Arkansas State Board of Chiropractic Examiners

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED
P: (501) 682-9015 F: (501) 682-9016
healthy.arkansas.gov

2027 Chiropractic Physician License Renewal

$200.00 PENALTY IF POSTMARKED AFTER DECEMBER 31; PENALTY MUST BE INCLUDED WITH RENEWAL FEE
Statute 17-81-311 Renewal - Fee; Rule and Regulation E(6) License Renewal, Continuing Education and Forfeiture

Mailing Address

Renewal deadline: December 31, 2026

_____$13 In-State Active Renewal
_____$6 Out-of-State Active Renewal
_____$5 Inactive Renewal
_____$200 Late Fee
Total fees enclosed: $_____

*TEMPORARY FEE REDUCTION IN PLACE FOR CURRENT RENEWAL YEAR AND IS SUBJECT TO CHANGE

Name:
Address:

Current Status: _____ Orig. Issue Date: _____ **NPI** and **LICENSE #** _____

Physical Home Address (No PO Boxes)

Address 1 _____
City/State/Zip _____
County _____
Home No. _____
Cell No. _____
Email _____

Physical Employment Address (No PO Boxes)

Company _____
Legal Corporate name(s) _____
Address _____
City/State/Zip/County _____
Business No. _____
Fax No. _____
Business Email _____
(business email and address will be published on the ASBCE website)

Check one if: ☐ Unemployed ☐ Retired

Act 1489 of 2009: This legislation requires state agencies, boards and commissions that license health professions to procure and report demographic data to the Arkansas Minority Health Commission (AMHC), Arkansas Department of Health (ADH), and Arkansas Center for Health Improvement (ACHI).

Chiropractic College/State _____
City of Residence _____ Gender _____
County of Residence _____
Place of Birth _____

After reviewing the data above, please ANSWER the following QUESTIONS and SIGN this FORM

Have you ever been convicted of a felony? ____NO ____YES ____On file with ASBCE ____Conviction/Plea Copy Attached

Have you had, in the past year, a disciplinary action in any other State? ____NO ____YES (if yes, attach documents)

If you are interested in doing coverage work, to help your fellow AR D.C.'s, please let us know ____YES

I hereby certify that the information on this page and on any attachments is true and correct.

_____
Signature ***Date***

Make checks, cashier checks, or money orders payable to:
Arkansas State Board of Chiropractic Examiners (or) ASBCE
A $25.00 service charge will be applied for returned checks. Retain a copy of this form and the original continuing education documents for your files.

OFFICE USE ONLY
Check No._____
Amount:_____
Receipt No:_____