



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
BOARD OF CHIROPRACTIC EXAMINERS
7 EAGLE SQUARE, CONCORD, NH 03301

CHIROPRACTIC APPLICATION FOR REINSTATEMENT OF LICENSURE

Full Name: _____

Any Names You Have Ever Been Known By: _____

Mailing Address:

(Street)

(City/Town, State, Zip Code)

Home Telephone Number: () _____ - _____

Practice Physical Address: _____
(Street)

(City/Town, State, Zip Code)

Practice Telephone Number: () _____ - _____

E-mail address: _____

Social Security Number: _____ - _____ - _____ Birth Date (MM/DD/YYYY) _____

NOTE: The NH Board of Chiropractic Examiners will deny licensure if you do not submit your social security number (SSN). Your professional license will not display your SSN. Your SSN will not be made available to the public. The Board is required to obtain your social security number for the purpose of child support enforcement and in compliance with RSA 161-B:11. This collection of your social security number is mandatory.

PERSONAL HISTORY:

Please list your home physical addresses for the past five years:

- | | |
|----------------------------|----------------------------|
| 1. _____

_____ | 2. _____

_____ |
| 3. _____

_____ | 4. _____

_____ |

Do you have any physical, mental or other condition or disability affecting your ability to practice chiropractic? / / YES / / NO

Do you have any physical, mental or other condition or disability for which continuing remedial or therapeutic action is required to ensure your continuing ability to practice chiropractic? / / YES / / NO

Do you use alcohol or controlled or non-controlled drugs in a manner affecting your ability to practice chiropractic? / / YES / / NO

Have you, since your license was last issued or not previously reported, been convicted of a felony or misdemeanor? / / YES / / NO

If you responded in the affirmative to any of the 4 questions “Yes/No” questions listed above, you **must provide a summary statement explaining the answer and specifying as applicable:**

1. The physical, mental or other condition or disability;
2. The remedial or therapeutic action;
3. The use of alcohol or controlled or non-controlled drugs; and
4. The charges of which the applicant was convicted, the conviction date, and the sentence imposed or other disposition.

LICENSING HISTORY:

Do you currently hold, or have you previously held, any professional license/certification, or registration to practice any method of healing, other than chiropractic? / / YES / / NO

Type of License(s) Held: _____

Jurisdiction(s)/State(s) of License(s) Held: _____

Do you currently hold, or have you previously held, any license to practice chiropractic? / / YES / / NO

Attach photocopies of current licenses or certifications to practice chiropractic

Jurisdiction(s)/State(s) License(s) is Held: _____

License Date(s): _____ License Number(s): _____

If applicable, state the reason you no longer hold the license(s): _____

Have you, since you were last issued a license to practice in the State of NH or not previously reported, been refused a license to practice chiropractic or any other professional license, certification or registration by any licensing body? / / YES / / NO

If your answer to the above question is in the affirmative list, the name and address of the licensing body:

Date of Refusal: _____ Reason for Refusal: _____

Have you, since your license in NH was last issued or not previously reported, had any disciplinary action taken against your chiropractic license or any other professional license, certification or registration by any other licensing jurisdiction? / /YES / /NO

Have there been, since you licensed was last issued in the State of NH or not previously reported, had any complaints or investigations conducted against you for any professional license, certification or registration you have held, or currently hold? / /YES / /NO

To the best of your knowledge, are there any currently pending, malpractice claims, Settlements or judgments rendered or resolved against you? / /YES / /NO

Have you had, since your licensed was last issued in the State of NH or not previously reported, had any malpractice claims that have been settled or resolved, or any malpractice judgments issued, against you? / /YES / /NO

All affirmative answers to questions above must be accompanied by a detailed written explanation of the circumstances.

ACKNOWLEDGMENTS AND SIGNATURE:

I herewith apply for a license to practice chiropractic in accordance with RSA 316-A and the rules of the New Hampshire Board of Chiropractic Examiners. I am the applicant identified in the application and the submitted photograph is a true likeness of me. I will notify the Board in writing within 30 days of any change in the information provided in the application, even after the application has been granted and a license issued. I consent to the Board's use for all purposes of the mailing and electronic addresses provided to the Board in the application or thereafter. The information provided on the application form and the documentation provided to support the application are, to the best of my knowledge and belief, true, accurate, complete and unaltered. I acknowledge that, pursuant to RSA 641:3, knowingly making a false statement on the application form is punishable as a misdemeanor, and, should I knowingly provide the Board with any false, inaccurate, incomplete or altered information or documentation, the Board has the authority to deny the application or, after a hearing, to take disciplinary action against any license issued to me.

Applicant's Signature: _____ **Date of signature:** _____

OFFICE USE ONLY:		
Application Received: _____	JP Exam Date: _____	JP Score: _____
Action Taken: _____	License No.: _____	Issued: _____