

ACUPUNCTURE Certificate Renewal Application 2016

Ohio State Chiropractic Board
77 South High Street, 16th Fl – Columbus, OH 43215

Name _____

Certificate No. _____

Business Information:

Company _____

Phone _____

Address line 1 _____

Fax _____

Address line 2 _____

Email _____

County _____

\$100 Payable via VISA or MASTERCARD – Due on or before March 31, 2016

Visa # _____

MasterCard# _____

Expiration Date: _____

Expiration Date: _____

Or send check payable to: Treasurer State of Ohio

CHECK THE APPROPRIATE ATTESTATION BELOW. DO NOT attach CE records.

- I earned at least 12 hours of acupuncture CE between April 1, 2014 and March 31, 2016 in accordance with Board Rule 4734-10-04 <http://codes.ohio.gov/oac/4734-10-04>.
- My acupuncture certificate was issued on or after April 1, 2014 and I am not required to report CE.

If you are not renewing your certificate at this time, please check below:

- I wish to place my certificate on Inactive Status

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand and authorize the Board and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Board with any information necessary to investigate the information I have provided and disclosed on this application.

I understand that making a false, fraudulent or deceitful statement on this application and/or failure to meet the CE requirements as outlined in Board Rule 4734-10-04 may result in disciplinary action and/or the Board's refusal to renew my license. I further understand that failure to submit documentation of my compliance with the required CE hours upon a Board audit may result in disciplinary action.

Signature: _____ Date: _____

Return Application and Fee to: Ohio State Chiropractic Board
77 South High Street, 16th Floor
Columbus, OH 43215

- OR -

You may fax or email your application if paying via credit card

Fax: 614-752-2539 **Email:** oscb.chirobd@chr.state.oh.us