APPLICATION/LICENSE UPDATES THIS WILL NOT BE A PUBLIC EMAIL ADDRESS)			ALTERNATE EMAIL (THIS WILL NOT BE A PUBLIC EMAIL ADDRESS)

RENEWAL NOTIFICATIONS AND THENTIA PORTAL LOGIN INFORMATION WILL BE SENT VIA EMAIL, SO AT LEAST ONE EMAIL **MUST** BE PROVIDED. YOU ARE REQUIRED TO DISCLOSE YOUR HOME ADDRESS TO THE BOARD TO USE FOR CORRESPONDENCE PURPOSES. THIS ADDRESS WILL NOT BE DISCLOSED TO THE PUBLIC. THE EMAIL ADDRESS PROVIDED WILL ONLY BE USED FOR BOARD CORRESPONDENCE, THENTIA LICENSEE PORTAL ACCESS, AND NOTICES.

PART II. CLINIC/PRACTICE INFORMATION

PLEASE CHOOSE ONE (1) OF THE FOLLOWING:

I OWN MY CLINIC/PRACTICE	I AM NOT CURRENTLY PRACTICING	I WORK AT VARIOUS CLINICS/PRACTICES	
IF YOU WORK AT VARIOUS CLINICS, PLEASE PROVIDE THE NAME AND PROFESSIONAL DESIGNATION OF THE OWNER OF THE CLINIC(S):			
THIS INFORMATION WILL BE AVAILABLE TO THE PUBLIC ON THE BOARD'S FIND A CHIROPRACTOR WEBSITE:			
PRIMARY CLINIC/PRACTICE NAME			
PRIMARY CLINIC/PRACTICE ADDRESS (MAILING ADDRESS)			
CITY	STATE	ZIP CODE	PRIMARY CLINIC/PRACTICE PHONE NUMBER
PRIMARY PRACTICE WEBSITE		GENERAL INFORMATION EMAIL ADDRESS	
SECONDARY CLINIC/PRACTICE NAME			
SECONDARY CLINIC/PRACTICE ADDRESS			
CITY	STATE	ZIP CODE	SECONDARY CLINIC PRACTICE PHONE NUMBER

NOTE: EVERY CHIROPRACTOR MUST HAVE AN ADDRESS AVAILABLE TO THE PUBLIC. YOUR PRIMARY CLINIC/PRACTICE INFORMATION (MAILING ADDRESS) WILL BE VISIBLE TO THE PUBLIC ON THE BOARD'S WEBSITE UNDER THE [FIND A CHIROPRACTOR TAB](#). IF YOU DO NOT PROVIDE A MAILING ADDRESS, YOUR HOME ADDRESS WILL BE POSTED ON THE BOARD'S WEBSITE. IF YOU CHOOSE TO PROVIDE A GENERAL INFORMATION EMAIL ADDRESS AND/OR WEBSITE, IT WILL BE POSTED ON THE BOARD'S [FIND A CHIROPRACTOR WEBSITE](#) TO ASSIST THE PUBLIC IN CONTACTING YOUR CLINIC/PRACTICE. **LICENSEES SHOULD REPORT NAME AND ADDRESS CHANGES WITHIN 30 DAYS OF THE CHANGE. PLEASE LIST ADDITIONAL LOCATIONS ON A SEPARATE SHEET AS NEEDED.**

PART III. BACKGROUND QUESTIONNAIRE

If your answer to any of the questions below is "YES", provide a complete explanation below.

QUESTIONS		
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A.	Since your last renewal, have you had an application for chiropractic licensure denied or rejected by another state or jurisdiction?	YES NO
B.	Pursuant to A.R.S. §32-924(A)(14) & A.A.C. R4-7-503(C)(5) , since your last renewal, have you had any disciplinary action against you by another licensing board, including other health professions?	YES NO
C.	Are you currently under investigation by any licensing Board, including other health professions?	YES NO
D.	Since your last renewal, have you entered into a consent agreement or stipulation for any license that you hold?	YES NO
E.	Since your last renewal, have you voluntarily surrendered or canceled a license that you previously held?	YES NO
F.	Since your last renewal, have you been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, revocation, or removal from practice that was imposed by an agency of the federal or state government?	YES NO
<p>If you answered YES to questions A, B, C, D, E, or F, you must arrange for the agency involved to send copies of all records related to your current investigation, license denial, or disciplinary action directly to this Board. If the requested documents are not available, the Board must receive written notification from the agency stating that the records are unavailable. This notification must come directly to the Board office from the agency the copies can be emailed directly to Investigations@chiroboard.az.gov.</p>		
G.	Pursuant to A.R.S. §32-3208(A) & A.A.C. R4-7-503(C)(6) , Since your last renewal, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony?	YES NO
<p>If you answered YES to question G, you must attach an explanation including the nature of the crime, the date of arrest, and the law enforcement agency and the court having jurisdiction and arrange for the law enforcement agency involved to send certified copies of all records related to your arrest directly to this Board at Investigations@chiroboard.az.gov.</p>		
H.	<p>Answer the questions below even if the record of the conviction or plea was sealed, expunged, or the conviction was set aside or forgiven: Pursuant to A.R.S. §32-924(A)(6) & A.A.C. R4-7-503(6), Since your last renewal:</p> <p>(a) have you been charged with a misdemeanor or felony;</p> <p>(b) have you entered into a stipulation or settlement agreement regarding any offense, misdemeanor, or felony; in any state;</p> <p>(c) have you been convicted of any offense, misdemeanor, or felony in any state;</p> <p>(d) have you pled guilty to any offense, misdemeanor, or felony in any state; or</p> <p>(e) have you pled nolo contendere to any offense, misdemeanor, or felony in any state?</p>	YES NO
<p>If you answered YES to question H, you must attach an explanation, including the nature of the crime, the dates of arrest and conviction, and the law enforcement agency and the court having jurisdiction. You are required to arrange for each law enforcement agency and court-involved to email or mail certified copies of all records related to your arrest(s) and conviction(s) to either Investigations@ChiroBoard.az.gov or AZ Board of Chiropractic Examiners, 1740 W. Adams St, Suite 2430, Phoenix, AZ 85007.</p>		
I.	Since your last renewal, have you been evaluated, treated, or counseled for alcohol or drug abuse or addiction for personal reasons or as a condition of a court order, stipulation, or agreement, including motor vehicle proceedings?	YES NO
<p>The purpose of question I is to allow the Board to determine the applicant's current fitness to practice chiropractic. The mere fact of treatment, monitoring, or participation in a support group is not, in itself, a basis on which admission is denied; the Board routinely licenses individuals who demonstrate personal responsibility and maturity in dealing with fitness issues. The Board encourages those applicants who may benefit from assistance to seek it. The board may limit or deny licensure to applicants whose ability to function is impaired in a manner relevant to practice chiropractic at the time the licensing decision is made or to applicants who demonstrate a lack of candor in their responses. This is consistent with the public purpose that underlies the licensing responsibilities assigned to the State of Arizona Board of Chiropractic Examiners and to the applicants seeking licensure.</p>		

PART III. BACKGROUND QUESTIONNAIRE (CONT'D)**THIS INFORMATION IS CONFIDENTIAL AND FOR THE BOARD'S USE ONLY****ITEMS ON THIS PAGE ARE CONSIDERED CONFIDENTIAL AND ARE THEREFORE REDACTED.****PLEASE NOTE THAT DUE TO THE CONFIDENTIAL NATURE OF THE INFORMATION, THIS PAGE IS NOT CONSIDERED A PUBLIC RECORD.**

Use the space below to provide a complete explanation for any "YES" answers above. Use additional paper if necessary, you must provide an explanation, including the nature of the crime, the dates of arrest and conviction, and the law enforcement agency and the court having jurisdiction. You are required to arrange for each law enforcement agency and court-involved to send certified copies of all records related to your arrest(s) and conviction(s). If you have included the documentation on previous renewals, please indicate "PREVIOUSLY SUBMITTED" or attach a letter from the Board if the matter was previously considered and recommended for no further investigation.

ARE YOU ATTACHING DOCUMENTS RELATED TO YOUR BACKGROUND INFORMATION?

YES

NO

PREVIOUSLY SUBMITTED

PART VI. RECORD PROTOCOL COMPLIANCE

[A.R.S. §12-2297, §32-3211 & A.A.C R4-7-902\(6\)](#) require the maintenance of a patient's medical records as follows:

1. If the patient is an adult, for at least six years after the last date of treatment.
2. If the patient is a minor, for at least six years after the minor's 18th birthday.

Please select **one** of the following:

I certify that I am aware that it is considered an act of unprofessional conduct if I fail to have a written protocol in place for the secure storage, transfer, and access of all patient medical records upon the termination or sale of my practice and the patient records do not remain in the same physical location. I have a protocol in place for the secure storage, transfer, and access of the patient files should my practice close, as required by [A.R.S. §32-3211](#).

I certify that I am exempt from the records protocol requirement as outlined in [A.R.S. §32-3211\(G\)](#). I am a health professional employed by a health care institution as defined in A.R.S. §36-401 that is responsible for maintaining the medical records.

I certify that I am not currently practicing or that I have no patient records that I must maintain under [A.R.S. §12-2297 & A.A.C R4-7-902\(6\)](#) or any other statute or federal law.

Please answer the following:

Since your last renewal application, have you closed or sold your clinic/practice?	YES	NO
Since your last renewal application, have you moved or transferred records to a new location?	YES	NO

If you answered YES to either of the above questions, you must submit a [Notice of Records Transfer](#) to the Board. Please use the link and electronically submit this notification to the Board to update the status of your records. If you have already submitted this notice to the Board's office no further action is required.

PART VII. CITIZENSHIP ATTESTATION

PROOF OF CITIZENSHIP: ALL APPLICANTS MUST PROVIDE EVIDENCE OF THE LAWFUL PRESENCE IN THE UNITED STATES.

[A.R.S. §41-1080](#) requires documentation of citizenship or alien status for licensure. If the documentation does not demonstrate that the applicant is a United States citizen, national, or a person described in specific categories, the applicant will not be eligible for licensure in Arizona. If you provided documentation to the Board of your U.S. Citizenship or nationalization at the time of your last renewal or with your initial application, no further documentation is required.

Please select **one** of the following:

I am a U.S. Citizen or U.S. National or a legal resident of the United States or hold a form of non-expiring work authorization issued by the federal government.

I have become a U.S. Citizen or U.S. National since the time of my last renewal.

I hold a limited form of work authorization issued by the federal government.
This authorization expires on:

If you selected that you have become a U.S. Citizen or U.S. National since your last renewal or you hold a limited form of work authorization that has since renewed since your original application or previous renewal, please complete [the ARIZONA STATEMENT OF CITIZENSHIP OR ALIEN STATUS FOR STATE PUBLIC BENEFITS](#). Documentation can be submitted to the Board via email at Renewals@Chiroboard.az.gov or attached to the AZ STATEMENT OF CITIZENSHIP. Please see the [Evidence List](#) for a list of acceptable documents.

Do you need to upload documents related to your U.S. Citizenship or alien status?	YES	NO
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Did you electronically submit documents related to your U.S. Citizenship or alien status?	YES	NO
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PART VIII. AFFIDAVIT

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

Please initial the following:

I certify that I am aware of the above information.

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.

I certify that I have read and personally answered all the questions on this application. [A.A.C. R4-7-502 \(C\)\(12\)](#).

I understand these fees are non-refundable. [A.R.S. § 32-921 \(D\)](#).

By e-signing below:

I, _____, the licensee herein, swear or affirm that I have read the statements listed under the Declarations and agree 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. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of my license and or certifications if discovered after the renewal of the license or certifications. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

SIGNATURE

DATE