

Wyoming State Board of Chiropractic Examiners

2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Chiropractor Reinstatement Application Instructions

According to Chapter 4, Section 6, an applicant may seek reinstatement of their license if that license has been revoked, surrendered, suspended, conditioned, or restricted and the applicant no longer holds a license.

CHECKLIST

Legibly Completed Application Form with Original Signature

Mail this form back to the address above.

\$550 check or money order made payable to the State of Wyoming (Cash is not accepted!)

Competency

The Board requires evidence of compliance with the requirements of the previous Board order; evidence of the ability to safely and competently practice, and evidence demonstrating just cause for reinstatement.

Once complete, your file will be emailed to an Application Review Committee for consideration. Review generally takes 1-3 weeks. Following approval, your license materials will be mailed to the preferred mailing address you provide on the application form.

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Chiropractor Reinstatement Application - \$550 Application Fee

1. Legal Name & Personal Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Previous Names Used</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
Are you a military service member as defined in W.S. 33-1-116(a)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Contact Information

<i>Residence Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>		
<i>Business Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Cell Phone</i>	<i>Business Phone</i>	

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

<i>Email:</i>	<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> Business
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4. Reinstatement Documentation

I have submitted documentation of:

- ☐ Evidence of complying with the requirements of a previous Board order, if applicable
- ☐ Evidence of my ability to safely and competently practice, and
- ☐ Evidence demonstrating just cause for reinstatement.

5. Practice History	
<i>If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.</i>	
A. Have you ever, or are you now, providing any of the services regulated by W.S. 33-10-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-10-105?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F. To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
H. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? <i>If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I. Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
K. I understand I must comply with the Wyoming Chiropractic scope of practice defined in W.S. 33-10-101 while practicing in Wyoming.	<input type="checkbox"/> Yes <input type="checkbox"/> No
L. Have you practiced chiropractic in the State of Wyoming since your license expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No

6. Signature	
<p>I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the State Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.</p>	
Signature	Date