



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Chiropractic Examiners
 110 Centerview Dr. • Columbia • SC 29210
 P.O. Box 11329 • Columbia • SC 29211-1329
 Phone: 803-896-4587 • Contact.chiro@llr.sc.gov • Fax: 803-896-4719
 llr.sc.gov/chiro

VERIFICATION OF LICENSURE

Complete the top portion of this form and forward a copy to each state board by which you are now or ever have been licensed to practice medicine. You may want to contact each state to see if a fee is required.

Applicant's Signature: _____
 Print Name: _____ License Number: _____
 Address: _____

FOR STATE BOARD TO COMPLETE

This section to be completed by an official of the state board and returned directly to the South Carolina Board of Chiropractic Examiners. You may send a state issued license verification in lieu of this form.

Name of Licensee: _____ License Number: _____
 State: _____ Board: _____
 Issue Date: _____ Expiration Date: _____
 License Status: Current Lapsed Inactive Other: _____

Basis for Issuance of License: (Check all that apply)
 National Board Examination Reciprocity/Endorsement from (Name of State): _____
 State Examination Other: _____
 Is licensee currently in good standing? Yes No If no, why not? _____

Has license been limited, denied, surrendered, suspended, disciplined or revoked? (Please attach certified copies of actions/orders.)
 Yes No If yes, why? _____

I hereby certify, to the best of my knowledge, the information above is true according to the records of this board.
 Date: _____ Signature: _____
 Print Name: _____
 Board Seal Title: _____
 Board: _____