



**IMPORTANT**

To change your license status to Inactive or Retired, your license must be in good standing according to [A.R.S. §32-933 \(A\)](#), and you are no longer actively engaged in the practice of chiropractic in the State of Arizona.

1. To maintain your Inactive or Retired status, you must submit a Renewal Application before your license expiration date of each year and meet all the requirements of [A.R.S. §32-923](#).
  - a. Inactive licensees are not required to take continuing education but must pay the annual renewal fee and submit a renewal application.
  - b. Retired Licensees do not have to submit continuing education or pay the annual renewal fee but are required to submit a renewal application annually.
2. **When your license is either Inactive or Retired, you CAN NOT engage in chiropractic practice in the State of Arizona.**
3. **To be retired status you can not be actively practicing in another jurisdiction.**
4. **If you do not submit a Renewal Application or pay the fee as required annually, your license will be placed on Administrative Suspension A.R.S. § 32-923(C) and you will be required to pay the renewal and late fee.**

**PART I. PERSONAL INFORMATION**

THIS INFORMATION IS CONFIDENTIAL AND FOR THE BOARD'S USE ONLY		
LEGAL LAST NAME	LEGAL FIRST NAME	CURRENT AZ BOARD LICENSE #

**PART II. RECORD PROTOCOL COMPLIANCE**

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

1. If the patient is an adult, for at least 6 years after the last date of treatment.
2. If the patient is a minor, for at least 6 years after the minor's 18th birthday.

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 who is employed by a health care institution as defined in [A.R.S. §36-401](#) that is responsible for the maintenance of the medical records.

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

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

**IMPORTANT: If you answered YES to either of the above questions, you are required to 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.**

**PART III. AFFIRMATION**

I, \_\_\_\_\_, I, the undersigned, do attest that I am not currently engaged in the practice of chiropractic in the State of Arizona. I fully understand I will be subject to the penalties imposed pursuant to [A.R.S. §32-923 & A.R.S. §32-924](#) if I practice chiropractic in Arizona while my license is inactive or retired. I acknowledge that if my license is inactive, I must still renew my license annually, pay the annual renewal fee and keep my address and telephone current with the Board in accordance with [A.R.S. §32-923](#). I acknowledge that if my license is retired, I must still renew my license annually and keep my address and telephone current with the Board in accordance with [A.R.S. §32-923](#).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date