



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 LICENSE RENEWAL

The application for license renewal is authorized in the administrative rules under 17-02-01-11 (License Renewal and Fees). This application must be completed in its entirety. All fields and questions must be answered unless it is not applicable to you - then you may respond NA. A valid email address is required. The email address is for Board of Examiners use only and will not be shared. Online renewal is available on the Board's website: www.ndsbce.org.

Name: _____ ND License Number: _____

Email Address (required): _____

Clinic Name: _____

Clinic Physical Address: _____

Clinic Mailing Address (if different than above): _____

Home/Alternate Address: _____

Clinic Phone: _____ Fax: _____

Cell Phone: _____ Home Phone: _____

Clinic Website: _____

Other states you are currently licensed in (Active & Inactive): _____

Branch Clinics (list cities only): _____

NPI Number (Individual): _____

Please answer the following questions by circling YES or NO. If you respond YES to questions 2-7, please provide details on a separate page. Failure to answer the questions honestly or failure to provide details may lead to disciplinary action. If you have previously submitted an explanation to the Board, please indicate as such and you do not need to explain again.

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|--|-----|----|
| 1) Are all your current licenses in good standing? | YES | NO |
| 2) Are you under investigation in any other state or jurisdiction? | YES | NO |
| 3) In the past 3 years, have you had any disciplinary complaints OR malpractice claims filed against you in this state or any jurisdiction? | YES | NO |
| 4) In the past 3 years, have you been charged, convicted, or plead guilty to any criminal activities, including, but not limited to, the use of alcohol, drugs, theft, or fraud? | YES | NO |
| 5) In the past 3 years, have you developed or are you being treated for impairments that restrict your professional ability to safely treat people? | YES | NO |
| 6) In the past 3 years, have you received or been asked to go under treatment for any mental disorder(s)? | YES | NO |
| 7) In the past 3 years, have you engaged in any illegal use of a controlled substance? | YES | NO |

Please answer the questions below regarding practice ownership. We are not referring to the clinic building or facility; only the practice. The Board of Examiners is collecting this for informational and research purposes only at this time. Your cooperation is appreciated. Thank you.

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|--|-----|----|
| 1) Do you own 50% or more of your chiropractic practice? | YES | NO |
| 2) If you responded NO to question #1, please list the majority owner of the practice? | | |

License Holder Signature

Date

Mail this completed application along with your license renewal fee (\$300.00) to the board office. This must be postmarked by September 1st to avoid the administrative late fee (\$200.00). Any license renewal questions should be directed to the board office.

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