

**Arkansas State Board of Chiropractic Examiners
Renewal License Application for Chiropractic Physicians**

2010

- \$200 In-State Active Renewal
- \$125 Out-of-State Active Renewal
- \$100 In-State Inactive Renewal

Total fees enclosed: \$ _____

Renewal deadline: December 31, 2009

| | | | | | | | | | |
|----------------------|--|--|--|-------|--|----------------|-----------------|--|--|
| Name | | | | | | License Number | | | |
| Mailing Address | | | | | | | | | |
| City | | | | State | | | Zip | | |
| Business Phone | | | | Fax | | | Home/Cell Phone | | |
| Email | | | | | | | | | |
| Clinic Name /Address | | | | | | | | | |
| City | | | | State | | | Zip | | |

Have you been convicted of a felony? _____ If yes, please attach copy of conviction or plea.
Are you the owner of a clinic? _____

\$200.00 PENALTY IF POSTMARKED AFTER DECEMBER 31
(PENALTY MUST BE INCLUDED WITH RENEWAL FEE)

Failure to renew by December 31 means your license shall automatically **expire** and be **forfeited**. An individual who submits an application more than sixty days (60) after the license expiration date is subject to all requirements governing new applicants under the Arkansas Chiropractic Practices Act.

Please attach all continuing education programs/courses documentation.

I hereby certify that information on this page and on any attachments is true and correct.

Signature

Date

Please return this original form and attachments, and make checks or money orders payable to:

Arkansas State Board of Chiropractic Examiners
101 East Capitol Avenue, Suite 209
Little Rock, AR 72201
P: 501-682-9015 F: 501-682-9016
www.arkansas.gov/asbce

Note: A \$25.00 fee will be charged for any returned check.

PLEASE MAKE A COPY OF THIS RENEWAL APPLICATION ALONG WITH YOUR CONTINUING EDUCATION AND KEEP FOR YOUR FILES.