

CHIROPRACTIC PHYSICIAN LICENSE RENEWAL FORM - 2017 (Mail Version)

_____ I WISH TO RENEW
 _____ I DO NOT WISH TO RENEW

N.C. Board of Chiropractic Examiners
 363 Church Street N., Ste. 250-R
 Concord, NC 28025



Name:

License #:

To Renew your License for 2017, you must complete the following:

- Pay your renewal fee of \$300.
- Complete and Report 18 Hours of Approved Continuing Education to the Board Office.
- Complete, Sign and Return this Renewal Form to the Board Office.

All of these requirements must be completed and received in the Board office by January 3, 2017. Your license will automatically be cancelled if you have not completed your renewal requirements by February 3, 2017 and you will not be authorized to practice chiropractic in North Carolina until you complete the Reinstatement Process.

Will you be submitting Professional Development CE's Yes No **If Yes, how many hours?** _____ (0-2 hours)

Current Office/Practice Data on File with the Board

Make all corrections/changes below

Office Phone		
Office Fax #		
Email		
Active Practice? If no, Inactive Code		
Specialty Code		
Employment Code		
Setting (PS) Code		

Specialty Code: 1-Neurology, 2-Orthopedics, 3-Internal Disorders, 4-Radiology, 5-Pediatrics, 6-Sports Injuries, 7- Nutrition, 8-Rehabilitation, 9-Other _____

Inactive Code: 1-Working in another Field, 2-Retired, 3-Non-practicing/at home, 4-In professional training, not practicing 5-Other _____

Employment: 1-Individual, 2-Independent Contractor, 3--Partnership, 4-Loc.Gov. 5-Co. Gov., 6-St. Gov., 7-Fed. Gov., 8-Other _____

PS Code: 11-Hospital, 12-Nursing Home, 13-Clinic, 14-Group Health Facility, 15-Dr.'s Office, 21-Military, 22-VA, 23- Indian Public Health, 24-Other _____

Personal Information on File with the Board

Make all corrections/changes below

Street Address		
City, State, Zip		
Home Phone		
Cell Phone		
Social Security #		

Do you own 100% of your Practice/Clinic? Yes _____ No _____ If not, who does?

Have you been convicted of a crime other than a traffic violation since your last renewal? ____ Yes ____ No
 If yes, please provide a short explanation, Attach another page if necessary.

THIS WILL BE YOUR ONLY NOTICE TO RENEW YOUR LICENSE.

Licensee Signature _____ Date _____