



OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTHCARE PROFESSIONS
BOARD OF CHIROPRACTIC EXAMINERS
121 S. Fruit Street, Suite 303
Concord, NH 03301-6504
(603) 271-9482

APPLICATION FOR RENEWAL OF LICENSE

(Please print clearly)

(a) Full Name: _____
(Last) (First) (Middle)

New Hampshire Chiropractic License Number: _____

Business Physical
Address: _____
(Street Number) (City) (State) (Zip)

Residential Mailing
Address: _____
(Street Number) (City) (State) (Zip)

Business Telephone Number: _____ Residential Telephone Number: _____

E-Mail Address (if any): _____

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

“The Board of Chiropractic Examiners is required by RSA 161-B:11 to obtain your social security number for the purpose of child support enforcement. Except for its use in child support enforcement, your social security number will not be used by the Board of Chiropractic Examiners and will be held confidential.”

(c) Height: _____; Weight: _____; Eye Color: _____; Hair Color: _____

(d) Have you had any physical, mental or other condition or disability affecting your ability to practice chiropractic? () Yes () No

(e) Are you required to participate in continuing remedial or therapeutic action to ensure your continuing ability to practice chiropractic for any of the conditions stated in (d)? () Yes () No

(f) Have you used alcohol or controlled or non-controlled drugs in a manner affecting your ability to practice chiropractic? () Yes () No

(g) Have you since last issuance or license renewal of your New Hampshire license been convicted of a felony or misdemeanor? () Yes () No

(h) If the answer to (d), (e), (f) or (g) is affirmative, a summary statement explaining your response to the applicable question must be attached to this application as outlined in Ch 402.05 (h) – (1), (2), (3), (4).

(i) Do you currently hold any professional license, certification or registration to practice any method of healing other than chiropractic? () Yes () No

(j) If the answer to (i) is affirmative, please list the type of license(s), certification(s) or registration(s) held and the issuing jurisdiction as an attachment to this application.

(k) Do you currently hold, or have been issued since last issuance or renewal of your New Hampshire chiropractic license, any license to practice chiropractic issued by another jurisdiction? () Yes () No

(l) If the answer to (k) is affirmative, please list for every such license to practice chiropractic, 1) the issuing jurisdiction or state, 2) the licensing date, 3) the license number(s) and 4) if applicable, the reason you no longer hold the license as an attachment to this application.

(m) Has there, since last issuance or renewal of your New Hampshire chiropractic license, been any disciplinary action by any jurisdiction against your chiropractic or other professional license, certification or registration? () Yes () No

(n) Are there now, or have there been since last issuance or renewal of your New Hampshire chiropractic license, complaints made or investigations conducted in connection with any professional licensure, certification or registration previously or currently held by you? () Yes () No

- (o) To the best of your knowledge, are there now, or have there been since last issuance or renewal of licensure, any malpractice claims, settlements or judgments against you? () Yes () No
- (p) Has a complaint been brought against you in any court or professional or business organization of which you are a member? () Yes () No
- (q) If the answer to (m), (n), (o) or (p) is affirmative, please provide a detailed written explanation of the circumstances and attach to this application.

CONTINUING EDUCATION: Please enclose documentation from sponsoring organizations of 20 approved continuing education credits with this application as outlined in Ch 402.08, and further defined in Part Ch 404.

ACKNOWLEDGMENT AND SIGNATURE:

I herewith apply for renewal of my license to practice chiropractic. I am the applicant identified in the renewal application. I will notify the board in writing within 30 days of any change in the information provided in the renewal application, even after the application has been granted and my license has been renewed. I consent to the board's use for all purposes of the mailing and electronic addresses provided to the board in the renewal application or thereafter.

The information provided on the renewal application form and the documentation provided to support the renewal application are, to the best of my knowledge and belief, true, accurate, complete and unaltered. I acknowledge that, pursuant to RSA 641:3, I, that knowingly making of a false statement on the renewal 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 renewal application or, after a hearing, to take disciplinary action against the renewed license issued to me.

I have read and understand RSA 316-A and the current administrative rules of the New Hampshire Board of Chiropractic Examiners.

Signature of Applicant

Date Signed

OFFICE USE ONLY:

Application Received: _____ Fee Received: _____ Check Number: _____

Action: _____ Date Action Taken: _____