



SECTION 1- LICENSEE INFORMATION

Last Name: _____ First Name: _____ Middle: _____ Age: _____ License #: _____

Clinic Address: _____ City: _____ State: _____ Zip: _____

Office Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different) _____ City: _____ State: _____ Zip: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Office Phone: _____ Home Phone: _____ Cell Phone: _____

Clinic Name: _____ Clinic Owner: _____

Email Address: _____ Website: _____

SECTION 2 – LEGAL REQUIREMENTS & INSTRUCTIONS

• LSA R.S. 37:3810 & 37:2809.A.4&7 – Require annual Renewal Requirement Completed form, fee and 15 hours of Board approved continuing education must be received at the board office post marked on or before 12/31 for the license period.

ACTIVE License Requirements:

- Annual Renewal Form & Fee – (\$350)
- 15 hours of Board approved continuing education that includes 2 hrs. Risk Management and 1 hr. ethics

INACTIVE (Retiree) License Requirements:

- Annual Renewal Form & Fee (\$75)
- Certificate of Retirement

PAYMENTS ACCEPTED: Check, Money Order, or Online Payment
(Scan QR for website.)>



Delinquent Renewals:

Any license renewal paperwork without USPS Postmark, Delivery, or submitted through the portal and if all renewal requirements are not met and not received at the Board office by the statutory deadline- 12/31 **will be considered delinquent and subject to disciplinary action and your license will be automatically SUSPENDED** until the renewal fees, delinquent fees, forms, and approved CE hours are received at the Board office.

SECTION 3 – REQUIRED QUESTIONS

- Were you arrested or convicted of a felony since last renewal? *(Even if charges were dropped, dismissed, nolle pros, expunged)* ☐ YES ☐ NO
- Were you arrested or convicted of a misdemeanor since last renewal?*(Even if charges were dropped, dismissed, nolle pros, expunged)* ☐ YES ☐ NO
- Do you employ anyone to take x-rays? *(If yes, please provide name, certificate #, and date of employment)* ☐ YES ☐ NO
- Do you hold a chiropractic license in any other state(s) – *(Please list states)* ☐ YES ☐ NO
- Has disciplinary action been taken by another chiropractic board since last renewal? *(Please list states)* ☐ YES ☐ NO
- Are you performing dry needling? *(Please provide certificate of attendance)* ☐ YES ☐ NO
- Do you currently hold specialty certification? *(Please provide certificates of attendance)* ☐ YES ☐ NO

If you answered “YES” to any questions above, please provide detail and or attach any documentation corresponding to the question.

SECTION 4 – FEES AND ITEMS FOR PURCHASE

- ☐ Active - \$350 ☐ Laminated Pocket Card ☐ Board Issued Dry Needling Certificate -\$40
- ☐ Inactive (Retiree) - \$75 ☐ Duplicate Wall License -\$65
- ☐ Delinquent Fee (after 12/31, until 2/27) - \$350 ☐ Laws & Rules Book - \$140
- ☐ Additional Delinquent Fee after 2/28 – 100 per month ☐ Minute Subscription - \$7
- Please check how you wish to receive your renewal voucher: ☐ US Mail ☐ US Priority Mail Expedited – (add \$50) ☐ E-Mail ☐ Upload on Portal

SECTION 5 – LICENSEE COMPLIANCE STATEMENT & SIGNATURE

I have read and understand and agree to abide by the “Laws and Rules of Practice for Chiropractic in Louisiana” I further understand that these “Laws and Rules” may be updated on a yearly basis and I will make myself aware and abide by these changes, per LSA R.S.37:2312

Signature / Date _____

Driver’s License # / State _____ Social Security (Last 4 digits) _____