



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 CHIROPRACTIC LICENSE RENEWAL

The application for license renewal is authorized by ND Administrative Rule 17-02-01-13(1). All pages of this application must be completed in their entirety. All fields and questions must be answered unless it is not applicable. The appropriate response when not applicable is "NA". A valid email is required. Online renewal is available on the board's website: www.ndsbce.org.

LICENSEE INFORMATION:

NAME:

ND LICENSE NUMBER:

DO YOU WANT TO CHANGE THE STATUS OF YOUR LICENSE?

YES

NO

CONTACT INFORMATION:

HOME ADDRESS:

ADDRESS LINE 2:

CITY:

STATE:

ZIP CODE:

PERSONAL PHONE NUMBER (HOME OR CELL):

EMAIL ADDRESS:

EMPLOYER'S ADDRESS:

EMPLOYER'S NAME/BUSINESS NAME:

PHYSICAL ADDRESS:

PHYSICAL ADDRESS LINE 2:

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ FAX: _____ CLINIC WEBSITE: _____

MAILING ADDRESS PREFERENCE:

I prefer to have mail from the Board sent to my business address.

I prefer to have mail from the Board sent to my home address.

OTHER STATE LICENSURE:

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN LICENSED IN ANY OTHER STATE OR JURISDICTION?

YES

NO

If you answer yes to this question, please list the states or jurisdictions:

BRANCH OFFICES:

Please list all branch offices (City and State only):

OWNERSHIP:

Please answer the question 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.

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:

US 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. The board office will request this information from you directly via email.*

PERSONAL QUESTIONS:

If any of the questions below are answered "YES", you will be required to provide full details. If you have previously submitted an explanation to the Board regarding an 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 an application for a professional license denied?	YES	NO
2) In the past 12 months, have you been investigated and/or disciplined by any licensing board or agency?	YES	NO
3) In the past 12 months, have you been subject to informal or formal proceedings by any licensing board or agency to revoke, suspend, restrict, deny, or limit a professional license?	YES	NO
4) In the past 12 months, have you had any disciplinary complaints filed against you in any other state or jurisdiction?	YES	NO
5) In the past 12 months, have you been cited, arrested, charged, or convicted or any violation of any law, other than minor traffic citations? (You must answer "yes" even if the matter was dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.)	YES	NO
6) 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:

On the next page, please provide details to explain each question that you responded to with a "yes" response. You may also attach any supplemental information along with this application. If further information is required, you will be notified.

PERSONAL QUESTIONS EXPLANATION (IF APPLICABLE):

Use additional pages if necessary.

CERTIFICATION:

By signing this application, I certify that:

The information, statement, facts, and representation given in this application are true and correct, being aware that any misrepresentations or falsifications constitute grounds for rejection 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

Print and mail this completed application (4 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 approve of this application and receipt of your completed annual continuing education requirement.

Board Mailing Address: NDSBCE; PO BOX 185; GRAFTON, ND 58237