

ANNUAL CHIROPRACTIC FACILITY RENEWAL



Texas Board of Chiropractic Examiners

333 Guadalupe Street, Suite 3-825
Austin, TX 78701-3942
(512) 305-6702 FAX (512) 305-6705



ALL QUESTIONS MUST BE ANSWERED OR FACILITY RENEWAL WILL BE DELAYED

OFFICIAL USE

Money Type+4 digit

BC

CC

MO

PC

Amount Received

\$

Facility closed? If YES, provide the closing date (mm/dd/yyyy) _____

Tracking Number _____

Primary Address Please PRINT OR TYPE, give NAME and mark your primary address

Owner _____

Facility _____

Facility d/b/a Name, if applicable _____

Address _____

Phone _____

FAX _____

E-Mail _____

Owner's Home Address Primary

Address _____

Phone _____

FAX _____

E-Mail _____

Office/Facility (Physical) Address Primary

Address _____

Phone _____

FAX _____

E-Mail _____

Is facility DC owned? If YES give DC License No _____

☞ **A Form 101A and 101 LD MUST BE SUBMITTED** with annual renewal for compliance with Rule §73.3. If not submitted, your renewal will be returned to you as incomplete.

☞ State law prohibits renewing a license more than once after a licensee has defaulted on any student or TGSLC loan before completing this form **Texas Administrative Code §73.3(g)**.

☞ Your license will not be renewed and suspended if Information is received from the Attorney General's Office, State of Texas that licensee is in default of Child Support Agreement per **Code, Chapter 22 -Suspension of License, §232.003**

Please correct or update any address here: Check one

Office/Facility Home Mailing

Address _____

Phone _____

FAX _____

E-Mail _____

Each facility must be registered and renewed individually. The annual fee is \$ 65.00 per facility. Each facility must have a current registration certificate with a unique license number that has been issued by TBCE.

REGISTRATION NO.	EXPIRATION DATE

TBCE ACCEPTS ONLY CASHIER CHECK OR MONEY ORDER

\$65.00	Renewal Fee if received at Board Office On or Before
\$117.00	Renewal Fee if received at Board Office After
\$168.00	Renewal Fee if received at Board Office After

☞ Providing chiropractic services in an expired facility is a violation of Rule 73.3 (f) and carries a penalty of up to \$500 for the first violation. Each chiropractor practicing in a facility is responsible for assuring that the facility is currently registered before providing chiropractic services.



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Texas Board of Chiropractic Examiners

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FACILITY LICENSE NO.

PROVIDE THE FOLLOWING INFORMATION when the owner/partner of the facility is **not a licensed chiropractor**. Provide licensed DC(s) and employees at this facility who are Not Owners. Attach a separate sheet (**Form 10ILD**) for additional DCs and employees.

Facility/Clinic Name		Hours of Facility/Clinic Operation
License No.	Name	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>
License No.	Name	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>

ALL PRIMARY OWNERS/ PARTNERS with a 10% or greater interest in the facility must fill out the questionnaire below. Failure to answer all questions will disqualify your facility renewal. Attach a separate sheet (Form 101A) for additional owners.

① Do you own chiropractic facilities in another state(s)? Yes No

If yes, list the state(s) of licensure and your facility registration number in the other states(s)

State(s) Licensed	Facility Number	State(s) Licensed	Facility Number

② Have you ever been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other chiropractic licensing agency and/or disciplinary authority of another state? (Examples Revocation, suspension of license, administrative penalty, or letter of reprimand.) Yes No

If you answered Yes, include the name of the Board, licensing or disciplinary authority, the date of the order, and if applicable, the date of termination of the condition and/or problem.

Name of Board	Licensing/Disciplinary Authority	Date of Order	Termination Date of Condition

③ Have you ever been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

④ Have you been subject of a deferred adjudication for a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

If you answered Yes to Question(s) 3 or 4, provide details on each conviction including offense, punishment, date of conviction, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application

Type of Offense	Punishment	Conviction Date	Incarcerated Yes/No	Probation Yes/No	Community Supervision

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED TO THESE QUESTIONS IS TRUE AND CORRECT. I UNDERSTAND IT IS A VIOLATION OF THE TEXAS CHIROPRACTIC ACT TO SUBMIT A FALSE STATEMENT TO THE BOARD.

Signature _____

Date _____



TEXAS BOARD OF CHIROPRACTIC EXAMINERS

Additional Facility Owner/Partner With 10% Interest

Texas Board of Chiropractic Examiners
333 Guadalupe St., Suite 3-825
Austin, TX 78701
(512) 305-6700 FAX (512) 305-6705



All questions must be answered. A facility owner must be 21 years or older. Give the name of the facility that you own 10% or greater in. Sign the certification and attach to the Facility Application or Renewal Form

Facility Name	Address	City	State	ZIP
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Additional Owner/Partner

Name (First)		Middle	Last		Suffix
Date of birth (mm/dd/yyyy)	Social Security No.		Driver License		Driver License State
Percent of Interest Owned		DC License # (if applicable)		Gender <input type="checkbox"/> F-Female <input type="checkbox"/> M- Male	
Ethnicity <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pacific Islander <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> O-Other					
Home Address – Street			Home Telephone No.		Home Cell No.
City	State		ZIP Code		County

An OWNER/PARTNER WITH A 10% OR GREATER INTEREST IN THE FACILITY MUST ANSWER ALL QUESTIONS. FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR FACILITY APPLICATION OR RENEWAL.

FACILITY QUESTIONNAIRE

XDo you own chiropractic facilities in other state(s)? Yes No

If yes, list the state(s) of licensure and your facility registration number in the other states(s)

State(s) Licensed	Facility Number	State(s) Licensed	Facility Number

YHave you ever been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other chiropractic licensing agency and/or disciplinary authority of another state? (Examples: Revocation, suspension of license, administrative penalty, or letter of reprimand.) Yes No

If you answered Yes, include the name of the Board, licensing or disciplinary authority, the date of the order, and if applicable, the date of termination of the condition and/or problem.

Name of Board	Licensing/Disciplinary Authority	Date of Order	Termination Date of Condition

Continue on to next page

Facility Questionnaire

Owner/Partner Name

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Have you ever been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

Have you been subject of a deferred adjudication for a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

If you answered Yes to Question(s) 3 or 4, provide details on each conviction including offense, punishment, date of conviction, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application

Type of Offense	Punishment	Conviction Date	Incarcerated Yes/No	Probation Yes/No	Community Supervision

State law prohibits renewing a license **more than once** after a licensee has defaulted on any student or TGSLC loan. You should contact your student loan institution or TGSLC before completing this form. Texas Administrative Code §73.2, §80.2

Your license will not be renewed and suspended if information is received from the Attorney General's Office, State of Texas that the applicant is in default of their Child Support Agreement per Family Code, Chapter 22-Suspension of License, §232.003

I certify that the information I have provided to the above application and questions are true and correct. I understand that it is a violation of the Texas Chiropractic Act to submit a false statement to the board.

Signature

Date



TEXAS BOARD OF CHIROPRACTIC EXAMINERS

Additional Licensed DC/Employees

Non Facility Owner/Partner

Texas Board of Chiropractic Examiners

333 Guadalupe St., Suite 3-825

Austin, TX 78701

(512) 305-6700 FAX (512) 305-6705



All questions on this form must be answered. Give the name and address of the facility and licensed DCs or employees that are not owners/partners. Include the days and hours worked at this facility. Attach to Facility Application or Renewal as needed.

Facility/Clinic Name		Hours of Facility/Clinic Operation		
Address	City	State	ZIP	

Licensed DC(s) or Employees employed at the above facility/clinic that are not owners/partners

License No.	First Name	Last Name		
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		

License No.	First Name	Last Name		
Days worked at this location M T W TH F S		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		

License No.	First Name	Last Name		
Days worked at this location M T W TH F S		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		

License No.	First Name	Last Name		
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		

License No.	First Name	Last Name		
Days worked at this location M T W TH F S		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		

License No.	First Name	Last Name		
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ____ T ____ W ____ TH ____ F ____ S ____		