

# STATUS CHANGE APPLICATION (FROM ACTIVE TO INACTIVE 2016-17 CURRENT)

5/2016

*Any licensee who desires to change the status of their license from Active to Inactive shall notify the Board in writing prior to the annual renewal in Alabama.*

**PLEASE TYPE OR PRINT**

**FULL NAME** \_\_\_\_\_ **AL LICENSE #** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_

**ZIPCODE** \_\_\_\_\_

**Projected end date of practice in Alabama** \_\_\_\_\_

- 1. Submit a letter attesting that you understand by placing your license in an Inactive status you will not be able practice in Alabama unless the license is reactivated to ACTIVE STATUS.**

**Send letter to:**

**ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS  
126 CHILTON PLACE  
CLANTON, AL 35045**

**Upon receipt of this application and necessary letter, the Alabama State Board of Chiropractic Examiners will review your file. You will be contacted if additional information is required. If you have any questions please contact 1-800-949-5838.**

I, the undersigned, hereby authorize the Alabama State Board of Chiropractic Examiners to request an investigative report and a request for information under the Freedom of Information Act as the Board deems necessary. I understand that these reports will remain confidential and be used only in connection with my application for status change from ACTIVE to INACTIVE / CURRENT.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

FOR OFFICE USE ONLY

App Review Date \_\_\_\_\_

Determination \_\_\_\_\_

Comments \_\_\_\_\_