

# Verification of Licensure

The person listed below is applying for a license to practice chiropractic in the State of North Carolina. The North Carolina Board of Chiropractic Examiners requires that this form be completed by each jurisdiction in which the applicant holds or has held a license. Please complete this form and return it to the address shown below. Thank you.

NC Board of Chiropractic Examiners  
6070 Six Forks Rd., Ste. L  
Raleigh, NC 27609

Name of Applicant: \_\_\_\_\_

State of \_\_\_\_\_

Name of Licensee \_\_\_\_\_

Graduate of \_\_\_\_\_

License Number \_\_\_\_\_ Issued Effective \_\_\_\_\_

By Reciprocity/Waiver \_\_\_\_\_ By Examination \_\_\_\_\_

License is Current \_\_\_\_\_ Lapsed \_\_\_\_\_

Has the applicant's license ever been suspended or revoked? \_\_\_\_\_

If so, for what reason? \_\_\_\_\_

Derogatory information, if any

\_\_\_\_\_  
\_\_\_\_\_

Comments, if any \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

*State Board Seal*

Title \_\_\_\_\_

State Board \_\_\_\_\_