

Type-2 Chiropractor Registration Renewal Application Form

Application Category		Registration Renewal Application Type-2
PERSONAL INFORMATION	Date of Application	(Date/ Month/ Year)
	Name First and Family	
	JCR-Registration Number	
	Postal Address	Post Code Address Telephone Number
	E-mail	
	Have you ever been arrested or convicted for an offense or crime in Japan or another country? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	Have you ever been deported or refused entry on arrival to Japan or another country? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	※If your office information has not changed since your last application, the following information is not required.	
	OFFICE NAME	
	OFFICE ADDRESS	Post Code Address Telephone Number
URL		

※ Please send us the following two items when renewing your registration. : ①this registration renewal application form ②a certificate of CPD credits (After April 2026)

OFFICIAL USE ONLY

登録番号

受付日

年 月 日

注) 申請者は太枠内と署名欄を記入すること。記入漏れがあると受け付けできません。