

REGISTRATION REMITTANCE ADDENDUM

Chiropractic 70

Continuing Education: Beginning January 1, 2004, each Chiropractor registered to practice in the State of New York is required to complete 36 hours of continuing education with a minimum of 24 hours of formal courses and no more than 12 hours of formal self-study courses.

Chiropractors with renewal dates starting in June 1, 2004 must report completion of 1 hour for each month starting January 1, 2004 through the beginning of their new registration period, up to a maximum of 36 hours. A continuing education fee of \$45 per triennium has been added to the registration fee. Licensees must maintain documentation of their completed required continuing education for a period of six years and be subject to audit by the New York State Education Department. Do not send any continuing education documents with this addendum.

THE FOLLOWING INFORMATION IS ONLY FOR THOSE INDIVIDUALS WHO HAVE NOT MET THE CONTINUING EDUCATION REQUIREMENT.

Individuals who have NOT met the continuing education requirement MUST choose one of the following options and return this form with their Registration Remittance Document and fee (if required). Your signature indicates agreement with the terms of the option that you have selected.

1. I do not intend to practice in New York State during the period indicated on the Registration Remittance Document, and wish to place my registration in an INACTIVE STATUS.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement. Please realize, however, that if you wish to resume practicing in New York, certain continuing education requirements must be met **prior to** reactivating your registration. You may not practice as a Chiropractor in New York State if you are not registered.

Name (please print) _____ License # _____

Signature _____ Date ____/____/____

Home telephone # _____ Work telephone # _____

Fax # _____ E-Mail address _____

2. I wish to apply for a CONDITIONAL REGISTRATION

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one-year conditional registration;
- complete the continuing education hours you are lacking from your previous registration period;
- complete the regular continuing education requirement prorated for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of course completion and pay the full registration fee for the remaining two years of your registration when the conditional registration expires.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Remittance Document that you must complete and submit with the fee and proof of course completion before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) _____ License # _____

Signature _____ Date ____/____/____

Home telephone # _____ Work telephone # _____

Fax # _____ E-Mail address _____

3. I wish to request an ADJUSTMENT to the continuing education requirement.

Adjustments to the continuing education requirement may be granted by the Department for reasons of health documented by an appropriate health care professional, extended active duty with the armed forces of the United States, or other good cause beyond the licensee's control which, in the judgment of the Department, makes it impossible for the licensee to comply with the continuing education requirements in a timely manner. A written explanation documenting the circumstances which prevented compliance with Education Law must be included with this form.

Name (please print) _____ License # _____

Signature _____ Date ____ / ____ / ____

Home telephone # _____ Work telephone # _____

Fax # _____ E-Mail address _____

SUBMIT THIS ADDENDUM AND DOCUMENTATION (IF REQUIRED) WITH YOUR REGISTRATION REMITTANCE DOCUMENT AND APPROPRIATE FEE IN THE ENVELOPE PROVIDED.

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Chiropractic
New York State Education Department
89 Washington Avenue, Second Floor, West Wing
Albany, New York 12234-1000

Telephone: 518-474-3817 ext. 190
Fax: 518-474-3863
E-mail: chirobd@mail.nysed.gov

**MANDATORY CONTINUING EDUCATION QUESTIONNAIRE
FOR DELAYED REGISTRATION**

CHIROPRACTIC

Please complete the information requested below. Submit the completed form with your delayed registration application (and fee if applicable) in the envelope provided.

1. During the period that you were not registered, were you practicing this profession in New York State?

- YES, I was practicing this profession in New York State during this time.
- NO, I did not practice this profession in New York State during this time.

2. During the period that you were not registered to practice in New York, were you lawfully practicing this profession in another jurisdiction?

- YES, I was practicing this profession in a jurisdiction other than New York State.

Name of jurisdiction _____

- NO, I did not practice this profession in another jurisdiction.

NOTE: FOR QUESTIONS 3 AND 4 BELOW, PLEASE ONLY REPORT CONTINUING EDUCATION COMPLETED SINCE JANUARY 1, 2004.

3. Have you taken any continuing education related to this profession within the last 36 months?

- YES, I took _____ hours of continuing education **within the last 36 months. Please list all courses/educational activities in the space provided on the back of this form.**
- NO, I have not taken any continuing education within the last 36 months.

4. Have you taken any continuing education related to this profession within the last 12 months?

- YES, I took _____ hours of continuing education **within the last 12 months. Please list all courses/educational activities in the space provided on the back of this form.**
- NO, I have not taken any continuing education within the last 12 months.

5. Are you currently practicing this profession?

- YES
- NO, I have not practiced this profession since: _____ / _____
month year

Signature _____ Date _____ / _____ / _____

Name (*please print*) _____ License #: _____

Home telephone # _____ Work telephone # _____

Fax # _____ E-mail address _____

| Date of Course | Name of Approved Sponsor | Course Title | Sponsor ID # (if applicable) | Number of Contact Hours | Formal Course (√) | Formal Self-Study Course (√) |
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