



JOHN PETER CHRISTENSEN

License Number: CH2363

Data As Of 2/5/2026

Profession	Chiropractic Physician
License	CH2363
License Status	Disc Relinquish/
Qualifications	Certified in Acupuncture
License Expiration Date	3/31/2014
License Original Issue Date	09/27/1975
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CHRISTENSEN, JOHN PETER	2363	CHIROPRACTIC PH	WEST PALM BEACH FL	FL	201112320	SUSPENSION
CHRISTENSEN, JOHN PETER	2363	CHIROPRACTIC PH	WEST PALM BEACH FL	FL	201521480	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CHRISTENSEN, JOHN PETER	2363	CHIROPRACTIC PHYSICIAN	WEST PALM BEACH FL	FL	201521480	AC FILED
CHRISTENSEN, JOHN PETER	2363	CHIROPRACTIC PHYSICIAN	WEST PALM BEACH FL	FL	201112320	AC FILED
CHRISTENSEN, JOHN PETER	2363	CHIROPRACTIC PHYSICIAN	WEST PALM BEACH FL	FL	201112320	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:

Division of Medical Quality Assurance

Public Records

4052 Bald Cypress Way, Bin C01

Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not

be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.
