



# NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

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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.

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 (or a letter used by your Board) to the address listed above.

LICENSE STATUS: \_\_\_\_\_ Active; \_\_\_\_\_ Inactive; \_\_\_\_\_ Lapsed (Expired); \_\_\_\_\_ Other

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

\_\_\_\_\_ National Board Examination(s) \_\_\_\_\_ State Examination

\_\_\_\_\_ Reciprocity/Endorsement from: \_\_\_\_\_  
(Name of State)

- Licensee is currently in good standing? \_\_\_\_\_ YES; \_\_\_\_\_ NO
- Has the applicant incurred any disciplinary actions 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: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Title: \_\_\_\_\_

BOARD SEAL