ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS
4815 W. Markham Street, Room L121, Little Rock, Arkansas, 72201
P: (501) 682-9015 / F: (501) 682-9016
Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN , Secretary of Health

LICENSE REACTIVATION REQUEST (INACTIVE LICENSE STATUS ONLY)

Applicant Information

Reactivation of Arkansas Chiropractic License No. _____ Date: _____

Name: _____
FIRST MIDDLE LAST MAIDEN/OTHER

Address: _____
NUMBER AND STREET CITY, STATE, ZIP COUNTY

(____)____ (____)____
HOME/CELL PHONE WORK PHONE

_____
EMAIL Date of Birth

Payment Type: _____ Check _____Money Order _____ Cashier's Check

FEES: _____ $25 Reactivation Fee
_____ ~~$250~~ **$13** Renewal Fee
_____ $200 Late Fee

I attest, by my signature below, that I **have** / **have not** (<- *circle one*) been practicing chiropractic in the State of Arkansas since January 1st to present. I am requesting a reactivation of licensure for the following reason(s):

_____

_____

_____

_____

_____
Applicant Signature *Date*

OFFICE USE ONLY

Check# _____

Amount: _____

Receipt No: _____

To keep your record updated, please notify the board of any changes of the above information.