



ANNUAL CHIROPRACTIC RENEWAL FORM

Texas Board of Chiropractic Examiners
333 Guadalupe Street
Suite 3-825
Austin, TX 78701-3942



Active

Phone:(512)305-6702

Fax: (512) 305-6705

Active

D.C. Lic # _____

NAME: _____
First Middle Last

HOME ADDRESS (PLEASE PRINT OR TYPE)

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

OFFICE ADDRESS: (PLEASE PRINT OR TYPE)

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

PLEASE ENTER ADDITIONAL MAILING ADDRESS HERE:

Practicing with an expired license and operating or practicing in an unregistered or expired facility carry a penalty of up to \$1,000 per violation, with every day being a separate violation. (See §78.10 of the TBCE Rules)

*Please mark your primary address:		
<input type="radio"/> Office	<input type="radio"/> Home	<input type="radio"/> Mailing
All TBCE mail will be sent to your primary address		

ATTENTION ALL DC'S RENEWING ACTIVE: Sixteen (16) hours of approved CE, including ALL mandatory hours, must be earned during the last twelve (12) months between your last expiration date and your coming renewal deadline. ALL hours will need to be completed BEFORE a license is renewed. Failure to comply with CE requirements may result in your license being renewed into a **CONDITIONAL status!!**

LICENSE NUMBER	EXPIRATION DATE
<u>\$ 150.00</u>	Renewal fee if received at board office on or before expiration date
<u>\$ 217.50</u>	Renewal fee if received at board office 1-90 days after expiration date
<u>\$ 285.00</u>	Renewal fee if received at board office more than 90 days after expiration date
<u>THE TBCE ACCEPTS CASHIER'S CHECKS OR MONEY ORDERS ONLY</u>	

List the TBCE facility registration number of every facility where you are registered as the owner.

List the TBCE facility registration number of every facility where you practice.



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FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR RENEWAL AND IT WILL BE RETURNED TO YOU.

1. Have you been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other licensing agency and/or disciplinary authority of another state since last renewal? (Examples: revocation or suspension of license, administrative penalty, letter of reprimand)

_____ *YES _____ NO

2. Have you been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense since last renewal?

_____ **YES _____ NO

3. Have you been subject to a deferred adjudication for a conviction of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense since last renewal?

_____ **YES _____ NO

* If you answered YES to Question 1, 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.

**If you answered YES to Questions 2 or 3, provide details on each conviction including offense, date of conviction, punishment, 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.

I UNDERSTAND THAT INCOMPLETE RENEWAL PACKETS, INCLUDING RENEWAL FEES FOR THE WRONG AMOUNT, WILL NOT BE PROCESSED AND WILL BE RETURNED TO ME, AND THAT I MUST PAY ANY LATE FEES INCURRED. I UNDERSTAND AND ACKNOWLEDGE THAT CHIROPRACTIC FACILITIES EXPIRE ON THE FIRST DAY OF THE OWNERS BIRTH MONTH, IF OWNED BY A DC, OR SEPTEMBER 1st ANNUALLY, FOR A NON-DC OR CORPORATION AND THAT I AM RESPONSIBLE FOR MAKING SURE THAT THE FACILITY I PRACTICE IN IS PROPERLY REGISTERED.

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 _____