ASBCE Status Change Application

INACTIVE TO ACTIVE/CURRENT

Any licensee who desires to change the status of their license from Inactive to Active shall submit a Status Change Application and any required documentation to the Board. The applicant must receive a renewal card reflecting Active status prior to any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.

Application information

Full name: _____ Date: _____

Last *First* *M.I.*

**If name differs from original issuance, legal documentation, $90 fee and completed replacement license application must be submitted. **

Mailing address: _____ Phone: _____

Email _____

Street address *Apt/Unit #*

_____ _____

City *State* *Zip Code* *County*

Alabama Residence Congressional District _____

Office/Clinic address: _____ _____ Phone: _____

Street address *Apt/Unit #*

_____ _____ Clinic NPI no: _____

City *State* *Zip Code*

Residential address: _____ _____ Phone: _____

Street address *Apt/Unit #*

_____

City *State* *Zip Code*

License no. _____ S.S. no: _____ DC NPI no: _____

Projected start date: _____

YOU MUST COMPLETE BOTH PAGES OF THE APPLICATION

Adopted 6/2026

History

1.List all states in which you hold a license:			
2.Has your license/permit to practice any profession ever been sanction or subject to discipline?	Yes ☐	No ☐	If yes, identify the state and explain the nature and details of the action on a separate sheet of paper.
3.Are there any pending charges against you by any state or regulatory board?	Yes ☐	No ☐	If yes, identify the state and explain the nature and details of the action on a separate sheet of paper.
4.Have you ever been denied a license, permit, registration or other authority form any state or federal regulatory board?	Yes ☐	No ☐	If yes, identify the state and explain the nature and details of the action on a separate sheet of paper.
5.Have you ever been arrested OR convicted of a felony or misdemeanor (excluding minor traffic offenses)?	Yes ☐	No ☐	If yes, identify the state and explain the nature and details of the action on a separate sheet of paper.
Check this box if you have answered yes to previous question in the past.	Yes ☐		
6.Have you ever received treatment for drug or alcohol use to include any drug court or deferral program?	Yes ☐	No ☐	If yes, identify the date of treatment, nature and circumstances of treatment on a separate sheet of paper.
COMPLETE THE FOLLOWING ONLY IF YOU DO NOT HAVE 100% OWNERSHIP OF YOUR PRACTICE/CLINIC/FACILITY			
7. Has the ownership of your practice changed in any way prior to the date of this application?	Yes ☐	No ☐	Explain in detail the change and if any non-licensed person now owns any part of your practice, list their name(s) and address(es) on a separate sheet of paper.
8. Do you have a bachelor's degree or equivalent?	Yes ☐	No ☐	If yes, Year of graduation_____ School Name_____

Additional Required Documentation:

1. Submit a letter outlining places of practice or employment since your last Alabama license was placed in INACTIVE STATUS.
2. Return your renewal card to a replacement card reflecting the change in status.

Disclaimer and signature

I HEREBY swear/affirm I have read all questions on this Status Change application and have answer truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately, and completely shall constitute cause for the initiation of disciplinary action against my Alabama license. I 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 INACTIVE to ACCTIVE/CURRENT.

Signature: _____ Date: _____

License #: _____

FOR OFFICE USE ONLY	
App Review	
Determination:	
Comments:	