

CHIROPRACTIC License Renewal Application

2014

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

(Office Use Only)
____ postmarked after 4/1/14

\$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.
(PDF FILL IN FORM AVAILABLE AT WWW.CHIROBD.OHIO.GOV)**

Date: _____ Name: _____ License No. _____

- (1) Identify the dba (business name), legal name and address of all facilities that provide or administrate health related services in which you are employed, own, operate, manage or otherwise have any ownership or fiduciary interest within the state of Ohio. If you have additional addresses to report, provide the requested information for each location on #9.

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: _____

- (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) 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?

* Yes No

*If yes, you must provide an explanation on #9.

- (4) Have you ever been found guilty of a criminal offense that you have not reported to this Board in writing?

* Yes No

*If yes, you must provide an explanation on #9. Include the court, case number, charge, dates and disposition. (You do not need to report minor misdemeanor traffic offences. DUI convictions are not minor misdemeanors and must be reported.)

(5) Please list all states in which you have ever held a chiropractic license regardless of current status. Indicate any additional licenses on #9.

State: _____ State: _____ State: _____

(6) **Check the appropriate attestation below.** DO NOT attach CE records.

(A) I have earned at least 36 hours of CE, which includes 1.5 hours of ethics and/or professionalism, from a Board-approved chiropractic college, non-profit association, accredited academic health institution, or hospital in accordance with Board Rule 4734-7-01 paragraph (E). <http://codes.ohio.gov/oac/4734-7-01>.

(B) I was initially licensed on or after April 1, 2012 and am not required to report CE.

(C) Other – You must provide a detailed explanation below:

(7) I have have not practiced within the state of Ohio since April 1, 2012.

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

Retired Inactive Other: (please explain) _____

(9) Additional Information: _____

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.

(10) Signature: _____ Date: _____