



State of Louisiana Board of Chiropractic Examiners

8621 Summa Avenue, Baton Rouge, LA 70809

Phone: 225-765-2322 / Fax: 225-765-2640 / Email: lsbcce@eatel.net

CERTIFICATE OF RETIREMENT

(To be completed by "INACTIVE" License Renewal Status Applicant Only)

To the Louisiana Board of Chiropractic Examiners:

I, _____ (print full name & license # in blank), hereby certify that I am not, currently, in the active practice of chiropractic and agree not to practice chiropractic unless I notify the LA Board of Chiropractic Examiners of my intention.

I further certify that, in exchange for being excused by the Louisiana Board of Chiropractic Examiners from being required to obtain the necessary number of continuing education hours for the purpose of renewing my license to practice chiropractic this year, I will abide by any reasonable requirement of the Louisiana Board of Chiropractic Examiners in the matter of review work before re-entering the practice of chiropractic.

I will also pay the required inactive license fee of \$75.00.

Signature: _____

Address: _____

Sworn to and subscribed before this _____ day of _____, _____.

Notary Public