



Arkansas State Board of Chiropractic Examiners

101 East Capitol Ave., Suite 209, Little Rock, Arkansas, 72201
P: (501) 682-9015 F: (501) 682-9016
www.arkansas.gov/asbce



2025 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

BUa Y.
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Renewal deadline: December 31, 2024

- _____ \$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**

Current Status: _____

Orig. Issue Date: _____ NPI Number _____

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: _____