



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

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|--------------------------|-------------|
| <input type="checkbox"/> | Approved |
| <input type="checkbox"/> | Disapproved |

APPLICATION FOR TEMPORARY LICENSURE

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM

When applying for a temporary license, a COMPLETED application for licensure must be on file with the Arkansas State Board of Chiropractic Examiners. Temporary license applications are voted on by the full Board.

Applying For:

Supervised Temporary License

Unsupervised Temporary License The Board may at its discretion, issue a temporary license to a Doctor of Chiropractic who holds a current license in another state, to practice in Arkansas until the next scheduled examination and exempt him/her from any supervisory requirement.

\$30 Application Fee

APPLICANT SECTION

Name:

FIRST	MIDDLE	LAST	MAIDEN/OTHER
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Address:

NUMBER AND STREET	CITY	STATE	ZIP	COUNTY
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HOME PHONE

CELL PHONE

WORK PHONE

EMAIL

SUPERVISOR SECTION

Supervising Doctor Requirements: 1) Have an active Chiropractic license of 3 years or longer; 2) Not have had any disciplinary action levied against him by any Board in the past 5 years; and 3) Have no more than two (2) temporary license holders under his direct supervision at one time.

Name:

FIRST	MIDDLE	LAST	MAIDEN/OTHER	LICENSE #
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Address:

NUMBER AND STREET	CITY	STATE	ZIP	COUNTY
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HOME PHONE

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EMAIL

OFFICE USE ONLY

License Verification No Record Found Record Found

CIN-BAD No Record Found Record Found

Applicant Signature

Date

Supervisor Signature

Date

Subscribed in my presence and sworn to before me, this the ____ day of _____, 20____

State _____ County _____

(SEAL) Notary Public _____

My Commission Expires _____

Commission # _____

OFFICE USE ONLY

Check No. _____

Amount: _____

Receipt No: _____