



## PETITION FOR REINSTATEMENT OF REVOKED LICENSE

(Revoked through Administrative Disciplinary Action)

Pursuant to Section 10(c) of the Chiropractic Initiative Act no petition for reinstatement of a revoked license will be entertained until two years after the effective date of the Board's disciplinary action.

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for reinstatement of your chiropractic license.

Board Meeting Date Requested: \_\_\_\_\_  
(see attached sheet for dates)

Please print or type

Name:	Last	First	Middle	Former	License number:	
Address:	Number	Street			Date issued:	
	City	State	Zip Code		Licensed by: <input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity <input type="checkbox"/> Other	
Home telephone ( )	Work telephone ( )			<b>ATTACH A PHOTOGRAPH</b>  <b>Taken Within 60 Days of</b>  <b>the Filing of this</b>  <b>Application</b>  <b>NO POLAROID</b>		
Business Address:	Number	Street				
	City	State	Zip Code			
Date of Birth	Driver's License Number/State		Social Security Number			

Are you licensed in any other state?  Yes  No If yes, please specify below.

State/Country	Issue Date	License Number	Current Status

Chiropractic College you attended:

Name of School:		
Dates Attended:	From	To
Graduation Date:		
Date Degree Granted:		

Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state, or a local ordinance? You must include all misdemeanor and felony convictions, regardless of the age of the offense, including those which have been set aside under Penal Code section 1203.4. (Traffic violations of \$300 or less need not be reported.) If yes, include a copy of your criminal court documents, i.e. complaint, minute order, indictment, plea agreement, etc.  Yes\*  No

Are you now on probation or parole for any criminal or administrative violations in this state or any other state? (Attach certified copies of all disciplinary or court documents.)  Yes\*  No

Have you ever had disciplinary action taken against any professional license in this state or any other state?  Yes\*  No

Are you or have you ever been addicted to the use of narcotics or controlled substances?  Yes\*  No

Are you or have you ever been habitually intemperate in the use of alcohol or other drugs?  Yes\*  No

Have you ever been or are you currently under observation or treatment for mental disorders, alcoholism, or drug addiction?  Yes\*  No

\* If you answered yes to any of the above questions, you must attach a statement of explanation giving full details.

### Answer the Following Questions on an Attached Sheet of Paper

1. List the date of revocation of your license and explain the reason for the disciplinary action.
2. Explain fully why you feel your license should be reinstated.
3. Describe fully your activities and occupation since the date of revocation of your license; include dates, employers and locations.
4. Describe any rehabilitative or corrective measures you have taken since your license revocation to prepare yourself for reinstatement. List dates, nature or programs, and current status. You may include any community service or volunteer work.
5. List all post-graduate or refresher courses, with dates, location and type of course, you have taken since your license was revoked.
6. List all chiropractic literature you have studied during the last year.
7. List all continuing education courses you have completed since your license was revoked. Attach copies of the certificates.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_