

KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.

PENNSYLVANIA STATE BOARD OF CHIROPRACTIC RENEWAL APPLICATION

Print Full Name

License Number

Print Street Address

City State Zip

Return to: State Board of Chiropractic PO Box 8415 Harrisburg, PA 17105-8415

- I have a professional liability insurance policy with the minimum of \$100,000/occurrence and \$300,000 annual aggregate: Insurance Co. Name Policy No. Expiration Date: (COMPLETE THE ABOVE INSURANCE INFORMATION - DO NOT SUBMIT THE POLICY DECLARATION PAGE.)
I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. FORM MUST STILL BE COMPLETED - QUESTIONS ANSWERED, SIGNED AND DATED

Check if appropriate
ADDRESS CHANGE - New address:
NAME CHANGE - The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying the name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

Table with 3 columns: YES, NO, and If YES to #2, #3, #4, or #5 - provide details AND attach certified copies of legal document(s). Contains 10 questions regarding continuing education, other state licenses, disciplinary actions, and criminal charges.

CONTINUING EDUCATION -SELECT ONE BELOW: You are required to retain your official continuing education certificates of completion earned for this license period until September 1, 2020 and provide them to the Board if requested.

- Between 9-2-14 and 9-1-16, I completed 24 hours of approved continuing education and have maintained Certificates of Attendance.
I obtained licensure for the first time since 9-2-16, and am exempt from the current continuing education requirement.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee (Mandatory): Date:

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The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for renewal of a license shall be required to complete 2 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

<b>EXPIRATION DATE:</b>	<b>September 1, 2018</b>
<b>To help ensure that your Renewal Application is processed by the expiration date..... RETURN BY:</b>	<b>August 1, 2016</b>
<b>FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA”</b> <b>Fees are non-refundable.</b> Write your license number on your payment. A \$20.00 fee will be assessed for returned payment.	<b>Renewal Fee = \$210.00</b>
<b>LATE FEE - \$5.00 per month, or part of a month – plus a \$25.00 Restoration fee.</b> Late fees will be assessed if postmarked after 09-01-2016.	<b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b>