

# CHIROPRACTIC License Renewal Application

# 2016

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

Name \_\_\_\_\_

License No. \_\_\_\_\_

Please provide your address and contact information below. If you have any questions regarding completing this form, please visit our website at [www.chirobd.ohio.gov](http://www.chirobd.ohio.gov). Choose the **Licensees** drop down and click on **Chiropractic License Renewal**.

## Business Information:

Company \_\_\_\_\_  
Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_  
Fax \_\_\_\_\_  
Email \_\_\_\_\_  
Website \_\_\_\_\_

## Home Information:

Address line 1 \_\_\_\_\_  
Address line 2 \_\_\_\_\_  
County \_\_\_\_\_  
Phone \_\_\_\_\_

If you have additional practice locations, please provide the information on the space provided on the back of this form.

**\$500** Payable via VISA or MASTERCARD – DUE ON OR BEFORE MARCH 31, 2016.  
(\$650 on or after April 1, 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 36 hours of CE, including 1.5 hours of ethics and/or professionalism, between April 1, 2014 and March 31, 2016 in accordance with Board Rule 4734-7-01 <http://codes.ohio.gov/oac/4734-7-01>.
- I was initially licensed on or after April 1, 2014 and am not required to report CE.
- Other. Provide a detailed explanation in the space provided on the back of this application.



If you are not renewing your license at this time, please indicate the reason:

- I wish to place my license on Inactive Status     Retired

**OVER →**

Have you had a chiropractic or other professional license that has ever been limited, censured, forfeited, surrendered, put on probation, reprimanded, revoked, fined, suspended or disciplined for any reason that you have not reported to this Board in writing?  Yes\*  No

Have you ever been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any violation of any law, except minor traffic laws, in any jurisdiction, other than a violation that was resolved in juvenile court that you have not reported to this Board in writing?  Yes\*  No

Do you currently have any condition or impairment including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition, which in any way currently affects your ability to practice in a competent and professional manner?  Yes\*  No

Are you listed on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to Section 3797.08 of the Ohio Revised Code, or have you been notified of any proceeding to determine whether you may be subject to listing on the registry?  Yes\*  No

Are you required to register as a sex offender under Ohio law, the law of another state, the U.S., or a foreign country?  Yes\*  No

\*Additional Information/Disclosures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 4734-7-01 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, 16<sup>th</sup> 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](mailto:oscb.chirobd@chr.state.oh.us)