



ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS

101 East Capitol Avenue, Suite 209, Little Rock, Arkansas, 72201

P: (501) 682-9015 / F: (501) 682-9016

www.arkansas.gov/asbce / ASBCE@arkansas.gov

LICENSE REINSTATEMENT / STATEMENT OF INTENT

A license, which has been suspended, may be reinstated upon expiration of the period of suspension and upon satisfactory assurance of proper conduct, by notarized statement of intent, by the suspended licensee. Statement of intent shall be filed with ASBCE at least thirty (30) days before expiration of the period of suspension, accompanied by a fee of fifty dollars (\$50) if the period of suspension is less than a year, and additionally by the regular yearly renewal fee if the period of suspension exceeds twelve (12) months. All fees shall be paid by certified check or postal money order.

Reinstatement of Arkansas Chiropractic License No. _____ Date: _____

Name:

FIRST, MIDDLE, LAST MAIDEN/OTHER

Address:

NUMBER AND STREET, CITY, STATE, ZIP COUNTY

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HOME PHONE CELL PHONE WORK PHONE

EMAIL SS# Date of Birth

Fee Type: _____ Money Order _____ Cashier's Check

Fees: _____ \$50 (Reinstatement fee) and or _____ \$250 (Renewal fee)

Applicant Signature

Date

Notary Public

Subscribed in my presence and sworn to before me, this the _____ day of _____, 20____

Sate of _____ County of _____

Commission # _____ Exp. Date _____ (SEAL)

Notary Signature _____

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