



# NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · Email: [contact@ndsbce.org](mailto:contact@ndsbce.org) · Web: [www.ndsbce.org](http://www.ndsbce.org)

## APPLICATION FOR LICENSE RENEWAL – CERTIFIED CHIROPRACTIC CLINICAL ASSISTANT

*All 3 pages of this application must be completed in their 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. This email address is your primary communication method for the Board of Chiropractic Examiners and will not be shared. Online renewal is available on the Board's website: [www.ndsbce.org](http://www.ndsbce.org)*

**NAME:** \_\_\_\_\_ **ND CERTIFICATION NUMBER:** \_\_\_\_\_

### CONTACT INFORMATION:

*Please indicate which mailing address you wish the Board to use for communications:*      HOME      EMPLOYER

**EMAIL ADDRESS (required):** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER PHYSICAL ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER MAILING ADDRESS (if different than physical):** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**EMPLOYER PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**CLINIC WEBSITE:** \_\_\_\_\_

**HOME/ALTERNATE ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME/MOBILE PHONE:** \_\_\_\_\_

**OTHER STATE CERTIFICATION:**

**ARE YOU CURRENTLY OR HAVE YOU BEEN PREVIOUSLY LICENSED (CERTIFIED)  
IN ANOTHER JURISDICTION OR STATE?**

**YES NO**

**IF YOU ANSWER YES ABOVE, PLEASE LIST ALL JURISDICTIONS OR STATES WHERE YOU ARE CURRENTLY OR HAVE BEEN CERTIFIED:**

---

**U.S. ACTIVE MILITARY OR MILITARY SPOUSE INFORMATION:**

**ARE YOU AN ACTIVE MEMBER OF THE U.S. MILITARY OR A SPOUSE OF AN ACTIVE  
U.S. MILITARY MEMBER?**

**YES NO**

*\*If you have responded "YES" to this question, you will be required to submit proof of active member status. Some forms of proof are a military issued ID noting relationship to the military member, and the orders of the active military member spouse.*

**PERSONAL QUESTIONS:**

Please answer the following questions by indicating YES or NO. If the answer to any of the questions below is "YES", you will be required to provide full details. If you have previously submitted an explanation to the Board regarding any incident, you must answer the question correctly, but you do not need to resubmit the detailed information. Your response in the explanation box may simply state – Previously Reported. Failure to answer the questions honestly may result in a disciplinary action.

- 1) In the past 12 months, have you had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?

YES NO

- 2) In the past 12 months, have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority; federal, state, or municipal other than speeding tickets? (This includes any other professional license that has had action taken against it or been suspended and/or any criminal convictions or deferred sentences where a guilty or no contest has been given.)

YES NO

- 3) In the past 12 months, have you been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, etc.?

YES NO

- 4) Do you currently have any condition for which you are not being treated that impairs your ability to practice your profession in a competent, ethical, and professional manner?

YES NO

**EXPLANATION(S) FOR QUESTIONS (if applicable):**

*\*Use additional paper if necessary.*

**CERTIFICATION:**

By signing this application, I certify that: The information, statements, fact, and representation given in this application are true and correct, being aware that any misrepresentations or falsifications constitute grounds for rejections of an application or revocation of a certification under Section 43-06-16.1(8) of the North Dakota Century Code.

---

**Signature of Certified Chiropractic Clinical Assistant**

---

**Date**

*Mail this completed application (3 pages) along with your license renewal fee (\$50.00) to the board office. This must be postmarked on or before March 1<sup>st</sup>. Your updated certification renewal certificate will be EMAILED to you at the address included on this application upon approval of this application and receipt of your completed continuing education requirement (if applicable).*

*Board mailing address is: NDSBCE; PO Box 185; Grafton, ND 58237*