



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 · Web: www.ndsbce.org

APPLICATION FOR LICENSE RENEWAL - CHIROPRACTOR

The application for license renewal is authorized by the ND Administrative Rules 17-02-01-13(1). 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. 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:** _____

CONTACT INFORMATION:

Please circle which mailing address you wish the Board to use for communications: HOME BUSINESS

EMAIL ADDRESS (required): _____

BUSINESS NAME: _____

BUSINESS PHYSICAL ADDRESS: _____

BUSINESS MAILING ADDRESS (if different than physical): _____

BUSINESS PHONE: _____ **FAX:** _____

BUSINESS WEBSITE: _____

HOME/ALTERNATE ADDRESS: _____

HOME/MOBILE PHONE: _____

OTHER STATE LICENSURE:

PLEASE LIST ALL JURISDICTIONS OR STATES WHERE YOU ARE CURRENTLY LICENSED (ACTIVE & INACTIVE):

BRANCH OFFICES:

PLEASE LIST THE LOCATIONS (CITIES ONLY) OF ALL BRANCH OFFICES: _____

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.*

CLINIC OWNERSHIP:

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

DO YOU OWN 50% OR MORE OF YOUR CHIROPRACTIC PRACTICE? **YES** **NO**

IF YOU HAVE RESPONDED NO, PLEASE LIST THE MAJORITY OWNER OF THE PRACTICE?

PERSONAL QUESTIONS:

Please answer the following questions by circling 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 could lead to a disciplinary action.

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|---|-----|----|
| 1) Are any of your current licenses NOT in good standing? | YES | NO |
| 2) Are you under investigation in any other state or jurisdiction? | YES | NO |
| 3) In the past 2 years, have you had any disciplinary complaints filed against you in this state or any jurisdiction? | YES | NO |

- | | | |
|--|-----|----|
| 4) In the past 2 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 2 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 2 years, have you received or been asked to go under treatment for any mental disorder(s)? | YES | NO |
| 7) In the past 2 years, have you engaged in any illegal use of a controlled substance? | 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 license under Section 43-06-15(1)(d) of the North Dakota Century Code.

License Holder Signature

Date

*Mail this completed application (3 pages) along with your license renewal fee (\$400.00) to the board office. This must be postmarked on or before September 1st to avoid the administrative late fee (\$300.00). Your updated license renewal certificate will be EMAILED to you at the address included on this application upon approval of this application and receipt of your completed annual continuing education requirement.
 Board mailing address is: NDSBCE; PO Box 185; Grafton, ND 58237*