



Replacement Renewal Form

Complete this form and submit with payment in the amount of **\$250.00** to:

State of California

Board of Chiropractic Examiners
901 P Street, Suite 142A
Sacramento, California 95814

*****INCOMPLETE FORMS WILL BE RETURNED ALONG WITH YOUR PAYMENT*****

Check the box that applies to this renewal form:

ACTIVE License

INACTIVE License

Type or print clearly

Name:	DC:
Current Practice Address:	
License Expiration Date:	

Answer the following questions

1. **Law Violations:** During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction?

YES

NO

2. **Disciplinary Action:** Have you had any disciplinary action taken against you by any other state regulatory agency?

YES

NO

3. **Continuing Education (CE):** If renewing your license in active status; I certify under penalty of perjury that I have completed and can document (if audited) 24 hours of Board-approved CE **prior** to my license expiration date, or that I have met the CE exemption requirements.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

Signature: _____

Date: _____

<i>Complete if a change of name or address has occurred (must attach legal documents with name change)</i>	<i>Mailing Address, only if Inactive (P.O. Box acceptable)</i>
New Name:	Name:
Practice Address:	Mailing Address:
City: State: Zip:	City: State: Zip:
Phone Number:	