ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

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

Applying For:

- ☐ **Original License**
- ☐ **Transfer of License**
- ☐ **Reinstatement**
  Original Arkansas License #_____

LICENSE APPLICATION PACKET REQUEST

Date: _____

Applicant Information

Name:
FIRST MIDDLE LAST MAIDEN/OTHER

Address:
NUMBER AND STREET CITY STATE ZIP COUNTY

( ) - ( ) - ( ) -
HOME PHONE CELL PHONE WORK PHONE

- -
EMAIL SS#

Payment Type: ☐ Check ☐ Money Order ☐ Cashier's Check

Amount:

- ☐ $150 Application Fee *Required with application request form*
- ☐ $22 State Background Check Fee
- ☐ $50 Orientation Fee

I would like to receive the application by: ☐ **Email** ☐ **Mail**

_____
Signature *Date*

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

To keep your record updated, please notify the board of any changes of the above information.