

STATUS CHANGE APPLICATION (FROM INACTIVE TO ACTIVE /CURRENT)

Any licensee who desires to change the status of their license from Inactive to Active shall submit a Status Change Application and any required documentation to the Board. The applicant must receive a renewal card reflecting Active status prior to any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.

PLEASE TYPE OR PRINT

FULL NAME _____

AL LICENSE # _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Projected start date of practice in Alabama _____

1. Submit a letter outlining places of practice or employment since your Alabama license was placed in INACTIVE STATUS.
2. Return your renewal card for replacement card to reflect the change in status.

CLINIC NAME _____ Social Security # _____

Mailing Address Office Address Residence Address

fax _____ office phone _____ home phone _____

E mail address: _____

DC NPI # _____ Clinic NPI # _____

Alabama Residence Congressional District # _____ County _____

OFFICE USE ONLY

App Review Date _____

Determination _____

Comments _____

YOU MUST COMPLETE BOTH PAGES OF THE APPLICATION

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PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. List all states in which you hold a license. _____
2. Has any action been taken against your license in any other state? Yes No
If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.
3. Is there any action pending against your license? Yes No
If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.
4. Have you been convicted of a crime and have not previously notified the Board? Yes No
If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.
5. Have you undergone treatment for chemical or alcohol dependency or abuse? Yes No
If yes, identify the date of treatment and nature and circumstances of treatment on a separate sheet of paper.
 Check box if you have marked yes in the past.
6. Has your license(s) ever been refused _____ suspended _____ cancelled _____ revoked _____ in any state or jurisdiction? If checked, attach a separate sheet of explanation to this application.

THE FOLLOWING TO BE COMPLETED ONLY IF YOU DO NOT HAVE 100% OWNERSHIP OF YOUR PRACTICE / CLINIC / FACILITY.

7. Has the ownership of your practice changed in any way prior to the date of this application? Yes No
(Explain in detail the change and whether any non licensed person now owns your practice in whole or in part. If so list their name(s) and address(s). Use a separate sheet of paper.)
8. Do you have a Bachelors Degree or equivalent? _____ If yes, provide the year earned and school name.
Year _____ School _____

I HEREBY swear / affirm I have read all questions on this Status Change application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my Alabama license. I hereby authorize the Alabama State Board of Chiropractic Examiners to request an investigative report and a request for information under the Freedom of Information Act as the Board deems necessary. I understand that these reports will remain confidential and be used only in connection with my application for status change from INACTIVE to ACTIVE/CURRENT.

SIGNATURE

LICENSE #

DATE SIGNED

You will be required to record your original license in the Judge of Probate in the county you will be practicing in and return verification of recordation to the Board office prior to any practice.

****Individual name (i.e. Jane Doe to Jane Smith) changes require a copy of legal documentation, \$50.00 fee and completed replacement license application.****