



# ONLINE RENEWAL

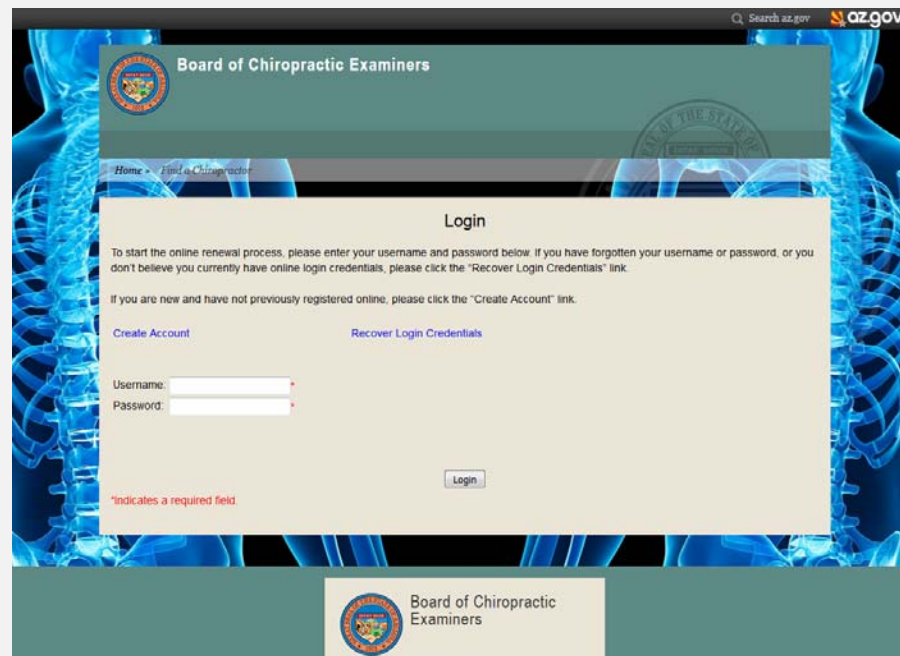
Step by step instructions to renew your  
chiropractic license online for 2018.

# CREATING AN ACCOUNT

Step 1

# I. CREATE AN ACCOUNT

- I. If you have not renewed your Arizona license online before you will need create an account. Select Create Account on the Online Renewal Portal home page.



The screenshot shows the login page for the Board of Chiropractic Examiners. The page features a blue header with the board's name and logo. Below the header, there is a navigation menu with links for Home and Find a Chiropractor. The main content area is titled "Login" and contains instructions for users to enter their username and password. It also includes links for "Create Account" and "Recover Login Credentials". There are two input fields for "Username" and "Password", and a "Login" button. A red asterisk indicates a required field. The footer contains the board's name and logo.

Board of Chiropractic Examiners

Home Find a Chiropractor

Login

To start the online renewal process, please enter your username and password below. If you have forgotten your username or password, or you don't believe you currently have online login credentials, please click the "Recover Login Credentials" link.

If you are new and have not previously registered online, please click the "Create Account" link.

[Create Account](#) [Recover Login Credentials](#)

Username:

Password:

Login

\*Indicates a required field

Board of Chiropractic Examiners

# I. CREATE AN ACCOUNT

- I. Select 3 different Security Questions and Answers to be used to unlock your account should you forget your password in the future.
- II. Refer to the instructions on the top of the page for the requirements of the user name and password.

**Create Account**

To create a new online account, please enter the following information and click SAVE to create an online account. The password must be at least 8 characters long consisting of at least one alphabet, one number, and one unique symbol (ex. \*, #, !). Please make note of your username and password to login.

Security Question 1

Answer

Security Question 2

Answer

Security Question 3

Answer

License Number:

SSN:

Date of Birth (MM/DD/YYYY):

Username:

Password:

Re-Enter Password:

\*Indicates required field.

## I. CREATE AN ACCOUNT

- I. If you receive the error found below, contact the Board office at (602)864-5088 or [Renewal@chiroboard.az.gov](mailto:Renewal@chiroboard.az.gov)

We could not find your record in the system. Please try again. If the problem persists, please contact the Board.

# VERIFYING INFORMATION

Step 2

## 2. VERIFYING INFORMATION

- I. Now that you have successfully logged in you should see the information that is current in the Board online system. If you do not see a license termed “Pending Renewal” contact the Board office.
- II. Select the License you would like to renew.

### Dashboard

Welcome to the Arizona Board of Chiropractors Online Renewal site.  
To begin the renewal process, click the Renew link next to the license you would like to renew.

<b>Name:</b> John Q. Public	<b>CURRENT LICENSE:</b>
<b>MAILING ADDRESS:</b> 1951 W. Camelback Suite 330 Phoenix, AZ 85015 Licensure@chiroboard.az.gov	Chiropractor License <b>8433</b> Active (11/27/2015 - 12/31/2015) Chiropractor License <b>8433</b> Pending Renewal (01/01/2016 - 12/31/2016) <a href="#">Renew</a>
<b>PRACTICE ADDRESS:</b> 1951 W. Camelback Suite 330 Phoenix, AZ 85015 602-864-5088	

## 2. VERIFYING INFORMATION

- I. Review the personal information if anything is incorrect, please contact the Board.

**Individual Information**

Please review the information below is correct. If any of the information is incorrect, please contact the board.

Name: John Q. Public  
License Number: 8433  
SSN: 000-01-0000  
DOB: [REDACTED]  
US Citizenship: [REDACTED] ▼



## 2. VERIFYING INFORMATION

- I. If you selected “Non-US Citizen” “Temporary” or “Out of the Country” for US Citizenship you will need to provide a copy of the Statement of Citizenship form and a document from the list of acceptable documentation.
- II. When you have scanned the completed Statement of Citizenship and one form of acceptable documentation select “Upload Documents”

**Citizenship Information**

Please download and complete the document below and upload once completed. Additionally, please see the list [here](#) for the additional documentation needed for proof of Citizenship. You must submit at least one document with a photograph and the Citizenship Statement in order to move forward with your renewal.

**Citizenship Statement**

## 2. VERIFYING INFORMATION

- I. Select “Citizenship Document” from the drop down list. And Select Browse. Attach the document from you computer. Click save.
- II. You will be returned to the Citizenship Information page.
- III. Click Next to progress to the address section.

Please select the Document Type and enter a brief description of the document you are uploading.

Document Type \*

Description

No file selected.

\*Indicates a required field

## 2. VERIFYING INFORMATION

- I. Review and Update your Mailing Address. 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.

**Mailing Address**

Please review and update your Mailing Address if necessary.

Street 1:	<input type="text" value="1951 W. Camelback"/>	*
Street 2:	<input type="text" value="Suite 330"/>	
City:	<input type="text" value="Phoenix"/>	*
State:	<input type="text" value="AZ"/>	*
Zip:	<input type="text" value="85015"/>	*
County:	<input type="text" value="Phoenix"/>	*
Work Phone Number:	<input type="text" value="(602) 864-5088"/>	
Email Address:	<input type="text" value="Licensure@chiroboard.az.gov"/>	*

\*Indicates a required field.

## 2. VERIFYING INFORMATION

- I. Review and Update your Practice Address. This can be the same as your mailing address or home address.

**Practice Address**

Please review and update your Practice Address if necessary.

Clinic Name:	<input type="text" value="Board of Chiropractic Examiners"/>	*
Street 1:	<input type="text" value="1951 W. Camelback Road"/>	*
Street 2:	<input type="text" value="Suite 330"/>	
City:	<input type="text" value="Phoenix"/>	*
State:	<input type="text" value="AZ"/>	*
Zip:	<input type="text" value="85015"/>	*
Work Phone Number:	<input type="text" value="602-864-5088"/>	*
Fax:	<input type="text" value="602-864-5099"/>	*

\*Indicates a required field.

## 2. VERIFYING INFORMATION

- I. Review and Update your Home Address. If you do not have a cell phone you can provide your “Home Phone Number” in both areas.

**Home Address**

Please review and update your Home Address if necessary.

Street 1:	<input type="text" value="1951 West Camelback Road"/>	*
Street 2:	<input type="text" value="Suite 330"/>	
City:	<input type="text" value="Phoenix"/>	*
State:	<input type="text" value="AZ"/>	*
Zip:	<input type="text" value="85015"/>	*
Home Phone Number	<input type="text" value="602-864-5088"/>	*
Cell Phone:	<input type="text" value="602-864-5088"/>	*

\*Indicates a required field.

## 2. VERIFYING INFORMATION

- I. If you have a Foreign Address that you need to update with the Board you can enter it on this window. It is not required and you can click next if you do not have any information to enter.

**Foreign Address**

Please review and update your Foreign Address if necessary. Please note that this is not a required address.

Street 1:

Street 2:

City:

State:

Zip:

County:

Country:

Home Phone Number:

Work Phone Number:

Cell Phone:

Fax:

Pager:

Email Address:

\*Indicates a required field.

## 2. VERIFYING INFORMATION

- I. If you have a Secondary Address that you need to update with the Board you can enter it on this window. It is not required and you can click next if you do not have any information to enter.

**Secondary Address**

Please review and update your Secondary Address if necessary. Please note that this is not a required address.

Street 1:

Street 2:

City:

State:

Zip:

Work Phone Number:

Fax:

\*Indicates a required field.

# RENEWAL QUESTIONS

Step 3



### 3. RENEWAL QUESTIONS

- I. Choose one of the options for the Clinic Owner information. If you select option “c.” in the box provided Type in the name of the Owner of the Clinic and professional designation (if applicable).

**Renewal Questions**

Please answer the questions below.

Clinic Owner Information

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.

### 3. RENEWAL QUESTIONS

- I. Choose “Yes” or “No” in answer to “Pursuant to A.R.S.§32-924(A)(14) and A.A.C. R4-7-503(C)(5), has any licensing board other than that State of Arizona Board of Chiropractic Examiners initiated an investigation or taken disciplinary action against any of your licenses since you last applied for renewal of this license?”
- II. If yes, provide a written statement either in the box provided or scan and upload a document using the Browse button.

**Disciplinary Action**

If yes, attach a written explanation and/or write an explanation and a copy of the final order or settlement agreement

No file selected.

### 3. RENEWAL QUESTIONS

- I. Choose “Yes” or “No” in answer to “Pursuant to A.R.S.§32-3208(A), A.R.S.§32-924(A)(6) 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, under investigation, convicted of, or plead “guilty” or “nolo contendere” to a misdemeanor or felony?”
- II. If yes, provide a written statement either in the box provided or scan and upload a document using the Browse button.

**Arrests & Convictions** ▼

If yes, attach a written explanation and/or write an explanation.

No file selected.

### 3. RENEWAL QUESTIONS

- I. Choose “Yes” or “No” in answer to “Do you certify that you are aware or the requirements of A.R.S.§32-321 I regarding secure storage, transfer and access of patient records and are in compliance?”

**Records Protocol Compliance**

No file selected.

### 3. RENEWAL QUESTIONS

- I. Review the Information regarding your Licenses in other States. If you do not see that we have the correct information for a license you possess click “Edit” on an existing License or “Add” to add an additional or new license. It is not required and you can click next if you do not have any information to enter.

**Other State Licenses**

Please review the information regarding Other State Licenses below. If you have additional licenses not indicated below, please select the Add button to update the information. If any of the information is incorrect, please contact the Board.

License Number	State	Effective	Status	
1222R	AL	10/25/2011	Active	<a href="#">Edit</a>

### 3. RENEWAL QUESTIONS

- I. If you selected “Add” or “Edit” Enter the Information regarding your Licenses in other States. Click Save.

Other State Licenses

License Number:	<input type="text" value="1222R"/>	*
State:	<input type="text" value="AL"/>	*
Effective:	<input type="text" value="10/25/2011"/>	
Status	<input type="text" value="Active"/>	*

**\*Indicates a required field**

## 3. RENEWAL QUESTIONS

- I. Click “Add” to add Continuing Education Hours for this year. 12 hours of CE are required every year to renew your license. 2 hours of Record Keeping is required in the even number calendar years.
- II. Add each course individually.

### CE Hours

Please review the information regarding your CE Hours below.

Since January 1, 2015 have you completed at least 12 hours of continuing education as required by \*  
A.R.S. §32-931 and A.A.C. R4-7-801?

Pursuant to A.A.C. R4-7-503 (C) (8), you must write the following information regarding the continuing education you completed on this form: the date or dates on which you attended the continuing education course, the subjects taught during the course, and the accredited college, qualifying association (ACA or ICA) or AZCE approval code affiliated with the course. If the course has an approval code in addition to having an affiliated accredited college (e.g. online courses), you must provide the approval code. Please note that all Arizona approval codes begin with AZCE.

**To add CE Hours, please select the Add button below.**  
\*Indicates a required field

### 3. RENEWAL QUESTIONS

- I. Enter the Course information in the boxes provided. If the course contains 2 hours of Record Keeping you can select the check box for Record Keeping Course. (2 hours of Record Keeping is required in the even numbered calendar years)

CE Hours

Date Completed:	<input type="text" value="05/05/2017"/>	*
Subject:	<input type="text" value="Methods"/>	*
Hours:	<input type="text" value="12"/>	*
Provider, Affiliated Accredited College or Association:	<input type="text" value="Chiropractic College"/>	*
AZCE Approval Code:	<input type="text" value="AZCE000000"/>	*

**If the AZCE Approval Code is unavailable, please input "Not Applicable".**

Record Keeping Course

\*Indicates a required field



### 3. RENEWAL QUESTIONS

- I. Review the course information provided. Note 12 hours are required for renewal. Select your response to “Since January 1, 2015, have you completed at least 12 hours of continuing education as required by A.R.S.32-931 and A.A.C. R4-7-801?”

**CE Hours**

Please review the information regarding your CE Hours below.

Since January 1, 2015 have you completed at least 12 hours of continuing education as required by A.R.S. §32-931 and A.A.C. R4-7-801? Yes ▾ \*

Pursuant to A.A.C. R4-7-503 (C) (8), you must write the following information regarding the continuing education you completed on this form: the date or dates on which you attended the continuing education course, the subjects taught during the course, and the accredited college, qualifying association (ACA or ICA) or AZCE approval code affiliated with the course. If the course has an approval code in addition to having an affiliated accredited college (e.g. online courses), you must provide the approval code. Please note that all Arizona approval codes begin with AZCE.

Date Completed	Subject	Hours	Affiliated Accredited College or Association	AZCE Approval Code	
01/05/2015	Methods	12	Chiropractic College	AZCE00000	<a href="#">Edit</a>

To add CE Hours, please select the Add button below.  
\*Indicates a required field

# CONFIRMATION AND PAYMENT

Step 4

## 4. CONFIRMATION AND PAYMENT

- I. Review the information provided on your renewal and then review the affidavit. Provide your name in the provided Signature block and select the date you completed the form.
- II. Use of the Signature block is in compliance with A.R.S.§41-132(A).
- III. You can print confirmation of this page by selecting “Print”
- IV. Your renewal is not complete yet. You will need to complete the payment section next by clicking “Complete Renewal Application”

### Affidavit

I, the undersigned, state and depose that all facts, statements, and answers contained in this renewal 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 the qualification as an applicant shall be sufficient to bar me from renewal of my Arizona License. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of the license, if discovered after renewal of the registration. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

Signature: \*

Date: \*

**In compliance with A.R.S. § 41-132 (A).**

\*Indicates a required field.

Logout

Complete Renewal Application

Print

## 4. CONFIRMATION AND PAYMENT

- I. The 2018 Renewal fee is \$185.00. Please select the “Pay Now” button to complete payment. Your renewal will not be complete without payment.

Invoice Page

Please review the invoice(s) below. These indicate what payments are owed in order to renew your License. If this is incorrect, please contact the Board.

Invoice	Amount
Chiropractor License Renewal Fee	\$185.00

Total Due: **\$185.00**

## 4. CONFIRMATION AND PAYMENT

- I. Enter your Credit Card Information. At this time our payment processor accepts Visa or MasterCard.
- II. The payment processor may assess a “convenience fee” to process a credit card payment. The Board only receives the payment of the \$185.00.

Payment Page

Please enter your Credit Card information below.

**Amount Due**  
**\$185.00**

\*Credit Card:

\*Credit Card Number:

\*Expiration:

\*CVV:

\*First Name:

\*Last Name:

Company:

\*Billing Address Street 1:

\*Billing Address City:

\*Billing Address State:

\*Billing Address Zip Code:  (ex: 5555-4444)

## 4. CONFIRMATION AND PAYMENT

- I. Once you have completed the payment processing, you will see the payment confirmation page. Please print the confirmation number and maintain it for your records.

Congratulations, you have completed the online renewal process.

Please print this page as a receipt of your payment.

Confirmation Number: [REDACTED]

John Q. Public

License Number: 8433

Payment Amount: \$185.00

Payment Method: Credit Card

Payment Date: 11/27/2015

Purpose of Payment: Chiropractor License

State of Arizona Board of Chiropractic Examiners

, Executive Director.

Logout

Print



# ONLINE RENEWAL

Congratulations on Renewing your license online.  
Please contact the Board office with any questions.  
Thank you for your patience during this time.