



STATE OF ARIZONA BOARD OF CHIROPRACTIC EXAMINERS
1951 West Camelback Road, Suite 330 · Phoenix, Arizona 85015
Telephone 602.864.5088 · Fax 602.864.5099

2017
CHIROPRACTIC INACTIVE LICENSE RENEWAL APPLICATION

YOUR LICENSE EXPIRES ON DECEMBER 31, 2016. To renew your license you must complete and submit this application with the \$170.00 renewal fee. Your **complete** renewal application package must be received or postmarked by December 31, 2016 to avoid the administrative suspension of your license and payment of the **\$200.00** reinstatement fee. You must answer every question.

Name: _____
Address: _____
City, State, ZIP _____

License No: _____
Phone: _____

1. Mailing Address and Contact Number. Review the above mailing address and contact number. Enter any changes here.

Street _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ b. No Change to Mailing Address

NOTE: Your mailing address must be an office address, post office box or mail center box. A home address will not be accepted unless it is your only address. This address and phone number will be a public record and will appear on the Board's website.

2. Physical Practice Address and Phone Number. Please choose one of the following:

- a. My physical practice address is the same as my mailing address (above).
- b. I do not have a practice address.
- c. My physical practice address is not the same as my mailing address (above). I have entered it below.

Clinic Name: _____

Street _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

NOTE: You must provide a physical office address if you are practicing. If you do not, your renewal will be returned to you.

3. Clinic Owner Information. Please choose one of the following:

- a. I own my own clinic/practice.
- b. I am not currently practicing.
- c. The name and professional designation of the owner of my clinic/practice is listed below.

4. Home Address and Phone Number. Please provide your physical home address and phone number. This address and phone number will be held confidential unless it is your only address and phone number.

Street _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____

(Over)

For questions 5 through 7 you must write in "Yes" or "No" on the line provided.

5. **Disciplinary Action.** Pursuant to A.R.S. § 32-924 (A)(14) and A.A.C. R4-7-503 (C)(5), has any licensing board **other than** the Arizona Board of Chiropractic Examiners initiated an investigation or taken any disciplinary action against any of your licenses since you last applied for renewal of this license? WRITE IN _____. If "Yes", attach a written explanation and a copy of the final order or settlement agreement.
6. **Arrests.** Pursuant to A.R.S. § 32-3208 (A) and A.A.C. R4-7-503 (C)(6), since you last applied for renewal of this license, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony? WRITE IN _____. If "Yes", attach a written explanation.
7. **Convictions.** Pursuant to A.R.S. § 32-924 (A)(6) and A.A.C. R4-7-503 (C)(6), have you been charged with, convicted of, or pled guilty or nolo contendere to a misdemeanor or felony since you last applied for renewal of this license? WRITE IN _____. If "Yes", attach a written explanation and a copy of the police and court records relating to the conviction.
8. **Records Protocol Compliance.** You must indicate your compliance with A.R.S. § 32-3211 by checking at least one of the following boxes. Staff will return your renewal as incomplete if you fail to check at least one of the boxes.
- I certify that I am aware of the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records and am in compliance with the requirements.
 - I certify that I am exempt from the requirements of A.R.S. § 32-3211 regarding the secure storage, transfer and access of patient records because I am employed by a health care institution as defined in A.R.S. § 36-401.
 - I am not currently practicing.
10. **Fees.** The renewal fee is \$170.00. You must submit a check or money order for \$170.00 with your completed renewal application. Please make your check or money order payable to the Arizona Chiropractic Board.
11. I, the undersigned, do hereby attest that I am the licensee named in this license renewal application and the facts, statements and answers given by me herein (both sides of this form) are true and correct.

Signature: _____

Date: _____