CHIROPRACTIC PHYSICIAN LICENSE ANNUAL RENEWAL FORM - 2019

☐ I WISH TO RENEW ☐ I DO NOT WISH TO RENEW	N.C. Board of Chiropractic Examiners 6070 Six Forks Rd. Ste. L Raleigh, NC 27609 ncboce@ncchiroboard.com
Name:	License #:

To Renew your License for 2019, you must complete the following:

- Pay your renewal fee of $300 online at the Board's website (www.ncchiroboard.com).
- Complete and Report 18-Hours of Board Approved Continuing Education to the Board Office.
- Complete, Sign and Return the Annual Renewal Form to the Board Office.

All requirements must be completed and received in the Board office by 5:00 PM, January 8, 2019. Your license will automatically be cancelled if you have not completed your renewal requirements by 5:00 PM, February 7, 2019 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? (not to exceed 2 hours) _____**
If yes, please provide a short explanation of your Professional Development activity.

_____

_____

Please enter your current office/practice data below:

Street Address	
City, State, Zip	
Office Phone	
Office Fax #	
Email	
Active Practice? If no, Inactive Code	☐ Active ☐ 1-Working in another Field, ☐ 2-Retired, ☐ 3-Non-practicing/at home, ☐ 4-In professional training, not practicing ☐ 5-Other _____
Specialty Code	☐ 1-Neurology, ☐ 2-Orthopedics, ☐ 3-Internal Disorders, ☐ 4-Radiology, ☐ 5-Pediatrics, ☐ 6-Sports Injuries, ☐ 7- Nutrition, ☐ 8-Rehabilitation, ☐ 9-Acupuncture, ☐ 10-Other_____
Employment Code	☐ 1-Individual, ☐ 2-Independent Contractor, ☐ 3-Partnership, ☐ 4-Loc.Gov. ☐ 5-Co. Gov., ☐ 6-St. Gov., ☐ 7-Fed. Gov., ☐ 8-Other _____
Setting (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_____

Please enter your personal information below:

Street Address	
City, State, Zip	
Home Phone	
Cell Phone	

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.

By signing this document, I attest that the information provided in this document is true and accurate to the best of my knowledge.

Licensee Signature _____ **Date** _____