



Arkansas State Board of Chiropractic Examiners  
 Application for Temporary License

Send form and related materials to:  
 ASBCE  
 101 E. Capitol, Ste.209  
 Little Rock, AR 72201

1. Last Name:	First Name:	Middle Initial:
2. Address: _____		
City _____ State _____ Zip _____		
3. Date of Birth: ____/____/____	4. Social Security Number:	
5. Telephone: (____) _____		
6. Education: Name of Chiropractic College Attended: _____ Location: _____ Date of Graduation: _____		
7. Will you be submitting scores for the following: National Board Part I _____ Part II _____ Part III _____ Part IV(optional) _____ Physiotherapy _____		
8. Licensure: List states in which you are currently licensed:		
9. Supervision: <i>Only if applicant does <b>not</b> have a current license in another state.</i> Name of Supervising AR Chiropractic Physician: _____ License # _____		
10. Have you had any previous sanctions, convictions, or disciplinary action by any state licensing board? Yes _____ No _____ <i>* If yes, please attach an explanation and copies of legal documents.</i>		

Affidavit of Applicant:

County of: \_\_\_\_\_ State of: \_\_\_\_\_

Personally appeared before me, the undersigned official authorized to administer oaths, came the applicant \_\_\_\_\_ who deposes and swears that he/she is the person who executed this application for a temporary license to practice Chiropractic in the State of Arkansas; and that all of the statements contained herein are true to the best of his/her knowledge and belief.

Signature of Applicant \_\_\_\_\_

Sworn to and subscribed before this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Notary Public)

My commission expires \_\_\_\_\_

For Office Use Only: Check # _____ Amount: _____ Date: _____
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