



NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (701) 352-2258 · Email: contact@ndsbce.org · Web: www.ndsbce.org

APPLICATION FOR REACTIVATION OF AN INACTIVE LICENSE

Please type or print legibly the following information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ ND License Number: _____

Supporting Documentation and Fees:

1. Pay the \$200.00 reactivation fee authorized by 17-01-01-02(3). Checks should be made out to the ND Board of Chiropractic Examiners (we do not accept credit cards for this application).
2. Show proof of 20 continuing education hours completed in the past 12 months.
3. Please list all active or inactive licenses you hold from other states or jurisdictions:

4. Notify each state or jurisdiction listed in #3 and have them complete a license verification and send it directly to the ND Board of Chiropractic Examiners. You may use the attached form or they may send a letter.
5. If you cannot show proof of active practice in any state or jurisdiction for at least six months of the last three years, you must appear before the Board. Please contact the Board to schedule your appearance at the next meeting.
6. If you have not been in active practice in any state or jurisdiction for the past three or more years, you must take and pass the special purposes examination for chiropractic (SPEC) test. The cost of the examination is the responsibility of the applicant. Please contact the Board for the examination information.
7. You must have successfully passed the ND Jurisprudence Examination in the past twelve months. Please contact the Board for the examination information.
8. You must submit to a statewide and nationwide criminal history record check. All costs associated with obtaining a criminal history record check are the responsibility of the applicant. **Please contact the board office for fingerprint cards.**

My signature acts as my request for the North Dakota State Board of Chiropractic Examiners to reactivate my license to practice chiropractic in the state of North Dakota. I understand that I cannot practice chiropractic until I have received notification from the North Dakota Board that my application for reactivation has been approved.

Signature of Applicant

Date

WORK HISTORY:

Please complete the following employment record for the last 3 years. If you have not been employed or in active practice, select the box at the top of the form. If you need additional space, you may photocopy this page.

By placing an X in this box, I am indicating that I cannot show proof of active practice in some state or jurisdiction for at least six months of the last three years.

Name of Business/Institution: _____

Address of Business/Institution: _____

Owner of Business/Institution: _____

Date(s) of Employment: *From:* _____ *To:* _____

Name of Business/Institution: _____

Address of Business/Institution: _____

Owner of Business/Institution: _____

Date(s) of Employment: *From:* _____ *To:* _____

Name of Business/Institution: _____

Address of Business/Institution: _____

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VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT:

Print your name and license number in the space provided. Forward a copy of this form to each licensing Board in which you are, or have ever been, licensed to practice chiropractic for their completion. Make additional copies of this form as needed.

TO: _____
 [State or Jurisdiction where you hold, or have held, a chiropractic license]

_____ [Applicant's Name] _____ [License Number]

LICENSING BOARD SECTION: The above named applicant has applied for licensure to practice chiropractic in North Dakota. Please provide the following information and return this form to the address listed above.

License Status: _____ Active _____ Inactive _____ Lapsed _____ Other

Issue Date: _____ Expiration Date: _____

Basis for Issuance of License: (check all that apply)

_____ National Board Examination

_____ State Examination

_____ Reciprocity/Endorsement from: _____
 (Name of State)

- Licensee is currently in good standing? _____ YES; _____ NO
- Has the applicant incurred any disciplinary action in your State? _____ YES; _____ NO
- Has the applicant's license ever been limited, denied, surrendered, suspended, or revoked? _____ YES; _____ NO
Please attach copies of any actions taken by your board.

I hereby certify, to the best of my knowledge, the information above is true per the records of this board.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Board Seal