

# CHIROPRACTIC License Renewal Application

# 2012

Return Application To: Ohio State Chiropractic Board  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, OH 43215

(Office Use Only)  
\_\_\_\_ postmarked after 4/1/12  
\_\_\_\_\_

**\$500 PAYABLE VIA CREDIT CARD - OR - SEND CHECK PAYABLE TO TREASURER STATE OF OHIO**

Visa # \_\_\_\_\_

MasterCard# \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM COMPLETELY AND LEGIBLY. IF YOU NEED ADDITIONAL SPACE TO COMPLETE AN ANSWER PLEASE USE #8 OR ATTACH A SEPARATE SHEET.**

Date: \_\_\_\_\_ Name: \_\_\_\_\_ License No. \_\_\_\_\_

- (1) **IDENTIFY THE DBA (BUSINESS NAME), LEGAL NAME AND ADDRESS OF ALL FACILITIES THAT PROVIDE OR ADMINSTRATE HEALTH RELATED SERVICES IN WHICH YOU ARE EMPLOYED, OWN, OPERATE, MANAGE OR OTHERWISE HAVE ANY OWNERSHIP OR FIDUCIARY INTEREST WITHIN THE STATE OF OHIO.\*** Failure to provide this information for all facilities may constitute making a false, fraudulent or deceitful statement to the Board.

Clinic Name: \_\_\_\_\_

\*Clinic Street Address: \_\_\_\_\_

**\*IF YOUR MAILING ADDRESS IS A POST OFFICE BOX YOU MUST INCLUDE THE PHYSICAL ADDRESS.**

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

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

**\*IF YOU HAVE ADDITIONAL ADDRESSES TO REPORT, PROVIDE THE REQUESTED INFORMATION LISTED ABOVE FOR EACH LOCATION ON #8.**

- (2) Home Address: \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ Is this number unlisted?  Yes  No

If your home and clinic address are the same, do you practice out of your home?  Yes  No

- (3) Please list all states in which you have ever held a chiropractic license regardless of current status. Indicate any additional licenses on #8.

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

- (4) 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 which you have not reported to this Board in writing? (If yes, provide additional information on #8)  Yes  No

- (5) Have you ever been found guilty of a criminal offense\* that you have not reported to this Board in writing? If yes, explain on #8. Include the court, case number, charge, dates and disposition.

Yes  No

\*You do not need to report minor misdemeanor traffic offences. DUI convictions are not minor misdemeanors and must be reported.

(6) **ATTEST BELOW TO EARNING 36 HOURS OF CONTINUING EDUCATION THAT INCLUDES 1.5 HOURS OF ETHICS AND/OR PROFESSIONALISM\*. INDICATE ANY ADDITIONAL CE ON #8 OR ON A SEPARATE SHEET OF PAPER LISTING ALL REQUESTED INFORMATION.** The hours you attest to must add up to 36 hours or more. DO NOT attach CE records to this application.

**IF YOU LIVE OR PRACTICE IN OHIO** - you must earn 24 of the 36 CE hours at a live, Board-approved seminar held within the state of Ohio. The remaining 12 hours including the required 1.5 hours of ethics and/or professionalism may be earned within the state of Ohio, outside Ohio or via supervised self-instruction - defined as audio/video or internet programs.

**IF YOU LIVE AND PRACTICE OUT OF STATE** - you may earn all required 36 CE hours within the state of Ohio, outside Ohio or via supervised self-instruction - defined as audio/video or internet programs.

**Ethics/Professionalism CE Method:** seminar on-line course audio/video Hours Earned: \_\_\_\_\_  
May be earned within the state of Ohio, outside Ohio or via supervised self-instruction.

Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Location: \_\_\_\_\_

**Chiropractic CE Method:** seminar on-line course audio/video Hours Earned: \_\_\_\_\_

Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Location: \_\_\_\_\_

**Chiropractic CE Method:** seminar on-line course audio/video Hours Earned: \_\_\_\_\_

Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Location: \_\_\_\_\_

**Chiropractic CE Method:** seminar on-line course audio/video Hours Earned: \_\_\_\_\_

Title: \_\_\_\_\_ Date(s): \_\_\_\_\_

Sponsor: \_\_\_\_\_ Location: \_\_\_\_\_

**TOTAL CE HOURS EARNED** \_\_\_\_\_  
**MUST EQUAL 36 OR MORE**

\*I received my initial license on or after April 1, 2010 and am not required to report CE.

(7) If you are not renewing your license at this time, please indicate reason:

Retired Inactive Other: (please explain) \_\_\_\_\_

(8) Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or the Board's refusal to renew my license. I further 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.

(9) Signature: \_\_\_\_\_ Date: \_\_\_\_\_