



ANNUAL CHIROPRACTIC RENEWAL FORM
Oklahoma Board of Chiropractic Examiners
421 N.W. 13th Street • Suite 180 • Oklahoma City • Oklahoma 73103 •
405-522- 3400 • Fax: 866-245-2748•
www.chiropracticboard.ok.gov
Online License Renewal Available

2015-2016

NAME: _____

License No.: _____

ACTIVE \$225.00

I certify that I have attended continuing education that has been approved by the Oklahoma Board of Chiropractic Examiners and have marked the appropriate date of attendance so it may be verified or I have completed the Non-Attendance Form, which explains my reason for not satisfying the continuing education requirements.

INACTIVE Non-Resident \$175.00

I certify that I am in practice in a state or jurisdiction other than Oklahoma and/or that I do not intend to practice chiropractic in Oklahoma during the renewal period. I further affirm that I have met the education requirement in the state in which I practice and further that I shall furnish proof of compliance to the Oklahoma Board of Chiropractic Examiners.

RETIRED \$50.00

I certify that I am sixty-five (65) years of age or older and do not intend to practice in the state of Oklahoma.

INACTIVE RESIDENT \$100.00

I certify that I am not engaged in active practice due to one of the following: illness, infirmity, active military service. I understand that all circumstances have to be filed in a statement with the Board of Chiropractic Examiners and approved.

Chiropractor's Signature

Date

Has mailing address changed within the past year?
 YES
 NO

EMAIL ADDRESS: _____

If you answered YES, please submit that info to the board office at the address or fax number listed above. All OBCE mail will go to your mailing address.

Have you been convicted of a felony, misdemeanor, or pled nolo contendere excluding speeding or parking violations, which you have not previously reported to the OBCE?
 YES
 NO

Has disciplinary action been taken against you in connection with any professional license or certification that you now hold or have held in any other state or jurisdiction that you have not previously reported to the OBCE?
 YES
 NO

If you have responded **YES** to any of these questions, attach on a separate sheet of paper detailed information about each conviction or disciplinary action and include copies of the charges and disposition papers or disciplinary order.

Are you a U.S. Citizen? Yes No

If no please provide the Board proper documents with this renewal form. If we have them on file with your original application please attach a statement to the renewal form indicating this.

(Office Use ONLY)

PAYMENT INFO

AMOUNT ENCLOSED: \$ _____

Form of Payment:

- ◇ Personal/Business Check # _____
- ◇ Money Order/Cashier's Check
- ◇ CASH

Non-Attendance

◇ **Form must be requested from the board and returned with renewal form and appropriate license renewal fee.**

Out-of-State Seminars:

ALL SEMINARS OUT OF STATE HAVE TO HAVE BEEN APPROVED BY THE OBCE (PLEASE ATTACH)

HOURS ATTENDED _____ (8 MAX)

OCA	FALL	SPRING
UCA	FALL	SPRING

****MAIL IN PROOF OF
 MALPRACTICE IF YOU HAVE AN
 ACTIVE LICENSE****

We must receive your RENEWAL FEE post marked no later than JUNE 30, 2015. IF YOUR FEE IS LATE, A LATE FEE OF \$150.00 WILL BE ASSESSED AFTER 07/02/2015 DEADLINE! IF YOUR FORM IS INCOMPLETE YOUR RENEWAL WILL BE SENT BACK TO YOU!

*****INCOMPLETE LICENSE RENEWAL FORMS WILL BE MAILED BACK ALONG WITH FEES! PLEASE MAKE SURE YOU HAVE FILLED THE FORM OUT COMPLETE LY PRIOR TO SUBMITTING IT TO THE OBCE OFFICE*****