



## INACTIVE TO ACTIVE STATUS APPLICATION

In order to practice chiropractic in California, the law requires that you have a current valid license issued by the Board. **Please attach a copy of proof of completion of continuing education equivalent to that required for a single license renewal period.**

**ALL** questions on this application must be answered. Please submit the completed application and supporting documentation. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications.

**1. Please print or type:**

Name:		License No.:	Expiration Date:
Current Practice Address:	City/State	Zip Code	Business Phone: ( )

**2. Have you ever been convicted or pled guilty or pled nolo contendere to ANY offense (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, foreign country, or U.S. federal jurisdiction?**

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations of \$500 or more. Convictions that were later expunged from the records of the court or set aside pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law **MUST** be disclosed.

- Yes (Documentation is attached)                       No

**3. Have you ever had disciplinary proceedings against any professional license including revocation, suspension, probation, voluntary surrender, or any other proceeding in this state or any other state?**

- Yes (Explanation is attached)                       No

*I hereby certify that the information provided is true, correct and complete to the best of my knowledge. I also certify that I personally read and completed this application and have read the instructions.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**