

CERTIFICATE OF RETIREMENT

To the Louisiana State Board of Chiropractic Examiners:

I, _____
(print full name and license number)

hereby certify that I am not at this time in the active practice of chiropractic and agree not to practice chiropractic unless I notify the Board of Examiners of my intentions. I further certify that in exchange for being excused by the Louisiana State Board of Chiropractic Examiners from being required to obtain the twelve (12) hours of continuing education for the purpose of renewing my license to practice chiropractic this year, I will abide by any reasonable requirement of the Louisiana State Board of Chiropractic Examiners in the matter of review work before reentering the practice of chiropractic. I will also pay the required \$50.00 fee to keep my license current.

Signature: _____

Address: _____

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

Notary Public