

DIRECTIONS and FORM for 2024 ANNUAL LICENSE RENEWAL

LSA R.S. 37:2810 and 37:2809(A)(4), & (7) require annual license renewal. The completed form, fee and hours must be received at the Board office (postmarked) on or before **12/31/2023** for the license period 01/01/2024 - 12/31/2024. License renewal confirmation will be mailed to you via USPS or emailed if indicated below. If you wish to purchase a laminated wallet card, see directions below.

“ACTIVE” LICENSE RENEWAL STATUS: Proof of attendance of at least the following **must accompany your completed renewal form and fee:**

15 hours total of Board-approved CE (includes at 1 hour Ethics & 2 hours “Risk Management”)

“INACTIVE” LICENSE RENEWAL STATUS (DO NOT PRACTICE in any state/ jurisdiction):

- Complete this form below and
- Complete, have notarized and return the enclosed “certificate of retirement” form on back.

FORM OF PAYMENT (payable to “LA Board of Chiropractic Examiners”)– We accept:

- Business/clinic check OR certified check or money order.

DELINQUENT LICENSE RENEWALS:

- Any license renewal paperwork or material with USPS postmark or delivery info *after* 12/31/2023 will be considered “**delinquent**” and returned to you.
- If renewal requirements are not met and/or if renewal paperwork is not received at the Board office by 12/31/2023 deadline, **you will be subject to disciplinary action and your license will be automatically suspended** until the renewal fee, delinquent fees, renewal disciplinary fine, renewal form & approved CE hours are received.
- Fees due after 12/31/2023 deadline: \$200.00 renewal fee **AND** \$250.00 delinquent fee.
- Fees also due after 02/28/2024: Additional \$100.00 for each month until renewal completed.

2024***Complete form & answer questions below. Incomplete forms will be returned.**

****NOTE: If “YES” to any question 1-7 below, please write answer on BACK of this form detailing response.**

1. Were you arrested **OR** convicted of a FELONY even if charges were dropped, dismissed, nolle pros, expunged etc., SINCE YOUR LAST RENEWAL? YES NO
2. Were you arrested **OR** convicted of a MISDEMEANOR even if charges were dropped, dismissed, nolle pros, expunged etc., SINCE YOUR LAST RENEWAL? YES NO
3. Do you currently employ any person to take x-rays? If yes, provide name/s, & date of employment YES NO
4. Do you hold a chiropractic license (active or inactive) in any other state/s:? YES NO
5. Has disciplinary action been taken by any other chiropractic board SINCE YOUR LAST RENEWAL? YES NO
6. Are you performing “dry needling”? (If “YES”, attach proof of attendance, if not previously submitted) YES NO
7. Do you currently hold specialty certification? If yes, list info on back & attach documentation YES NO

STATUS: Check one Active status **\$200.00**

OR Inactive status **\$50.00** (retiree) - MUST complete form on back

EFFECTIVE IMMEDIATELY- a paper “proof of renewal” receipt will be mailed or emailed to you.

How Do You Wish to Receive “Proof of Renewal” paper receipt: US Mail Only **OR** Email Only

Items/Services For Purchase:

- Laminated Renewal Wallet Card: \$25.00 US Mail **OR** \$40.00 Expedited/Priority Mail
- Dry Needling” Certificate (suitable for framing): \$25.00 for each ordered
- Duplicate Wall License: \$50.00 for each wall license ordered
- Laws & Rules “Blue Book”: \$85.00 (binder, inserts and subscription service)
- Classified Advertising on Board webpage and/or in candidate packets – contact Board office for details on fees.
- Copies of License Verification Reports contained in your licensure file (25¢/page for xeroxing & postage fees charged)
- Board Meetings’ Minutes Subscription (Per Year) \$60.00

_____ LAST NAME FIRST NAME MIDDLE AGE LIC. #

_____ OFFICE ADDRESS CITY/TOWN STATE ZIP CODE

_____ ANY OTHER OFFICE ADDRESS CITY/TOWN STATE ZIP CODE

_____ MAILING ADDRESS (if different) CITY/TOWN STATE ZIP CODE

_____ HOME ADDRESS CITY/TOWN STATE ZIP CODE

_____ OFFICE PHONE HOME PHONE CELL PHONE

_____ CLINIC NAME NAME of CLINIC OWNER

_____ EMAIL ADDRESS WEBSITE ADDRESS (if applicable)

******** 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. 37:2812. I certify that the above information and statements I have provided are correct.***

_____ DRIVER’S LICENSE # & STATE Social Security (last 4 digits only) SIGNATURE & DATE