

Oregon Doctor of Chiropractic  
**LICENSE RENEWAL NOTICE and CE AFFIDAVIT**  
*This is a legal document*

**LICENSE STATUS & FEE:** Select Status/Fee (To change your status to inactive, contact the OBCE)

**Renewal Date:** Select Birth Month

**Lic #:** \_\_\_\_\_

**Name:** \_\_\_\_\_

## Healthcare Workforce Questionnaire & Continuing Education Affidavit

### Mandatory Healthcare Workforce Questionnaire \*\*NEW\*\*

For this renewal, I have completed the Healthcare Workforce Questionnaire (per ORS 676.410) Initial Here: \_\_\_\_\_  
(A link to the Questionnaire can be found on the License Renewal (DCs) page from [www.oregon.gov/obce](http://www.oregon.gov/obce))

### CE Requirements based on License Renewal

- Licensees renewing for their first and second times have specific CE requirements. Visit the OBCE's Continuing Education webpage [www.oregon.gov/obce](http://www.oregon.gov/obce) and click on Continuing Education.
- Senior Active DCs must have completed 6 TOTAL hours CE; and Regular Active DCs need 20 CE hours
- An Inactive licensee is not required to report CE

### Check ONE of the boxes below

- I affirm that I have completed all of my required continuing education credit hours (shown above) by my license renewal date (*last day of birth month*) per ORS 684.092 and OAR 811-010-0086(2).  
(If you did NOT complete your CE by the Renewal Date above, please provide a separate written explanation with your license fee AND pay the late renewal penalty fee [assessed \$125 per week after renewal date].)
- I wish to maintain an INACTIVE license for this renewal period; no continuing education hours are required.
- I do not wish to renew my Oregon Chiropractic License (for this option ONLY,) initial here: \_\_\_\_\_

## Background History

Check YES or NO in answer to these questions. If you answer YES, you must provide a full written explanation.

1. Since your last renewal date...
  - a. ...have you been charged, arrested or convicted for any misdemeanor or felony (regardless of dismissal or diversion)? a.  Yes  No
  - b. ...have you been, or are you in the process of being, disciplined by any other regulatory body? b.  Yes  No
2. Do you have any pending malpractice claims filed against you? If yes, provide the name of your malpractice insurance carrier here: \_\_\_\_\_  Yes  No
3. Have you ever, in Oregon or elsewhere, been treated for abuse of alcohol, a controlled or mind-altering substance, or prescription medication? If "Yes," provide a full explanation with documentation. If you already reported this abuse to the OBCE, check "Yes," but reported."  Yes  No  
Otherwise, check "No."  Yes, but reported

## Signature (required)

Before you sign below, please be certain that you have read BOTH sides of your Renewal form, checked a statement under Continuing Education, answered questions, made changes regarding your address, etc.

IF you renew after your Renewal Date above, you must submit the late renewal penalty (calculated at \$125/week, or partial week), AND the proof of completed CE.

By my signature below, I verify that all information hereon is true and correct. SIGN and DATE this Renewal Notice and Affidavit.

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

Please provide your preferred email address: \_\_\_\_\_

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Lic #: \_\_\_\_\_ Name: \_\_\_\_\_

## Address Change/Update Information

According to Oregon Revised Statute (ORS) 684.054(2) "Every chiropractic physician shall promptly notify the Board of any change in the professional address of the chiropractic physician." Oregon Administrative Rule (OAR) 811-010-0015 states, "Each person holding a license to practice Chiropractic in the State of Oregon under the laws administered by this Board shall file their proper and current business address, or their mailing address if they are not currently in practice, with the Board at its office. Each individual shall immediately notify this Board, in writing, at its office address of any change in mailing or business address, giving both the old and the new address." ORS 684.100(1)(g) provides that "Failing to notify the board of a change in location of practice as provided in ORS 684.054" is Unprofessional Conduct and is subject to board action.

**Use the spaces below to correct your practice, home, and mailing address; Include phone numbers.**  
Please strike out the old information; Be sure to check ONE of the boxes for Official Mailing.

**Physical Clinic or Practice Address (Required)**

**OTHER Circle One → PO Box - Home - 2nd Office**

Clinic Name:	
Address:	
Phone:	
Use THIS address as my OFFICIAL MAILING <input type="checkbox"/> OR	Use THIS address as my OFFICIAL MAILING <input type="checkbox"/>

"OFFICIAL MAILING" as used above refers to the address you designate to receive all OBCE-related communications - for YOU and YOUR CCA(s). If you do not designate a specific address, mailings will be delivered to the Clinic address. We do not recommend using your home address for your official mailing address as it IS public information and posted on the agency website.

## Mailing

Send this entire completed form to the OBCE with your license fee (and late fee, if applicable). Mail to the OBCE's administrative office in Salem:

OBCE  
3218 Pringle Rd SE Suite 150  
Salem OR 97302

If you have questions, call the OBCE (503) 373-1573, or email [oregon.obce@oregon.gov](mailto:oregon.obce@oregon.gov)