

**VOLUNTARILY RETIREMENT AFFIDAVIT
AND APPLICATION**

Name: _____

Address: _____

City, State Zip Code: _____

Daytime Telephone Number: _____ Social Security Number: _____

AL License No: _____ Length of time in AL: _____

List other state(s) in which you hold a license and the status of that license: _____

Are you the subject of pending or final disciplinary action against your license in another state? _____ If yes, explain on a separate sheet of paper.

Note: In Alabama if a doctor practices one or more hours per year in any state he does not meet the guidelines for a retired license.

RETIREMENT AFFIDAVIT

By placing my license into a voluntarily retired status, I am relinquishing all rights to actively practice chiropractic in the state of Alabama.

In the event I decide to apply for return to active licensure status, I understand that I must comply with all renewal requirements in effect at the time.

I understand that once my license has been in voluntarily retired status for more than five (5) years and I apply for reinstatement to active status, in addition to all the requirements, I may be required to complete and pass Board approved refresher educational courses.

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Applicant's Signature Date

Signature of Notary (SEAL)

This _____ day of _____, 20_____.

The Alabama State Board of Chiropractic Examiners does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.
This information will be made available, upon request, in alternative formats (for example, large print, cassette tape, etc.)

ASBCE OFFICE USE ONLY

Date of approval _____ Signed _____