



## Replacement Renewal Form

Complete this form and submit a check or money order in the amount of **\$313.00** payable to "BOCE" 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 renewal period, 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?  
*If you answered "Yes" to either question, attach a detailed explanation with your renewal notice.*  

**YES**                       **NO**
  
3. **Continuing Education (CE):** If renewing your license in active status; I certify 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 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:** \_\_\_\_\_ **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:	