



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

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