

Check Sheet for the “Application for a Chiropractic License “

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. 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 Chiropractic License. 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. 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.)**

For all **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 police/incident 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.

CALIFORNIA APPLICANTS - FINGERPRINTS

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

OUT-OF-STATE APPLICANTS - FINGERPRINTS

You may submit rolled fingerprints on cards provided by the CA Board of Chiropractic Examiners. These 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 CHIROPRACTIC LICENSE

READ all instructions prior to completing this application. **ALL** questions on this application must be answered, and all supporting documents must be submitted as per instructions. When space provided is insufficient, attach additional sheet(s) of paper. All attachments are considered part of the application. **Standard processing time is three to five months.** If you are an out-of-state applicant, contact our office for the required fingerprint cards. **Licensing application processing fee is \$100.00.** If you are submitting cards, include an additional \$49.00 for processing. All fees are non-refundable. Make your check payable to "BOCE".

Type or print clearly

NAME:		Last	First	Middle
Other names you have used (include maiden name):				
ADDRESS: Number and Street (will be released to the public once you are licensed UNLESS you update with a practice address)				
City		State		Zip Code
Telephone Number (include area code) Home:		Driver's License Number / State		
Work:		Expiration Date:		
Date of Birth:		Social Security Number:		
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Attach (do not staple) photo of applicant taken within 60 days of filing this application Photo no larger than the box				

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

Chiropractic college/s attended:

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

FOR OFFICE USE ONLY
Cashiered Date: _____
Amount Rec'd: _____

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

2. Have you ever been licensed to practice chiropractic in any state, province or territory? Yes No

Jurisdiction	License Number	Date of Issuance	Dates of Practice

If "Yes", have each chiropractic agency submit license verification to the CA Board of Chiropractic Examiners

3. Do you hold any other professional license in any state, province or territory? Yes No
 If yes: Profession: _____ Issuing Agency: _____ Lic #: _____

Has this license ever been revoked or subject to discipline? Yes No

If "Yes", provide all official documentation regarding the matter in addition to a written explanation. You are also required to report any matter that is PENDING or in which charges have been DROPPED or EXPUNGED.

If you answer "Yes" to questions 4 through 13, provide official documentation regarding the matter in addition to your written personal explanation. Applicant must provide official certified hearing/court documents and original letters of explanation from chiropractic colleges. If these documents are not provided with the application, they will be requested before review of the application can be processed. APPLICANTS ARE REQUIRED TO REPORT ANY MATTER THAT IS PENDING OR IN WHICH CHARGES HAVE BEEN DROPPED or EXPUNGED.

4. Have you ever withdrawn from, or been suspended, dismissed or expelled from a chiropractic college OR have you ever taken a leave of absence? Yes No

If you answered "yes", both applicant and college must provide details on a separate attachment

For all below, also include any disciplinary actions by the U.S. Military, U.S. Public Health Service, or other U.S. federal government entity:

5. 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 any licensing board, or other agency, or hospital? Yes No

6. Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders, or letters or warning, regarding any healing arts license which you now hold or have ever had? Yes No

7. Is any such action as described above pending? Yes No

If you answered "yes" to 5, 6, or 7 provide details on a separate attachment

8. 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, judgement, or arbitration award of over \$3,000.00? Yes No

If you answered "yes" provide details on a separate attachment

Applicant Initial Here

9. Have you ever been denied a license, permission to practice chiropractic or any other healing art, or denied permission to take an examination in any state, territory, country, or U.S. federal jurisdiction, or is any such action pending? Yes No

If you answered "yes" provide details on a separate attachment

10. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing arts in this or any other state, or is any such action pending? Yes No

If you answered "yes" provide details on a separate attachment

11. Do you have any condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety, including but not limited to, any of the following? Yes No

If "Yes", check the appropriate box(es):

- A condition which required admission to an inpatient psychiatric treatment facility
- Alcohol or chemical substance dependency or addiction
- Emotional, mental or behavioral disorder
- Other (explain): _____

FOR THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIDE AND DISMISSED OR EXPUNGED, OR WHERE A STAY OF EXECUTION HAS BEEN ISSUED. TRAFFIC VIOLATIONS OF \$500 OR LESS NEED NOT BE REPORTED.

12. Have you ever been convicted or pled guilty or pled nolo contendere to ANY violation (include every misdemeanor or felony) of any local, state, or federal law of any state, territory, country, or U.S. federal jurisdiction? Yes No

13. Is any criminal action related to the above pending? Yes No

If you answered "Yes" to questions 12 or 13, attach a written DETAILED explanation, obtain a copy of the arrest report and include CERTIFIED copies of all court documents for each conviction. Include proof of completion of any terms of probation.

SPECIAL ACCOMMODATIONS

14. Do you have a disability or impairment for which you may need assistance during the written California Law & Professional Practice Examination (CLPPE)? Yes No

If "Yes", describe the nature of your disability and the accommodations you are requesting?

Attach the following:

- Current documentation from a doctor, psychologist, psychiatrist, or other appropriate professional certifying your disability

Applicant Initial Here

Application Declaration / Signature

*I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the foregoing information contained on this application, including any attachments. I also certify that I personally completed this application and have read and understood the instructions. **I understand that falsification or misrepresentation of any item or response on this application or any attachment hereto is a sufficient basis for denying or revoking a license.***

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

Section 5 of the Chiropractic Initiative Act of California and Sections 331.12.1 and 331.12.2 of Article 4 of Title 16, California Code of Regulations require that the Board of Chiropractic Examiners request the information on this application. Failure to provide the information is sufficient reason for the Board to reject the application as incomplete and deny licensure.

The information you provide, unless kept confidential by law or exempted under the Information Practices Act, will become public record and may be shared with attorneys and law enforcement agencies which assist the Board in enforcing the laws and regulations pertaining to the practice of chiropractic in California. Subject to the provisions of the Information Practices Act, you may review or obtain copies of information contained in your records from the Board's office.

Disclosure of your U.S. Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN 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 SSN, your application for licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

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.