



APPLICATION FOR REACTIVATION OF LICENSURE
\$200.00

Fee Amount:

REACTIVATION FEE \$200

Application fees are non-refundable.

All license information provided is public information.

Please print out the form and print legibly in Black or Blue ink. Attach additional pages if more space is required to respond to questions below.

*** REQUIRED FIELDS**

| | | | |
|--|-----------------------|---|------------------|
| * Name: (Last, First, MI/Maiden): | | | |
| Business street address: | | | |
| Business city/state/zip: | | | |
| *Mailing address (if different): | | | |
| *Mailing city/state/zip: | | | |
| *Contact phone: | | *E-mail address: <i>All correspondence (including renewal notices) will be delivered to the email address provided</i> | |
| *Date of birth: | | Birth place (City, state): | |
| Country: | | | |
| List all practice locations for the last ten years (if applicable) | | | |
| <i>Dates from mo/yr to mn/yr</i> | <i>Street Address</i> | <i>City</i> | <i>State Zip</i> |
| | | | |
| | | | |
| | | | |
| | | | |



| | |
|---|---------------------------|
| EDUCATION | |
| I received the degree of Doctor of Chiropractic at: | |
| School/University: | Located in (city, state): |
| Admission date: | Completion Date: |

| PRE-CHIROPRACTIC COLLEGE AND DEGREES | | | |
|---|----------------|---------------|-----------------|
| <i>Dates-from mo/yr to mo/yr</i> | <i>College</i> | <i>Degree</i> | <i>Location</i> |
| | | | |
| | | | |
| | | | |
| | | | |

| CHIROPRACTIC COLLEGE EDUCATION (if applicable) | | | |
|---|----------------|---------------|-----------------|
| <i>Dates-from mo/yr to mo/yr</i> | <i>College</i> | <i>Degree</i> | <i>Location</i> |
| | | | |
| | | | |
| | | | |

OTHER LICENSES
List all states or provinces in which you now hold or have ever held a license or permit to practice chiropractic (if applicable). Attach additional pages, if needed.

| <i>State or Province</i> | <i>License number</i> | <i>Status</i> | <i>Date issued-Date expired</i> |
|--------------------------|-----------------------|---------------|---------------------------------|
| | | | |
| | | | |
| | | | |

EXAMS
Have you taken the following exams?

| <i>Passed</i> | <i>Exam</i> | <i>Date Taken</i> | <i>Number of attempts</i> |
|--|---------------------|-------------------|---------------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NATIONAL BOARDS I | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NATIONAL BOARDS II | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NATIONAL BOARDS III | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | NATIONAL BOARDS IV | | |



QUESTIONS

For any yes answers, provide detailed explanations on additional pages and attach official documentation from insurance companies, courts, hospitals, etc.

| | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been denied a license, registration or certification or withdrawn an application from a state licensing board? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had your license, registration or certification disciplined, revoked, cancelled, suspended or placed on probation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence by a state licensing board? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you have any pending charges? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a crime? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are you currently using or have you ever used, any narcotic, barbiturate, or other drug not prescribed by a licensed health care practitioner and otherwise illegal to possess or ingest? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you had a malpractice settlement or civil/criminal judgment against you? |

This application must be signed and dated in the presence of a Notary Public.

AFFIDAVIT

In reactivating my application to the New Mexico Board of Chiropractic Examiners for the reactivation of my license, I do swear, depose and say that I am the person referred to in the foregoing application and supportive documents. I have read and agree to abide by the Chiropractic Physician Practice Act and the rules of the Board. I further understand that the fee submitted with this application is non-refundable and that the materials submitted for consideration become the property of the State Board and are non-returnable.

I agree to hold the New Mexico Board of Chiropractic Examiners, its members, officers, agents and examiners free from any damage or claim for damage or complaint by reason of any action they or any one of them take in connection with this application, the failure of the Board to reinstate my license and



any other aspect of licensing. I hereby grant permission to the Board to seek any information or references it deems fit in securing any credentials pertinent to this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such shall constitute cause for the denial, suspension, or revocation of my license to practice in the State of New Mexico. If my license is reactivated by the New Mexico Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address, comply with the current continuing education requirements, and give such assistance as the law may require to aid in the prosecution of violations of the laws of New Mexico pertaining to the practice of Chiropractic.

Signature of Applicant: _____ *Date:* _____

