



Replacement Renewal Form

Complete this form and submit with payment in the amount
 of **\$300.00** for licenses which expire in 2018
\$313.00 for licenses which expire in 2019

Please send a check or money order 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:	