



DOCTOR OF CHIROPRACTIC INACTIVE APPLICATION

\$100.00

Name: _____

Home Address: _____

Business Address: _____

City, St, Zip: _____

License No: _____

INACTIVE: A licensee in good standing is eligible to have their license placed on inactive status. A DC can change from Active to **Inactive Status** by submitting this form and the Inactive Application fee of **\$100**. Licensees shall not practice or teach Chiropractic Medicine, or represent themselves as a Doctor of Chiropractic Medicine in public statements during the Inactive Status period. An inactive licensee who attempts to practice or teach during this Inactive Status period will be subject to disciplinary action. Contact the Board office for additional information or refer to Paragraph (2) of Subsection A 16.4.12.8 NMAC, Inactive Status, which is located on the Board’s website at: www.rld.gov.nm

Please check off the following to acknowledge that as the applicant for inactive status and upon placing my license on inactive status:

- I must notify the board within ten (10) days of an address change.
- An inactive license shall expire after fifteen (15) years.
- My inactive license must be renewed annually, on or before June 30th.
- An inactive license that is not renewed by August 30th shall expire and the DC shall reapply for licensure as a new applicant.

Note: A licensee who does not maintain inactive status and allows the DC license to expire will be required to reapply as a new applicant having to meet all licensure requirements in affect at the time of application.

Licensure requirements, application forms, fees and deadlines are subject to change. The rules and forms in effect at the time application is made shall apply to all applications. Applicants must satisfy all current licensure requirements, or the application will be rejected. Applications submitted on outdated forms will be rejected.

Address Change:		Home Ph:
		Cell Ph:
Employer & Address		
	Work Ph:	
Email Address:		
Birth date:		



INACTIVE APPLICATION AFFIDAVIT

Please complete information requested below. If specific information is not relevant to you, please check "NA". DO NOT LEAVE ANY ONE SECTION BLANK, IT WILL BE RETURNED TO YOU!

<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	1. Have you ever been subject to any disciplinary action in any jurisdiction related to the practice of Chiropractic medicine or to any other profession including other health care professions?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	2. Have you ever been party to litigation in any jurisdiction related to your practice of Chiropractic medicine or to any other professional including other health care professions?
<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> NA	3. Have you violated any provision of the Act or rules?
**If you have discipline in any jurisdiction, you must attach supporting documentation. **	

✓ **Please check off the following statements to acknowledge your understanding of them:**

- An applicant who has been subject to any action or proceeding may be subject to disciplinary action at any time, including denial, suspension, or revocation of licensure.
- An applicant who provides the board with false information or makes a false statement to the board may be subject to disciplinary action, including denial, suspension, or revocation of licensure.
- I am responsible for reading, understanding, and complying with the NM laws and rules regarding this application as well as the practice of Chiropractic medicine.
- An inactive license shall not practice Chiropractic medicine, as defined in the act.
- An inactive license shall not provide or offer to provide Chiropractic services or engage in the practice or teaching of Chiropractic medicine at an approved educational program.
- The Board will not accept an inactive license application from a licensee who is under investigation or who has an active complaint pending.

If you are a veteran, you may be entitled to use your G. I. Bill benefits to pay the cost of approved licensing and certification tests. Please contact 1-888-442-4551 for more information.

I hereby certify that this Application for Inactive Status is true and complete, containing no willful misrepresentations. I also understand that if I provide the board with false information on this form or on any supporting document or make a false statement to the Board on this Application for Inactive Status or otherwise, I may be subject to disciplinary action, including denial, suspension or revocation of licensure.

Signature: _____

Date: / /

