



Arkansas State Board of Chiropractic Examiners

101 East Capitol Ave., Suite 209, Little Rock, Arkansas, 72201
P: (501) 682-9015 F: (501) 682-9016
www.arkansas.gov/asbce

2015 License Renewal for Chiropractic Physicians

1. Complete blank spaces on the form. If corrections are required, line out existing information and print next to it, or attach a separate sheet.
2. Attach COPY of 2014 Continuing Education documentation, and license renewal payment.
3. Return by mail: original, signed form; continuing education documents; and payment to
101 East Capitol Ave., Suite 209, Little Rock, Arkansas, 72201

August 28, 2014

2015 Chiropractic License Renewal

_____	\$250 In-State Active Renewal
_____	\$125 Out-of-State Active Renewal
_____	\$100 In-State Inactive Renewal
_____	\$200 Late Fee
Total fees enclosed: \$ _____	
Renewal deadline: December 31, 2014	

Name/Lic #/Status: _____ NPI Number _____

Acupuncture/Supervisor: _____

Mailing Address	Address 1 _____	Employment	Company _____
	Address 2 _____		Address _____
	City/State/Zip _____		City/State/Zip _____
	County _____		County of Employment _____
	Home No. _____		Business No. _____
	Cell No. _____		Fax No. _____
	Email _____		

Act 1489 of 2009: This legislation requires state agencies, boards and commissions that license health professions to procure and report demographic data to the Arkansas Minority Health Commission (AMHC), Arkansas Department of Health (ADH), and Arkansas Center for Health Improvement (ACHI).

Chiropractic College/State _____	Race <i>Select</i>	Ethnicity <i>Select</i>
City of Residence _____ Gender <input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Non Hispanic/Non Latino
County of Residence _____ Age _____	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino
Place of Birth _____	<input type="checkbox"/> American Indian	
	<input type="checkbox"/> Alaska Native	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native HI/Pacific Islander	

\$200.00 PENALTY IF POSTMARKED AFTER DECEMBER 31; PENALTY MUST BE INCLUDED WITH RENEWAL FEE
Statute 17-81-311 Renewal - Fee; Rule and Regulation E(6) License Renewal, Continuing Education and Forfeiture

Have you ever been convicted of a felony? NO YES On file with ASBCE Conviction/Plea Copy Attached

I hereby certify that information on this page and on any attachments is true and correct.

Signature _____

Date _____

Make checks, cashier checks, or money orders payable to:
Arkansas State Board of Chiropractic Examiners (ASBCE)
Note: A \$25.00 service charge will be applied for returned checks.

The license renewal form is available online at www.arkansas.gov/asbce.

Keep a copy of this renewal form and the original continuing education documents for your files.

OFFICE USE ONLY	
Check No. _____	_____
Amount: _____	_____
Receipt No: _____	_____
Scanned: _____	_____