

2022 Chiropractor License renewal Information Fields

1. Sex
DROP DOWN
 - a. Female
 - b. Male

2. Are you of Hispanic, Latina/o, or Spanish origin?
RADIO BUTTONS
 - a. Yes
 - b. No

3. What is your race? Mark one or more boxes.
MULTI CHECK BOX
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian/Pacific Islander
 - e. White
 - f. Some Other Race

1. Where did you complete the chiropractic degree/credential that qualified you for your first U.S. chiropractic license?
a. DROP DOWN LIST
 - b. Indiana
 - c. Michigan
 - d. Illinois
 - e. Kentucky
 - f. Ohio
 - g. Another State (not listed)
 - h. Another Country (not U.S.)

2. What year did you complete the chiropractic education that first qualified you for your U.S. chiropractic license? Please indicate using the four-digit year.
 - a. TEXT BOX

3. What is your highest level of non-chiropractic education?
 - a. High school diploma
 - b. Associate degree
 - c. Bachelor's degree
 - d. Master's degree
 - e. Doctoral degree
 - f. Other

4. What is your employment status?
DROP DOWN LIST OR RADIO BUTTONS
 - a. Actively working in a position that requires a chiropractic license
 - b. Actively working in a chiropractic-related field that does not require a chiropractic license
 - c. Actively working in a non-chiropractic field that does not require a chiropractic license
 - d. Not currently working, disabled
 - e. Not currently working, seeking work in a position that requires a chiropractic license
 - f. Not currently working, seeking work in a position that does not require a chiropractic license
 - g. Student
 - h. Leave of absence or sabbatical
 - i. Retired

5. What are your employment plans for the next 12 months?
 - a. RADIO BUTTONS
 - b. Increase hours in the field of chiropractic
 - c. Decrease hours in the field of chiropractic
 - d. Leave employment in the field of chiropractic
 - e. No planned change

6. How many weeks did you work in chiropractic in the past year? Please approximate and enter a number 1 through 52 (no decimals).
 - a. TEXT BOX

7. What is the street address of your primary practice location?
 - a. TEXT-BOX

8. In what city is your primary practice location?
 - a. TEXT-BOX

9. In what state is your primary practice location? Please indicate state using 2-letter postal abbreviation.
 - a. DROP-DOWN LIST OF STATES (2LETTER ABV.)

10. What is the 5-digit ZIP code of your primary practice location?
 - a. TEXT-BOX

11. How many hours do you spend in direct patient care per week at primary practice location?
DROP DOWN LIST OR RADIO BUTTONS
 - a. 0 hours per week
 - b. 1 – 4 hours per week
 - c. 5 – 8 hours per week
 - d. 9 – 12 hours per week
 - e. 13 – 16 hours per week
 - f. 17 – 20 hours per week
 - g. 21 – 24 hours per week
 - h. 25 – 28 hours per week
 - i. 29 – 32 hours per week
 - j. 33 – 36 hours per week
 - k. 37 – 40 hours per week
 - l. 41 or more hours per week

12. Please identify the type of setting that most closely corresponds to your primary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- Chiropractic office
 - Integrated health care facility
 - Spine surgical center
 - Community health center
 - Other
13. What is the street address of your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
14. In what city is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
15. In what state is your secondary practice location? Please skip this question if you do not have a secondary practice location.
- Please indicate state using 2-letter postal abbreviation
 - DROP-DOWN LIST OF STATES
16. What is the 5-digit ZIP code of your secondary practice location? Please skip this question if you do not have a secondary practice location.
- TEXT-BOX
17. How many hours do you spend in direct patient care per week at your secondary practice location? Please skip this question if you do not have a secondary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- 0 hours per week
 - 1 – 4 hours per week
 - 5 – 8 hours per week
 - 9 – 12 hours per week
 - 13 – 16 hours per week
 - 17 – 20 hours per week
 - 21 – 24 hours per week
 - 25 – 28 hours per week
 - 29 – 32 hours per week
 - 33 – 36 hours per week
 - 37 – 40 hours per week
 - 41 or more hours per week
18. Please identify the type of setting that most closely corresponds to your secondary practice location. Please skip this question if you do not have a secondary practice location.
DROP DOWN LIST OR RADIO BUTTONS
- Chiropractic office
 - Integrated health care facility
 - Spine surgical center
 - Community health center
 - Other