ARKANSAS STATE BOARD OF CHIROPRACTIC EXAMINERS
101 East Capitol Avenue, Suite 209, Little Rock, Arkansas, 72201
P: (501) 682-9015 / F: (501) 682-9016
www.arkansas.gov/asbce / ASBCE@arkansas.gov

LICENSE APPLICATION PACKET REQUEST

Date: _____

Applicant Information

Name: _____
FIRST MIDDLE LAST MAIDEN/OTHER

Address: _____
NUMBER AND STREET CITY STATE ZIP COUNTY

_____

_____
EMAIL SS#

Payment Type: ☐ Check ☐ Money Order ☐ Cashier's Check

Amount:

☐ $150 Application Fee *Required with application request form*

☐ $22 State Background Check Fee

☐ $50 Orientation Fee

I would like to receive the application by: ☐ Email ☐ Mail

_____
Signature *Date*

To keep your record updated, please notify the board of any changes of the above information.

OFFICE USE ONLY
Check No._____
Amount:_____
Receipt No:_____