



CONTINUING EDUCATION EXEMPTION REQUEST (MILITARY)

Please submit this completed application along with a copy of official military orders via Document Submission at <https://eservice.llr.sc.gov/DocumentSubmission>.

Per Regulation 25-5 B (3)(c) Chiropractors who are serving on active duty in the Armed Forces of the United States for periods longer than 180 consecutive days may submit an exemption request in writing to the Board with supporting documentation.

LICENSEE INFORMATION

Name: _____ SC License No.: _____
 (as shown on current license)

Home Address: _____

Mailing Address: _____
 (if different than above)

Email Address: _____ Phone: _____

I am requesting a continuing education exemption.

I am serving on active duty in the Armed Forces of the United States for periods longer than 180 consecutive days.

Start date of Deployment: _____

End date of Deployment: _____

Original date of licensure by the State of South Carolina: _____

Signature of Licensee: _____ Date: _____

Personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.