ANNUAL CHIROPRACTIC RENEWAL FORM

Texas Board of Chiropractic Examiners
333 Guadalupe Street
Suite 3-825
Austin, TX 78701-3942
Phone:(512) 305-6702 Fax: (512) 305-6705

Inactive **Inactive**

D.C. Lic # _____

NAME:

_____
First Middle Last

HOME ADDRESS (PLEASE PRINT OR TYPE)

ADDRESS: _____

_____

PHONE: _____

FAX: _____

EMAIL: _____

***Please mark your primary address:** ○ Home ○ Mailing
All TBCE mail will be sent to your primary address

LICENSE NUMBER	EXPIRATION DATE

$ 0.00 Renewal fee if received at board office before

$0.00 Renewal fee if received at board office on or after

MAILING ADDRESS: (PLEASE PRINT OR TYPE)

ADDRESS: _____

_____

_____

PHONE: _____

FAX: _____

Practicing with an expired or inactive 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 §75.11(b) of the TBCE Rules)

You must complete BOTH sides of this form

ANNUAL CHIROPRACTIC RENEWAL FORM
D.C. Lic # _____

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.

My name is _____.
(First) (Middle) (Last)

My date of birth is_____.

My address is _____.
(Address), (City), (State), (Zip) and (Country)

I declare under penalty of perjury that the foregoing is true and correct. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand it is a violation of the Texas Chiropractic Act, section 201.5025 and the Texas Penal Code, section 37.10, to submit a false statement to the TBCE.

Signature: _____ Date: _____