

2020 Renewal of an Iowa Chiropractor License

Step 1 - Please write clearly and legibly	
License Number	
Last Name, First Name	
Mailing Address	
City, State, Zip Code	
E-mail address	
	<i>Your email address is important! Renewal notifications will be emailed to the email address on file with the board at 60, 50, 40, 30 and 20 days prior to the license expiration date.</i>
Primary Phone	

Step Two - What is the renewal fee and when is it due?

The renewal fee, if received by June 30, is \$120.00. Check or money order must be payable to the Iowa Board of Chiropractic. Renew early to avoid a late fee or lapse in licensure. The board office strongly suggests the application and fee be postmarked on or before June 1.

When is the late fee due?

- A \$60 late fee plus the \$120 renewal fee is required on all applications received in the grace period. ***“Grace period”*** means the 30-day period following expiration of a license when the license is still considered to be active; July 1 through July 30.
- Allow four weeks to process the paper renewal. Once approved, a new set of licensure cards will be mailed to you.

Inactive Status

- A licensee whose license is inactive continues to hold the privilege of licensure in Iowa, but may not practice as a chiropractor in Iowa until the license is reactivated.

Iowa Law and Administrative Rules

- To view the current Iowa Law and Administrative Rules online, go to <http://idph.iowa.gov/Licensure/Iowa-Board-of-Chiropractic/Laws-and-Rules>

Step Three - The following five questions **must** be answered. If you answer “Yes” to any question below, (1) attach a signed letter of explanation providing the details of the incident, (2) attach a copy of any court ordered evaluations, showing completion and recommendations, and (3) attach a copy of all official court documents regarding your conviction/malpractice suit, including final disposition and/or settlement. You must answer “Yes” even when a conviction or judgment has been deferred or expunged from your record. **Since your last renewal have you:**

Yes	No	Been convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$500)? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Had any judgments or settlements paid on your behalf as a result of a malpractice suit or claim filed against you? If you have already reported this incident to the licensing board you do not need to report it again.
Yes	No	Been investigated by a licensing, registration, or certification authority or organization? If the investigation or action was instituted by this licensing board you may answer “NO” to this question.
Yes	No	Been disciplined or sanctioned by any other licensing, registration, or certification authority or organization related to your professional practice? If this licensing board took the disciplinary action, you may answer “NO” to this question.
Yes	No	Been engaged in illegal or improper use of drugs or other chemical mood altering substances? (If you are currently a participant in the Impaired Practitioner Review Committee, you may answer "NO" to this question.)

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Step Four – Continuing Education. Answer all five questions. Only one of the five questions can be answered yes.

- All required continuing education hours must be completed prior to renewing the license.
- The Iowa Board of Chiropractic Guidelines Related to Governor Reynold’s Proclamations & COVID-19 states: Any Board rules that require you to complete any continuing education in-person are waived for the 2020 license renewal. There is currently no limit on the number of continuing education hours that may be obtained through distance education.

Yes	No	This is my first renewal after initial licensure. I have completed the required two hours of continuing education in the content areas of the administrative rules related to chiropractic physicians in Iowa, found at 645—Chapters 41 through 45 and the statutory provisions specific to the practice of chiropractic in Iowa, found at Iowa Code chapter 151.
Yes	No	I have completed the required 40 hours of continuing education. Note: If you are reporting continuing education for the first time, you may report hours earned from the date of your initial licensure.
Yes	No	I am exempt from the continuing education requirements because I am licensed and reside in another state or district having continuing education requirements for my profession. I have met all continuing education requirements of that state or district for practice.
Yes	No	I have been granted an extension of time to fulfill the continuing education requirements or I have been granted an exemption by the board (due to a physical or mental disability or illness). My doctor and I have completed the ‘Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board. I have or am in the process of completing the requirements of my exemption.
Yes	No	I am exempt from the continuing education requirements because I was on active military duty during all or part of this continuing education biennium.

Step Five – Mandatory Reporter Training Requirements. Answer all four questions. Only one of the four questions can be answered yes.

7/1/2019 HF 731 MODIFIES MANDATORY REPORTER CHILD ABUSE AND DEPENDENT ADULT ABUSE TRAINING REQUIREMENTS: <https://dhs.iowa.gov/child-welfare/mandatoryreporter>

Licensees, who in the scope of their professional practice, examine, attend, counsel, or treat dependent adults or children in Iowa are required to complete training in dependent adult and/or child abuse identification and reporting during the previous five years.

Yes	No	I do not examine, attend, counsel, or treat dependent adults or children in Iowa.
Yes	No	I examine, attend, counsel or treat dependent adults and/or children in Iowa and have completed the required training within the last five years.
Yes	No	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse because I was on active duty in the military during this biennium.
Yes	No	I am exempt from the requirements for mandatory training for identifying and reporting dependent adult and/or child abuse due to a physical or mental disability or illness. My doctor and I have completed the ‘Application for Continuing Education Extension/Exemption for Disability or Illness. The application has been mailed to the board office and has been approved by the Board.

Step Six: Insurance Consultant. This question must be answered.

Yes	No	Have you served as a chiropractic insurance consultant in Iowa? This only applies if you (1) Hold a current license in Iowa, (2) Have practiced chiropractic in the state of Iowa during the immediately preceding five years, and (3) Are actively involved in a chiropractic practice during the term of appointment as a chiropractic insurance consultant. Active practice includes but is not limited to maintaining an office location and providing clinical care to patients.
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Step Seven: Acupuncture. This question must be answered.

Yes	No	Are you engaged in the practice of acupuncture? Chiropractors engaged in the practice of acupuncture must complete a minimum of 12 hours per biennium of continuing education in the field of acupuncture.
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Step Eight - Certification/Attestation Statement

I certify that I have carefully read the questions on this application and have answered them completely and truthfully. I declare under penalty of perjury that my answers, and all other statements or information submitted by me in this application process, are true and correct. If it is determined at any time that I have provided misleading or false information on or in support of this application, I understand that my license may be subject to disciplinary action and criminal prosecution.

I also understand that this application is a public record in accordance with Iowa Code chapter 22 and that application information is public information, subject to the exceptions contained in Iowa law. In submitting this application, I consent to any reasonable inquiry, including a continuing education audit that may be necessary to verify the information I have provided on, or in conjunction with, this application.

I attest that I do not have a medical condition which impairs or limits my ability to practice my profession with reasonable skill and safety and understand that I must notify the Board should such a condition arise which impairs or limits my ability to practice my profession with reasonable skill and safety.

Licensee Signature

Date