



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
RETIRED CHIROPRACTIC LICENSE RENEWAL APPLICATION

YOUR RETIRED ARIZONA LICENSE EXPIRES ON DECEMBER 31, 2016. To renew your license you must complete and submit this application. Your **complete** renewal application package must be received or postmarked by December 31, 2016 to avoid the administrative suspension of your license. 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. **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: (_____) _____

For questions 3 through 6 you must write in "Yes" or "No" on the line provided.

3. **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.
4. **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.
5. **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.
6. **Retirement.** I am currently retired and not practicing chiropractic in the State of Arizona, WRITE IN _____.
7. 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 are true and correct.

Signature: _____

Date: _____