

CHIROPRACTIC PHYSICIAN LICENSE ANNUAL RENEWAL FORM - 2021

I WISH TO RENEW
 I DO NOT WISH TO RENEW
 Fax: (704) 793-1385

N.C. Board of Chiropractic Examiners
 6070 Six Forks Rd. Ste. L
 Raleigh, NC 27609
ncboce@ncchiroboard.com



Name:

License #:

Will you be submitting Professional Development CE's Yes, No. **If yes, how many hours? (maximum 2-hours) _____**
If yes, please provide a short explanation of your Professional Development activity.

Enter your current office/practice data below:

Street Address			
City, State, Zip			
Office Phone		Office Fax	
Email			
Active Practice?	<input type="checkbox"/> Active		
If no, Inactive Code	<input type="checkbox"/> 1-Working in another Field, <input type="checkbox"/> 2-Retired, <input type="checkbox"/> 3-Non-practicing/at home, <input type="checkbox"/> 4-In professional training, not practicing <input type="checkbox"/> 5-Other _____		
Specialty Code	<input type="checkbox"/> 1-Neurology, <input type="checkbox"/> 2-Orthopedics, <input type="checkbox"/> 3-Internal Disorders, <input type="checkbox"/> 4-Radiology, <input type="checkbox"/> 5-Pediatrics, <input type="checkbox"/> 6-Sports Injuries <input type="checkbox"/> 7- Nutrition, <input type="checkbox"/> 8-Rehabilitation, <input type="checkbox"/> 9-Acupuncture (Must have Diplomate per Rule 10 .0304 to list any Specialty).		
Employment Code	<input type="checkbox"/> 1-Individual, <input type="checkbox"/> 2-Independent Contractor, <input type="checkbox"/> 3-Partnership, <input type="checkbox"/> 4-Loc.Gov. <input type="checkbox"/> 5-Co. Gov., <input type="checkbox"/> 6-St. Gov., <input type="checkbox"/> 7-Fed. Gov., <input type="checkbox"/> 8-Other _____		
Setting (PS) Code	<input type="checkbox"/> 11-Hospital, <input type="checkbox"/> 12-Nursing Home, <input type="checkbox"/> 13-Clinic, <input type="checkbox"/> 14-Group Health Facility, <input type="checkbox"/> 15-Dr.'s Office, <input type="checkbox"/> 21-Military, <input type="checkbox"/> 22-VA, <input type="checkbox"/> 23- Indian Public Health, <input type="checkbox"/> 24-Mobile, <input type="checkbox"/> 25-Other _____		

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? _____

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department of Labor), 143-762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97(2)(Worker's Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor. [N.C. Gen. Stat. § 143-762(5)]. I am in compliance with these statutes. Yes _____ No _____
If no, please provide a short explanation. Attach another page if necessary.

If I employ Certified Chiropractic Clinical Assistant(s) and/or Radiologic Technologist(s), I have verified that their certifications are current and displayed properly.* Yes _____ No _____

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 is true and accurate to the best of my knowledge.

Licensee Signature _____ Date _____