



Arkansas Department of Health

Arkansas State Board of Chiropractic Examiners
101 E. Capitol, Suite 209 • Little Rock, Arkansas 72201 • (501) 682-9015 • Fax: (501) 682-9016
Governor Asa Hutchinson
José Romero, MD, Secretary of Health
Laurie Mayhan, Director

LICENSE REACTIVATION REQUEST

Applicant Information

Date: _____

Reactivation of Arkansas Chiropractic License No. _____

Name:

FIRST, MIDDLE, LAST MAIDEN/OTHER

Address:

NUMBER AND STREET, CITY, STATE, ZIP COUNTY

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HOME/CELL PHONE WORK PHONE

EMAIL Date of Birth

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

FEES: _____ \$25 Reactivation Fee
_____ \$250 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 No. _____
Amount: _____
Receipt No: _____

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