STATUS CHANGE APPLICATION (FROM ACTIVE TO INACTIVE/CURRENT)

3/2025

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

PLEASE TYPE OR PRINT		
FULL NAME	AL LICENSE #	
TELEPHONE		
ADDRESS	CITY	STATE
ZIPCODE		
Projected end date of practice in Alaba	nma	
1. Submit a letter attesting that you un Inactive status you will not be able is reactivated to ACTIVE STATUS.		
Send letter to:		
	CHIROPRACTIC EX OWLEAF RD. I, AL 35045	KAMINERS
Upon receipt of this application and ne Board of Chiropractic Examiners will readditional information is required. If yo 1-800-949-5838.	eview your file. You	u will be contacted if
I, the undersigned, hereby authorize the Alal to request an investigative report and a request Information Act as the Board deems necessaremain confidential and be used only in confrom ACTIVE to INACTIVE / CURRENT.	est for information un ary. I understand that	der the Freedom of these reports will
SIGNATURE OF APPLICANT		DATE
FOR OFFICE USE ONLY		
App Review Date		
Determination		