

STATUS CHANGE APPLICATION (FROM INACTIVE TO ACTIVE / CURRENT)

4/2008

*Any licensee who desires to change the status of their license from Inactive to Active shall notify the Board in writing **prior to** any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.*

PLEASE TYPE OR PRINT

FULL NAME _____

AL LICENSE # _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

Projected start date of practice in Alabama _____

1. Submit a letter outlining any places of practice since your Alabama license was place in INACTIVE STATUS.
2. Return renewal card for replacement card to reflect change in status.

Send documentation to:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
102 CHILTON PLACE
CLANTON, AL 35045

Upon receipt of this application and necessary documentation, the Alabama State Board of Chiropractic Examiners will review your file. You will be contacted if additional information is required.

If you have any questions please contact 1-800-949-5838.

FOR OFFICE USE ONLY

App Review Date _____ Receipt # _____ Amt: _____

Determination _____

Comments _____

STATUS CHANGE APPLICATION (FROM INACTIVE TO ACTIVE / CURRENT)

4/2008

LICENSE DISCIPLINARY ACTION / BACKGROUND INFORMATION

1. Has your license(s) ever been refused _____suspended _____ cancelled _____
revoked _____ in any state or jurisdiction? If checked, attach a separate sheet of
explanation to this application.
2. Have you ever been convicted of a felony or crime which involves moral turpitude?
_____ If so, attach a separate sheet of explanation.
3. Is any criminal prosecution pending against you in any state, province or federal
court? _____ If so, attach separate sheet of explanation.
4. Are there charges pending against you for violation of any state chiropractic law and /
or rule _____ If so, Where? _____

I, the undersigned, hereby authorize the Alabama State Board of Chiropractic Examiners to request an investigative report and a request for information under the Freedom of Information Act as the Board deems necessary. I understand that these reports will remain confidential and be used only in connection with my application for status change from INACTIVE to ACTIVE / CURRENT.

SIGNATURE OF APPLICANT

DATE