

## State of Arizona Board of Chiropractic Examiners

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1951 West Camelback Road, Suite 330 • Phoenix, Arizona 85015

Voice: (602) 864-5088

FAX (602) 864-5099

Website: [www.chiroboard.az.gov](http://www.chiroboard.az.gov)

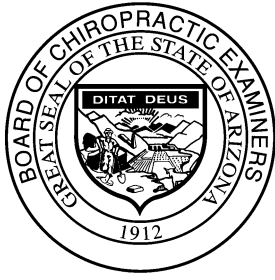
### Application for Retirement Status

Please read the enclosed information carefully before submitting your application.

Retirement status is intended for licensees who are *permanently* retired from the practice of chiropractic and is not to be used in lieu of inactive status. According to A.R.S. § 32-923, the State of Arizona Board of Chiropractic Examiners may waive the annual license renewal fee if a licensee presents evidence satisfactory to the Board that the licensee has *permanently* retired from the practice of chiropractic and has paid all fees required by law prior to the waiver. During the waiver period the retired licensee may not engage in the practice of chiropractic and shall be subject to the same penalties as are imposed upon a person who practices without a license if they violate the above referenced subsection.

In order to reinstate a retired license to active status, licensees are required to take and pass the SPEC examination offered by the National Board of Chiropractic Examiners (NBCE) and complete 12 to 24 hours of continuing education depending on the length of retirement.

To place your license on retirement status, you must complete and submit the following form. Please make sure to answer all questions and have your application notarized. Applications that are incomplete or not notarized shall be returned.



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## Application for Retirement Status

Name: \_\_\_\_\_  
Last First MI

License Number: \_\_\_\_\_

Address:

Street \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

I, the undersigned, do attest that I have permanently retired from the practice of chiropractic in this or any other state or country. I fully understand I will be subject to the penalties imposed pursuant to A.R.S. §32-923, if I practice chiropractic during this waiver period.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

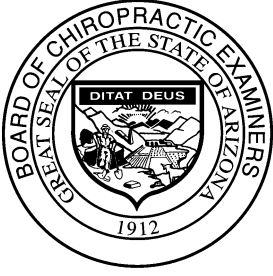
State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_



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Voice: (602) 864-5088 FAX (602) 864-5099 TTY (800) 367-8939  
(AZ Relay Service)

## Notice of Records Transfer

Type or print in blue or black ink. Answer ALL questions. Answer "None" or "N/A" if it is the correct response

1. Doctor's Name: \_\_\_\_\_ License No: \_\_\_\_\_  
Last First MI

Current Address of Patient Records: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

2. Person Receiving/Accepting Records: \_\_\_\_\_  
Last First MI

New Address of Patient Records: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone : (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

3. Reason for Records Transfer:

Retiring       No longer practicing       Relocation       Death       Other (Specify below)

4. Date of Anticipated Transfer: \_\_\_\_\_

§32-3211. A health professional must prepare a written protocol for the secure storage, transfer and access of the medical records of the health professional's patients. At a minimum the protocol must specify: 1. If the health professional terminates or sells the health professional's practice and the patient's medical records will not remain in the same physical location, the procedure by which the health professional shall notify each patient in a timely manner before the health professional terminates or sells the health professional's practice in order to inform the patient regarding the future location of the patient's medical records and how the patient can access those records. 2. The procedure by which the health professional may dispose of unclaimed medical records after a specified period of time and after the health professional has made good faith efforts to contact the patient. 3. How the health professional shall timely respond to requests from patients for copies of their medical records or to access their medical records

Signature of Current Doctor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Receiving/Accepting Records: \_\_\_\_\_ Date: \_\_\_\_\_

## Retirement Laws & Substantive Policy

### **§32-923. Change of address; annual renewal fee; failure to renew; waivers**

- A. Every person licensed pursuant to this chapter shall notify the board in writing of any change in residence or office address and telephone number within thirty days after that change. The board shall impose a penalty of fifty dollars on a licensee who does not notify the board as required by this subsection.
- B. Every person licensed to practice chiropractic in this state shall annually make a renewal application to the board before January 1 after original issuance of a license and shall pay a renewal license fee prescribed by the board of not more than one hundred seventy dollars. The renewal application shall be made on a form and in a manner prescribed by the board. At least thirty days before the renewal application and renewal fee are due, the board shall send by first class mail a renewal application and notice requiring license renewal and payment of the renewal fee.
- C. The board shall automatically suspend a license if the licensee does not submit a complete application for renewal and pay the renewal license fee as required by this section.
- D. The board may reinstate a license if the person completes an application for reinstatement as prescribed by the board, complies with the continuing education requirements for each year that the license was suspended, pays the annual renewal license fee for each year that the license was suspended and pays an additional fee of one hundred dollars. An applicant who does not request reinstatement within two years of the date of suspension shall apply for a license as a new candidate pursuant to section 32-921 or 32-922.01.
- E. The board may waive the annual renewal license fee if a licensee presents evidence satisfactory to the board that the licensee has permanently retired from the practice of chiropractic and has paid all fees required by this chapter before the waiver.
- F. During the period of waiver the retired licensee shall not engage in the practice of chiropractic. A violation of this subsection subjects the retired licensee to the same penalties as are imposed in this chapter on a person who practices chiropractic without a license.
- G. The board may reinstate a retired licensee to active practice on payment of the annual renewal license fee and presentation of evidence satisfactory to the board that the retired licensee is professionally able to engage in the practice of chiropractic and still possesses the professional knowledge required. After a hearing, the board may refuse to reinstate a retired licensee to active practice under this subsection on any of the grounds prescribed in section 32-924.

## **SUBSTANTIVE POLICY STATEMENT**

### **REQUIREMENT TO REINSTATE A LICENSE PLACED ON PERMANANT RETIREMENT STATUS**

In order to have a retired license reinstated to active practice, the licensee is required to take and pass the SPEC examination administered by the National Board of Chiropractic Examiners with a score of 75% or better and produce evidence of having completed 12 hours of continuing education if the license has been on retirement status for one year or less, or 24 hours of continuing education if the license has been on retirement status in excess of one year. This is a minimum requirement. All other requirements of A.R.S. §32-923 apply.