

VERIFICATION OF LICENSE - CHIROPRACTOR

Access this form via website at: cca.hawaii.gov/pvl

APPLICANT: Complete Applicant section and mail to all jurisdictions where you hold or held a license at any time. Contact the appropriate licensing agency for information on their procedures and fees.

APPLICANT	Name (First, Middle)	(Last)	Other Names Used (Include Maiden Name)	
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.	Date of Birth
			License No.	Date Issued
	I hereby authorize the licensing agency of the State of _____ to furnish the information below to the State of Hawaii Board of Chiropractic.			
SIGN HERE: _____ Date: _____				

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____	
	Date issued: _____	
	Date license expires: _____	
	License status: <input type="checkbox"/> Current	
	<input type="checkbox"/> Lapsed since: _____	
	<input type="checkbox"/> Inactive since: _____	
Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)?		<input type="checkbox"/> NO <input type="checkbox"/> YES (Explain a "yes" response and attach copy of Board's final order)
Signature: _____		
Title: _____		
State: _____		
Date: _____		

*BOARD SEAL
(If none, state "none")*

TO THE BOARD: Return this form directly to: **Hawaii Board of Chiropractic
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801**

THIS FORM MAY BE DUPLICATED

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.