

# Check Sheet for the “Application for a License to Practice Chiropractic”

This **Check Sheet** is intended only to assist you with submitting a completed application. All applicable items must be submitted in order to assess your qualifications for licensure. Other documentation may be requested at any time. For forms and further information you may visit our website at: [www.chiro.ca.gov](http://www.chiro.ca.gov). Standard processing time is three to five months.

Falsification or misrepresentation of any item or response on your application or any attachment hereto is sufficient basis for denial or revocation of a license

## □ APPLICATION

➤ APPLICATION FOR A CHIROPRACTIC LICENSE: A 2” x 2” photograph is required on the Application for a License to practice chiropractic. The photo must be of the head & shoulders and taken within 60 days of application.

## □ FEES – Attach check or money order made payable to: “BOCE”. All fees are nonrefundable.

- Application Fee \$100.00
- Fingerprint Processing Fee for Out-of-State Applicants ONLY - \$49.00

## □ TRANSCRIPTS - Must be received directly from the issuing authority.

- National Board of Chiropractic Examiners - Parts I, II, III, IV, and Physiotherapy – Official transcript
- Official college transcripts from **all** chiropractic colleges attended

## □ DOCUMENTATION

- Photocopy of CHIROPRACTIC DIPLOMA. This can be submitted from applicant.
- VERIFICATION OF PRECHIROPRACTIC HOURS. Please contact your chiropractic college. The college will complete this form. Must be received directly from the chiropractic college.
- CHIROPRACTIC COLLEGE CERTIFICATE. Please contact your chiropractic college. The college will complete this form. Must be received directly from the chiropractic college.
- Official CERTIFICATION OF LICENSURE is required for EACH license obtained in any U.S. state, U.S. or Canadian territory; Canadian province, or U.S. federal jurisdiction, regardless of whether you practiced under that license. Each certificate should be mailed by the issuing authority directly to the CA Board of Chiropractic Examiners.
- Officially certified English translation of ALL documents which are not prepared in the English language. **(Translations will not be returned.)**

**CONVICTIONS** – Note that convictions adjudicated in juvenile courts or convictions two years or older under Health and Safety Code sections 11357(b), (c), (d), (e) or section 11360(b) need not be reported. Convictions expunged or set aside pursuant to section 1203.4 of the California Penal Code or equivalent non-California law **MUST** be disclosed. If in doubt as to whether a conviction should be disclosed, it is best to disclose the conviction. The Board receives information regarding convictions that have been expunged. For reportable **citations/arrests** on your record including those set aside, dismissed or expunged, you are required to submit the following documentation for each incident:

- ❖ A signed detailed explanation. Specify what occurred on the date(s) in question, which resulted in the citation. If the explanation is not detailed or signed, you will be asked to resubmit.
- ❖ A copy of the arrest report. If the report no longer exists or is not available, you must obtain a letter from the reporting agency, on their letterhead, specifying that fact.
- ❖ **CERTIFIED** court documents. ~~Copies will not be accepted.~~ If the report no longer exists or is not available, you must obtain a letter from the court, on their letterhead, specifying that fact.
- ❖ Documents from a court or law enforcement agency verifying proof of completion of terms of parole, probation, restitution.

## □ CALIFORNIA APPLICANTS - FINGERPRINTS

You must submit your fingerprints electronically. This is called Live Scan. Refer to “Live Scan Service Instructions and Form” on our website. After you’ve had your fingerprints completed, please submit a copy of your completed Live Scan form to our office.

## □ OUT-OF-STATE APPLICANTS - FINGERPRINTS

You must either come to California and complete the Live Scan or submit rolled fingerprints on cards provided by the CA Board of Chiropractic Examiners. Fingerprints must be taken by a person professionally trained in the rolling of prints. The Department of Justice requires you to use California fingerprint cards; please contact the Board and cards will be mailed to you. Any other fingerprint cards will not be accepted. The processing fee is \$49.00; make your check payable to “BOCE”. **Please note:** *On January 14, 2011, the Board adopted regulations requiring electronic fingerprinting. We will accept hard cards for initial licensure, however prior to the first renewal of your license; you must have your fingerprints submitted electronically in California.*

## APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

**FEES**

Application Fee: \$100.00  
 Fingerprint Card Fee: \$49.00\*  
 (Live Scan applicants pay fingerprint fee at time of service)

**ALL FEES ARE NON-REFUNDABLE AND SHOULD BE MADE PAYABLE TO "BOCE"**

\* Fee for Out of State Applicants Only – Contact the BOCE for Required Fingerprint Cards

**See instructions** for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is grounds for denying a license. Please type or print legibly. If additional space is needed to answer any questions on this application, please attach the information on additional sheets of paper and submit with this application.

### PERSONAL INFORMATION

<b>NAME:</b>		
Last	First	Middle
Other names you have used (include maiden name):		
OFFICIAL MAILING/PUBLIC ADDRESS OF RECORD (Street Address, PO Box #, etc.): (Will be released to the public once you are licensed)		
City	State	Zip Code
PRACTICE ADDRESS: Number and Street (if different from above)		
City	State	Zip Code
Telephone Number (include area code) Home:	Driver's License Number / State	
Work:	Expiration Date:	
Date of Birth:	Social Security Number or Taxpayer Identification Number:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	e-mail (optional)	
<p>* If you answer yes to either question A or B below, please provide official documentation. Documentation includes <u>but is not limited to</u>: military orders showing duty station and discharge papers <u>such as a DD Form 214</u> or copies of current Leave and Earnings statements. For Question B, documentation <u>also includes but is not limited to</u>: copy of marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. <u>For other forms of "legal union" not recognized by California, you may submit other documentary evidence of legal union issued by the State that recognizes your legal union for consideration.</u></p>		
A. Have you ever served in the United States military?  <input type="checkbox"/> Yes* <input type="checkbox"/> No	B. Are you a spouse, domestic partner or in a legal union with an active duty member of the U.S. Armed Forces stationed in California?  <input type="checkbox"/> Yes* <input type="checkbox"/> No	

**PHOTOGRAPH**

Affix a 2" x 2" passport style photo here

Photo must have been taken within the last 60 days

Altered photos are not acceptable

**FOR OFFICE USE ONLY**

Cashiered Date: \_\_\_\_\_

Amount Rec'd: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

Name of High School	Location (City, State)	Date of Graduation or GED earned
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List all undergraduate schools attended:

Dates Attended		Name of college or university (no abbreviations or acronyms)	Location	Date and Degree Earned
From	To			

Chiropractic college(s) attended:

Dates Attended		Name of Chiropractic College	Location	Date and Degree Earned
From	To			

## PROFESSIONAL LICENSE INFORMATION

1. Have you ever filed an application for chiropractic examination or licensure in California?  
 Yes  No  
 If "Yes", please provide the year and outcome of the previous application.

2. Have you ever been licensed to practice chiropractic in any U.S. state or federal territory, or another country?  
 Yes  No  
 If "Yes", have each chiropractic agency submit license verification to the CA Board of Chiropractic Examiners.

Jurisdiction	License Number	Date of Issuance	Dates of Practice

3. Do you hold or have you ever held any other professional license in any U.S. state or federal territory or another country?  
 Yes  No

Profession:	Issuing Agency:	License No.:

*For purposes of responding to the following question (3A), "discipline" is an administrative action that resulted in a restriction or penalty being placed on any professional license you have or have possessed, such as revocation, suspension, probation, consent order, or reprimand.*

3A. If you answered "Yes" to Question Nos. 2 or 3, has this license ever been revoked, suspended or otherwise subjected to discipline?  
 Yes  No  
 If "Yes", provide all official documentation regarding the matter in addition to a written explanation.

**Applicant Initial Here**

## DISCIPLINARY HISTORY

If you answer "Yes" to questions 4 through 11, provide **official**-certified hearing/court documents **AND** your written personal explanation on a separate attachment. Failure to provide all required documents with this application will result in the application being deemed incomplete.

For all questions below, "licensing agency" includes any disciplinary actions by any U.S. State, federal territory, other country, the U.S. Military, U.S. Public Health Service, or other agency of the U.S. Federal Government :

4. A. Have you ever been charged with, or been found to have committed unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by this or any other licensing agency or hospital?

Yes  No

B. If you answered "No" to the above question, is any such action pending?

Yes  No

5. Have you ever withdrawn an application for licensure to practice chiropractic in lieu of denial or disciplinary action by this or another licensing agency?

Yes  No

For purposes of responding to this question, "disciplinary action" is an administrative action that resulted in a restriction or penalty being placed on any professional license you have or have possessed, such as a revocation, suspension, probation, consent order, or reprimand.

6. A. Have you ever been denied permission to take an examination for a license to practice chiropractic or other professional license by this or another licensing agency?

Yes  No

B. If you answered "No" to the above question, is any such action pending?

Yes  No

7. A. Have you ever voluntarily surrendered a license to practice chiropractic or any other professional license?

Yes  No

B. If you answered "No" to the above question, is any such action pending?

Yes  No

8A. Have you ever been denied a license to practice chiropractic or any other profession by this or any other licensing agency?

Yes  No

B. If you answered "No" to the above question, is any such action pending?

Yes  No

9. Has a claim or action for damages ever been filed against you in the course of the practice of chiropractic or any other healing art which resulted in malpractice settlement, judgment, or arbitration award of over \$3,000.00?

Yes  No

If you answer "Yes" to questions 10 or 11 attach a written **DETAILED** explanation, obtain a **certified** copy of the arrest report and include **CERTIFIED** copies of all court documents for each conviction. Include **documentation from a court or law enforcement agency verifying proof of completion of any terms of parole, probation, restitution or any other sanctions imposed against you.**

10. Have you ever been convicted or pled guilty or pled nolo contendere to ANY offense (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, foreign country, or U.S. federal jurisdiction?

Yes  No

This includes every citation, infraction, misdemeanor and/or felony, including traffic violations of \$500 or more. NOTE: Convictions that were adjudicated in the juvenile court, dismissed per Penal Code section 1000.3, or convictions two years or older under California Health and Safety Code sections 11357(b),(c),(d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to sections 1203.4, 1203.4a, or 1203.41 of the California Penal Code or equivalent non-California law **MUST** be disclosed.

Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

11. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

Yes  No

## PRACTICE IMPAIRMENT OR LIMITATIONS

~~12. Do you have a current physical or mental impairment related to drugs or alcohol?  Yes  No~~

13. Have you been adjudicated by a court to be mentally incompetent or are you currently under a conservatorship?

Yes  No

If "Yes", provide a detailed explanation of the circumstances, date and time of the court order or the duration of the conservatorship.

**Applicant Initial Here**

**NOTICE: Falsification or misrepresentation of any item or response on this application or any attachment hereto is grounds for denying or revoking a license.**

## Application Declaration / Signature

I hereby certify ~~under penalty of perjury under the laws of the State of California~~ that the information provided is true, correct and complete to the best of my knowledge, ~~to the truth and accuracy of the foregoing information contained on this application, including any attachments.~~ I also certify that I personally read and completed this application and have read the instructions.

Signature of Applicant: \_\_\_\_\_  
(Please Sign Full Name, not initials)

Signed on this \_\_\_\_\_ day of \_\_\_\_\_  
MONTH YEAR

Mail your application, attachments and fees to:

State of California  
Board of Chiropractic Examiners  
901 P Street, Suite 142A  
Sacramento, California 95814  
(916) 263-5355

### NOTICE REGARDING INFORMATION COLLECTION AND ACCESS

The information requested in the application and instructions is mandatory and is authorized to be collected in accordance with Sections 4 and 5 of the Chiropractic Initiative Act of California ('Act'), Business and Professions Code sections 115.5, 141, and 802(a) and Government Code section 11019.11 and Sections 303, 304, 317, 321.1, 322, 325, 326, 331.12.1 and 331.12.2 of Title 16, California Code of Regulations. The information requested will be used to determine qualifications for licensure and compliance with the requirements of the Act. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. ~~Disclosure of your social security number or Taxpayer Identification Number is mandatory and collection is authorized by §30 of the Business and Professions Code and Pub. L 94-455 (42 U.S.C.A. §405(c)(2)(C)). Your Social Security number or Taxpayer Identification Number will be used exclusively for tax enforcement purposes, for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number or Taxpayer Identification Number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100. Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-45 5 (42 USCA 405 (c)(2)(c) authorizes collection of your tax identification number, which will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. Per California Civil Code Section 1798.17 (Information Practices Act), the Executive Officer of the Board is responsible for maintaining information in this application. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure under Civil Code 1798.40. Requests for information may be addressed to the custodian of records at the following: Board of Chiropractic Examiners, 901 P Street, Suite 142A, Sacramento, CA 95814, (916) 263-5355.~~

Your name and official mailing address listed on this application will be disclosed to the public upon request if and when you become licensed as required by Business and Professions Code section 27.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the board. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid.

Per sections 115.4 and 115.5 of the Business and Professions Code, the licensure process will be expedited for spouses of active duty military who are stationed in California and who hold a current license in another state, district or territory of the United States.



Edmund G. Brown Jr., Governor

### VERIFICATION OF PRECHIROPRACTIC HOURS

NAME OF APPLICANT: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_

Matriculation Date: \_\_\_\_\_ Total Semester Credits: \_\_\_\_\_

Pursuant to the Chiropractic Initiative Act section 5, each applicant for licensure must have satisfactorily completed prechiropractic college credits prior to matriculation into the Doctor of Chiropractic program. These credits must be in accordance with the standards adopted by the Council on Chiropractic Education. Below provide the name(s) of colleges where the units were completed.

LIST NAME(S) OF COLLEGES AND/OR UNIVERSITIES ATTENDED (if additional space is needed attach a separate sheet)

1.	2.
3.	4.
5.	6.

I certify that the above named individual, did satisfactorily meet or exceed, the prechiropractic college credits required prior to matriculation into the Doctor of Chiropractic program. I declare ~~under penalty of perjury under the laws of the State of California~~ that the information provided is true, correct and complete to the best of my knowledge.

Only the ~~President, Dean or~~ Registrar or a chiropractic college official authorized to verify academic records may sign this form.

\_\_\_\_\_  
PRINT NAME TITLE DATE

\_\_\_\_\_  
SIGNATURE CHIROPRACTIC COLLEGE PHONE #

\_\_\_\_\_  
CITY, STATE

(Place imprint of the Chiropractic School Seal anywhere within this area)

T (916) 263-5355  
F (916) 327-0039  
TT/TDD (800) 735-2929  
Consumer Complaint Hotline  
(866) 543-1311

Board of Chiropractic Examiners  
901 P Street, Suite 142A  
Sacramento, CA 95814  
[www.chiro.ca.gov](http://www.chiro.ca.gov)

## CHIROPRACTIC COLLEGE CERTIFICATE

NAME OF APPLICANT: \_\_\_\_\_

Last

First

Middle

<b>Subject</b>	<b>Minimum Hours Required</b>	<b>Hours Completed by Applicant</b>
Anatomy, including embryology, histology, and human dissection	616	
Physiology (must include laboratory work)	264	
Biochemistry, clinical nutrition, and dietetics	264	
Pathology, bacteriology, and toxicology	440	
Public health, hygiene and sanitation, and emergency care	132	
Diagnosis	792 including: 1) E.E.N.T. 2) Serology 3) Dermatology 4) Syphilology 5) Geriatrics 6) X-ray interpretation 7) Neurology	
Obstetrics, gynecology and pediatrics	132	
Principles and practice of chiropractic	518 including: 1) Chiro.technique 2) Chiro.philosophy 3) Orthopedics 4) X-ray technique & radiation protection 5) 430 clinic hours including office procedures	
Physiotherapy	120	
Psychiatry	32	
Total Hours (include required subjects and electives)	4,400	

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Clinical Experience	Minimum Hours Required	Hours Completed by Applicant
1) Physical Examinations	25 (10 NOT student patients)	
2) Urinalysis	25	
3) CBC's	20	
4) Blood chemistries	10	
5) X-ray examinations	30	
6) Proctological examinations	10	
7) Gynecological examinations	10	
8) Patient treatments including diagnostic, adjustive technique, and patient evaluation	250	
9) Written interpretation of X-ray (film or slide)	30	
10) Practical clinical experience hours	518	
11) Physiotherapy procedures performed by the student on their own clinic patients	30	

**Affidavit Certification**

I hereby certify that I am in possession and control of the records of students' attendance of the \_\_\_\_\_ Chiropractic College and said records disclose that the aforementioned student entered this institution on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ and graduated on the day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, completing \_\_\_\_\_ school terms of \_\_\_\_\_ months resident student enrollment. This student completed the hours documented on the table above. These hours include resident and transfer credit granted toward the degree of Doctor of Chiropractic. I hereby certify ~~under penalty of perjury~~ that the information provided is true, correct and complete to the best of my knowledge.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
CHIROPRACTIC COLLEGE

\_\_\_\_\_  
CITY, STATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(AFFIX COLLEGE SEAL)