



KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: kbce.ky.gov | Email: KBCE@KY.GOV

APPLICATION FOR ACTIVATION/REINSTATEMENT OF KENTUCKY LICENSE

Instructions:

For Non-Resident, Inactive, Revoked, or Voluntarily Resigned Licenses. Application cannot be processed unless all information requested below is provided.

Carefully follow the directions on this application form. Print legibly with black or blue ink only.

Please provide a verification of licensure from any state in which you are currently or have ever been licensed.

Please send your completed application, \$250 fee (must be a check or money order written out to Kentucky State Treasurer), and supporting documentation to the address above.

GENERAL INFORMATION

Last Name:	First Name:	Middle Initial:	Suffix, Maiden, Surname, Alias:
Home Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
Telephone Number:	Email Address:	License #:	

GENERAL QUESTIONS

1. Have you ever been convicted of a felony or misdemeanor that you have not previously disclosed to the Board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you had any action against any chiropractic license in another state or jurisdiction	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If you answer YES to any of the above questions, an affidavit of explanation is required. Attach additional sheets if necessary to explain answers to above questions.

CERTIFYING STATEMENT

I hereby certify that my license to practice chiropractic in any state of jurisdiction has never been suspended, revoked, or is in the process of either or both. If the answer is yes, an affidavit of explanation is required. I declare under penalties of perjury that the information in this application is true and correct.

Signature (Required) :	Date:
Printed Name:	