

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

## CONTINUING EDUCATION WAIVER REQUEST FORM

Please send this completed application along with any supporting documentation to the address above or log in and submit via Document Submission at <u>https://eservice.llr.sc.gov/DocumentSubmission</u>.

**Per Regulation 25-5 (B)(3)(b)** Chiropractors who are at least 60 or older and have been licensed for 30 or more years may be exempt from CEs once both criteria are met.

## LICENSEE INFORMATION

Name: (as shown on current license)	SC License No.:
Home Address:	
Mailing Address:	
Email Address:	Phone:
I am requesting a continuing education waiver.	
I have thirty (30) or more years of licensed experience an	nd am sixty (60) years of age or older.
Original date of licensure by the State of South C	Carolina:
Original date of licensure by Out of State Licensi	ing Board:
Date of Birth: Attach proof of age, i.e. birth certificate, driver's	license, or state issued I.D.

Personal information collected by the Department for the licensing boards it administers is limited to such personal information

as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

Signature of Licensee:

Date: