## VOLUNTARILY RETIREMENT AFFIDAVIT AND APPLICATION

Name:	
Address:	
City, State Zip Code:	
Daytime Telephone Number:	Social Security Number:
AL License No: Length of time in AL:	
List other state(s) in which you hold a license and the status of that license:	
Are you the subject of pending or final disciplinary action against your license in another state? If yes, explain on a separate sheet of paper.	
Note: In Alabama if a doctor practices one or more hours per year in any state he does not meet the guidelines for a retired license.	
RETIREMENT AFFIDAVIT	
By placing my license into a voluntarily retired status, I am relinquishing all rights to actively practice chiropractic in the state of Alabama.	
In the event I decide to apply for return to active licensure status, I understand that I must comply with all renewal requirements in effect at the time.	
I understand that once my license has been in voluntarily retired status for more than five (5) years and I apply for reinstatement to active status, in addition to all the requirements, I may be required to complete and pass Board approved refresher educational courses.	
I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.	
Applicant's Signature Date	
Signature of Notary	(SEAL)
This, 20	·
The Alabama State Board of Chiropractic Examiners does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.	
This information will be made available, upon request, in alternative formats (for example, large print, cassette tape, etc.)	
ASBCE OFFICE USE ONLY	
Date of approval Signed	d