



South Carolina Department of Labor, Licensing and Regulation

Board of Chiropractic Examiners

P.O. Box 11329 • Columbia, SC 29211

Phone: 803-896-4587 • Fax: 803-896-4719 • www.llronline.com/POL/Chiropractors/



VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT

Print your name and license number in the space provided. Send a copy of this form to each Board in which you are, or have ever been, licensed to practice. Make copies of this form as needed.

TO: _____
(State(s) where you hold a license)

(Applicant name) (License No.)

The above named applicant has applied for licensure to practice chiropractic in South Carolina. Please provide the following information and return to the address listed above:

License Status: Current Lapsed Inactive

Issue Date: _____ Expiration Date: _____

Basis for Issuance of License: _____ National Board Examination
(Check all that apply) _____ Reciprocity/Endorsement from _____
(Name of State)
_____ State Examination
_____ Other

Licensee is currently in good standing? Yes No

Has applicant incurred any disciplinary action in your State? Yes No
(Please attach certified copies of any actions.)

Has applicant's license ever been limited, denied, surrendered, suspended or revoked?
(Please attach certified copies.) Yes No

I hereby certify, to the best of my knowledge, the information above is true according to the records of this board.

Date _____ Signed _____

Name _____
(Print Name)

(Seal) Title _____