BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

MEMORANDUM

Date: July 17, 2014

To: BCE Board Members

From: Dixie Van Allen
Policy Analyst

Telephone: (916) 263-5355 x 5329

Subject: Agenda Item #14 - **Consideration of and Possible Action Regarding Proposed Regulations to Implement Recommendations to Strengthen Enforcement Programs Pursuant to the Consumer Protection Enforcement Initiative (CPEI)**

In 2009, the Consumer Health Protection Enforcement Act [SB 1111 (McCleod)] was introduced, with the Department of Consumer Affairs (DCA) as the sponsor, in response to systemic problems that limited boards' ability to investigate and act on cases in a timely manner. This bill failed passage, and in 2010, DCA launched the Consumer Protection Enforcement Initiative in an effort to improve enforcement processes for healing arts boards and improve patient safety.

Although the Board was not a part of DCA at that time, the CPEI provisions were carefully reviewed by the Board and some were determined to be in conflict with the Chiropractic Initiative Act of California (Stats. 1923, p.1xxviii) and could not be implemented. The Board identified several provisions which would improve enforcement processes and voted to implement the selected provisions through the rulemaking process resulting in the Omnibus Consumer Protection Regulations.

The Omnibus Consumer Protection Regulations proposal has undergone numerous drafts and resubmissions to the Office of Administrative Law to become regulation but has not been successfully adopted. Following is a summary of the rulemaking packages noticed to the public and the result of each rulemaking proposal:

1. Package 1 – Noticed on December 31, 2010 and included the following provisions:
    - 303 – Filing of Addresses
    - 304 – Discipline by Another Jurisdiction
    - 304.5 – NPDB and HIPDB Searches
    - 308 – Display of License

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, California 95814
www.chiro.ca.gov

- 317.2 – Gag Clauses in Civil Agreements Prohibited
- 317.3 – Licensee Reporting Requirements
- 317.4 – Suspension or Termination of Licensed Chiropractor by Another Chiropractor
- 321.1 – Physical or Mental Examination of Applicants
- 390.7 – Settlement in Lieu of Accusation or Statement of Issues
- 390.8 – Sexual Contact with Patient
- 390.9 – Required Actions Against Registered Sex Offenders

Result – Withdrawn by Board on June 3, 2011 due to costs involved with proposed section 304.5 and concerns raised through public comment on section 317.4.

2. Package 2 – Noticed on June 10, 2011 and included the following provisions:
   - 303 - Filing of Addresses
   - 304 – Discipline by Another Jurisdiction
   - 308 – Display of License
   - 317.2 – Gag Clauses in Civil Agreements Prohibited
   - 317.3 – Licensee Reporting Requirements
   - 321.1 – Physical or Mental Examination of Applicants
   - 390.7 – Settlement in Lieu of Accusation or Statement of Issues
   - 390.8 – Sexual Contact with Patient
   - 390.9 – Required Actions Against Registered Sex Offenders

   Result – Withdrawn by the Board on April 6, 2012 due to concerns with language and referred to the Enforcement Committee for further revision.

3. Package 3 – On September 20, 2012, the Board voted to commence the rulemaking process for the amended Omnibus Consumer Protection Proposal presented by the Enforcement Committee. This proposal included the following provisions:
   - 303 - Filing of Addresses
   - 304 – Discipline by Another Jurisdiction
   - 306.3 – Investigators – Authority to Inspect Premises
   - 308 – Display of License
   - 312 – Supervision of Unlicensed Individuals
   - 314 – Law Violators
   - 317.2 – Gag Clauses in Civil Agreements Prohibited
   - 317.3 – Licensee Reporting Requirements
   - 321.1 – Physical or Mental Examination of Applicants
   - 384.1 – Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation
   - 390.7 – Sexual Contact with Patient
   - 390.8 – Required Actions Against Registered Sex Offenders

   Result – The proposal was noticed on January 18, 2013, and underwent two subsequent 15-day comment periods. The proposal was presented for

possible adoption at the October 29, 2013 board meeting; however, was not adopted due to concerns with the language in proposed section 390.7. The Board voted to refer the proposal to the Enforcement Committee for further review and revision. The rulemaking package expired on January 18, 2014.

The Omnibus Consumer Protection Regulation proposed language is attached for your consideration and shows additions to current language in single underline and deletions in single strikeout.

TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS
Proposed Omnibus Consumer Protection Regulations

§303. Filing of Addresses.

(a) Each person holding a license ~~to practice chiropractic in the State of California under any and all laws administered by the board~~ shall file with the board his or her proper and current ~~place of~~ physical practice address ~~of his principal office~~ and, where appropriate, each and every ~~sub-office~~ satellite office~~, with the board at its office in Sacramento and shall immediately notify the board at its said office of any and all changes of place of practice address, giving both his old and his new address within 30 days of change~~. If a licensee does not have a practice address, the licensee may file with the board his or her proper and current residence address. The address provided pursuant to this paragraph shall be public information unless the licensee also submits an alternate address pursuant to paragraph (b).

(b) In addition to the address filed pursuant to paragraph (a), a licensee may designate a post office box number or other alternate address as the address of record that shall be public information.

(c) Each licensee shall report to the board each and every change of address within 30 (thirty) days after each change, giving both the old and new addresses. The change of address shall be submitted in writing and mailed or faxed to the board at its office in Sacramento.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Business and Professions Code Section 27. Reference: Section 1000-10(a), Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923 p. 1xxxviii)) and Section 136 of the Business and Professions Code.

§304. Discipline by Another ~~State~~ Jurisdiction.

~~The revocation, suspension, or other discipline by another state of a license or certificate to practice chiropractic, or any other health care profession for which a license or certificate is required, shall constitute grounds for disciplinary action against a chiropractic licensee or grounds for the denial of chiropractic licensure of an applicant in this state.~~

(a) Any disciplinary action taken against a licensee by another licensing entity or authority of this state or of another state or an agency of the federal government or province thereof, or the United States Military or a foreign government or any other jurisdiction shall constitute unprofessional conduct.

(b) Disciplinary action is defined as any revocation, suspension, probation, or reprimand of a professional license.

NOTE: Authority cited: Sections 1000-4(b) and 1000-10(a), ~~of the~~ Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. ~~I~~1xxxviii)). Reference: Sections 1000-4(b) and 1000-10(a) ~~of the~~ (Chiropractic Initiative Act of California (Stats. 1923, p. ~~I~~1xxxviii)) and Sections 141 and 480, Business and Professions Code.

§306.3. Investigators; Authority to Inspect Premises.

The board or its designee may inspect the physical premises of any chiropractic office during regular business hours. Failure by a licensee to allow such an inspection shall be considered as unprofessional conduct.

NOTE~~ote~~: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Sections 1000-4(b), 1000-4(e) and 1000-4(h), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).

§308. Display of License.

(a) Each person holding a license shall prominently display ~~a~~ their current active license in the entry area or waiting area of their principal place of business ~~a conspicuous place in the licensee's principal office or primary place of practice~~.

(b) Any licensed ~~D~~doctor of ~~C~~chiropractic with more than one place of practice shall obtain from the Board a Satellite Office Certificate for each additional place of practice. Said certificate must be renewed annually.

(c) A licensed ~~D~~doctor of ~~C~~chiropractic must prominently display ~~in a conspicuous place~~ a current active Satellite Office Certificate in the entry area or waiting area of ~~at~~ the office for which it was issued at all times while treating, examining or evaluating patients at that location.

(d) Notwithstanding subdivisions (b) and (c), any licensed doctor of chiropractic who is practicing in a mobile setting, such as at a health fair, a sporting event, or a patient's home, shall not be required to obtain and display a satellite certificate. However, any licensee practicing in such a mobile setting must at all times carry a current and active pocket license and shall make their pocket license available for inspection to a representative of the Board or any member of the public immediately upon request.

(e) No licensed ~~D~~doctor of ~~C~~chiropractic shall display any chiropractic license, certificate or registration, which is not currently active and valid.

NOTE: Authority cited: Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)) and Section 104 of the Business and Professions Code. Reference: Sections 1000-5, 1000-7 and 1000-12, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)) and Section 104, Business and Professions Code.

§ 312. ~~Illegal Practice~~ Supervision of Unlicensed Individuals.

~~Unlicensed individuals are not permitted to diagnose, analyze, or perform a chiropractic adjustment.~~ An "unlicensed individual" is defined as any person, including a student or graduate of a chiropractic institution, who does not hold a valid California chiropractic license. An exemption is hereby created for students ~~doctors~~ participating in board approved preceptorship programs sponsored by chiropractic institutions holding status with the Council on Chiropractic Education or seeking such status.

The licensed doctor of chiropractic shall initially examine and prepare a written treatment plan for a patient prior to the provision of physiotherapy treatment. The unlicensed individual shall follow and provide only the treatment defined in the written plan.

(a) The permitted activities of unlicensed individuals are as follows:

(~~a~~1) Unlicensed individuals may take the history of a patient. ~~However, this activity is separate from the consultation which at all times must be conducted by the licensed doctor.~~ The licensed doctor of chiropractic must confirm the history with the patient and determine all appropriate evaluations, imaging, examinations and referrals.

(~~b~~2) Unlicensed individuals may conduct standard neurological, orthopedic, physical and chiropractic examinations~~,~~ at the direction of the licensed doctor of chiropractic. ~~except they may not perform such examinations which require diagnostic or analytic interpretations nor may they~~ Unlicensed individuals may not render a conclusion either verbally or in writing to a patient regarding the patient's ~~physical~~ condition. ~~As an example, unlicensed individuals may not perform evaluations of heart or lung soundings.~~ Such individuals shall be at all times under the ~~immediate and~~ direct supervision of a licensed ~~D~~doctor of ~~C~~chiropractic.

"~~Immediate and d~~Direct supervision" means the licensed ~~D~~doctor of ~~C~~chiropractic shall be at all times ~~on the premises~~ present in the same chiropractic facility where the examinations are being conducted. The licensed ~~D~~doctor of ~~C~~chiropractic shall be responsible for the verification of the recorded findings and will be solely responsible for rendering a conclusion based on the findings.

(~~c~~3) Unlicensed individuals may administer ~~physical~~ physiotherapy treatments as an adjunct to chiropractic adjustment, provided the ~~physical~~ physiotherapy treatment is conducted under the ~~adequate~~ indirect supervision of a licensed ~~D~~doctor of ~~C~~chiropractic.

~~Adequate~~ "Indirect supervision" means ~~shall include all of the following:~~
~~(1) T~~the licensed doctor of chiropractic shall be present in the same chiropractic facility with the unlicensed individual at least fifty percent of any work week or portion thereof the said individual is on duty unless this requirement has been waived by the board.

The licensed doctor of chiropractic shall be readily available to the said individual at all other times for advice, assistance and instruction.

~~(2) The doctor shall initially examine and prepare a written treatment program for a patient prior to the providing of physical therapy treatment by the unlicensed individual.~~

~~(3) The doctor shall provide periodic reevaluation of the treatment program and of the individual's performance in relation to the patient. "Periodic reevaluation" shall mean at least once every thirty days the patient is under active care.~~

~~(4) The doctor shall perform and record an evaluation of the patient and his or her response to treatment at the termination thereof.~~

(~~d~~4) The licensed doctor of chiropractic is responsible for evaluating a radiographic image before any markings are added that obstruct portions of a body part. The licensed doctor of chiropractic may refer the evaluation of radiographic images to a radiologist. Following the licensed doctor of chiropractic's review of the radiograph, the ~~U~~unlicensed individual~~s~~ may mark X-ray films administered by a licensed ~~D~~doctor of ~~C~~chiropractic. "Marking X-rays" is defined as drawing and measuring between reference points and making angular and linear measurements. Unlicensed individuals are not permitted to make any diagnostic conclusions or chiropractic analytical listings.~~,~~ ~~and t~~ The licensed doctor of chiropractic is responsible for any pathological entities covered or obstructed by the markings.

(~~e~~b) Unlicensed individuals may not:

(1) ~~A~~administer X-rays unless they hold a valid X-ray technician certificate ~~from the~~ issued by the Department of Public Health ~~Services~~, Radiologic Health Branch, or participate under the direct supervision of a licensed ~~D~~doctor of ~~C~~chiropractic ~~in a~~ as part of a training program approved by that department and set forth in Section 25668.1 of the California Health and Safety Code. This prohibition, set forth in Section 30403 of Title 17 of the California Administrative Code includes the following activities:

(~~1~~A) Positioning of patient;

(~~2~~B) Setting up of X-ray machines;

(~~3~~C) Pushing a button to generate a radiographic beam;

(4D) Developing of films. However, ~~T~~the Department of Public Health ~~Services~~, Radiologic Health Branch has determined that unlicensed individuals may develop X-ray film if that is their sole radiologic responsibility.

(2) Unlicensed individuals are not permitted to diagnose, analyze, or perform a chiropractic adjustment.

(c) Unlicensed individuals who exceed the permitted scope of practice set forth in this regulation shall be in violation of Section 15 of the Chiropractic Initiative Act and shall be prohibited from applying for a California chiropractic license for such time as may be determined by the board. Students ~~doctors~~ participating in board approved preceptorship programs sponsored by chiropractic institutions holding status with the Council on Chiropractic Education or seeking such status are not to be considered "unlicensed individuals" when working in said program.

(d) A violation of this section shall constitute unprofessional conduct and may subject the licensee to disciplinary action.

NOTE: Authority cited: Section 1000-4(b), ~~of the~~ Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. ~~l~~1xxxviii)). Reference: Section 1000-15, ~~of the~~ Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. ~~l~~1xxxviii)) and Section 25668.1, California Health and Safety Code; Section 30403 of Title 17, California Administrative Code.

§314. Law Violators.

It shall be the duty of every licensee to notify the Executive Officer or his or her designee of any violation of the act~~,~~ and statutes governing the practice of chiropractic, or of these rules and regulations, in order that the board may take disciplinary action.

Note: Authority cited: Sections 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii). Reference: Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii).

§317.2. Gag Clauses in Civil Agreements Prohibited.

(a) A licensee shall not include or permit to be included any of the following provisions in an agreement to settle a civil dispute arising from his or her practice, whether the agreement is made before or after the filing of an action:

(1) A provision that prohibits another party to the dispute from contacting or cooperating with the board.

(2) A provision that prohibits another party to the dispute from filing a complaint with the board.

(3) A provision that requires another party to the dispute to attempt to withdraw a complaint he or she has filed with the board.

(b) A violation of this section constitutes unprofessional conduct and may subject the licensee to disciplinary action.

NOTE: Authority cited: Sections 1000-4(b), and 1000-10 (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)) and Section 475, Business and Professions Code. Reference: Section 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)) and Section 475, Business and Professions Code.

§317.3. Licensee Reporting Requirements.

(a) A licensee shall report any of the following to the board:

(1) The bringing of an indictment or information charging a felony against the licensee.

(2) The conviction of the licensee, including any verdict of guilty, or plea of guilty or no contest, of any felony or misdemeanor.

(3) Any disciplinary action, as defined in section 304.

(b) The report required by this subdivision shall be made in writing within 30 days of the date of the bringing of the indictment or the charging of a felony, the conviction, or the disciplinary action.

(c) Failure to make a report required by this section shall constitute unprofessional conduct.

NOTE: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)). Reference: Section 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)).

§321.1. Physical or Mental Examination of Applicants.

(a) In addition to any other requirements for licensure, whenever it appears that an applicant for a license may be unable to perform as a chiropractor safely because the applicant's ability to perform may be impaired due to mental illness or physical illness affecting competency, the board may order the applicant to be examined by one or more physicians and surgeons, chiropractors, or psychologists designated by the board. The board shall pay the full cost of such examination.

(b) An applicant's failure to comply with an order issued under subdivision (a) shall render his or her application incomplete.

(c) The report of the evaluation shall be made available to the applicant.

(d) If after receiving the evaluation report the Board determines that the applicant is unable to safely practice, the Board may deny the application.

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(e), Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)). Reference: Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)).

384.1 Petitions for Reinstatement, Reduction of Penalty, or Early Termination of Probation

(a) In petitioning for Reinstatement under Section 1000-10(c) Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii) or Reduction of Penalty which would include Early Termination of Probation under Government Code section 11522, the petitioner has the burden of demonstrating any rehabilitative or corrective measures he or she has taken since the revocation or disciplinary action and, that he or she has the necessary and current qualifications and skills to safely engage in the practice of chiropractic within the scope of current law, and accepted standards of practice.

(b) In reaching its determination the Board may consider various factors including the following:

(1) The original violation(s) for which action was taken against the petitioner's license including:

(A) The type, severity, number, and length of violations.

(B) Whether the violation involved intentional, negligent or other unprofessional conduct.

(C). Actual or potential harm to the public, patients, or others.

(D) The length of time since the violation(s) was committed.

(2) Prior disciplinary and criminal actions also taken against the petitioner by the Board, any State, local or Federal agency or court including:

(A) The petitioner's compliance with all terms of probation, parole, previous discipline or other lawfully imposed sanctions including any order of restitution.

(B) Whether the petitioner is currently on or has been terminated from probation or other lawfully imposed sanction.

(C) The petitioner's legal and regulatory history to and since the violation(s).

(3) The petitioner's attitude toward his or her commission of the original violation(s) and his or her attitude in regard to compliance with legal sanctions and rehabilitative efforts.

(4) The petitioner's documented rehabilitative efforts including:

(A) Efforts to maintain and/or upgrade professional skills and knowledge through continuing education or other methods.

(B) Efforts to establish safeguards to prevent repetition of the original violation(s) including changes or modifications in policies, structure, systems, or methods of behavior applicable to the petitioner's chiropractic practice.

(C) Service to community or charitable groups.
(D) Voluntary restitution to those affected by the original violation(s).
(E) Use of appropriate professional medical or psychotherapeutic treatment.
(F) Participation in appropriate self-help and/or rehabilitation groups.
(G) Use of appropriate peer review mechanisms.
(H) Participation in professional chiropractic organizations or associations.

(5) Assessment of the petitioner's rehabilitative and corrective efforts including:
(A) Whether the efforts relate to the original violation(s).
(B) The date rehabilitative efforts were initiated.
(C) The length, time, and expense associated with rehabilitative efforts or corrective actions.
(D) The assessment and recommendations of qualified professionals directly involved in the petitioner's rehabilitative efforts or acting at the request of the Board, including their description of the petitioner's progress and their prognosis of the petitioner's current ability to practice chiropractic.
(E) The petitioner's reputation for truth, professional ability and good character since the commission of the original violation(s).
(F) The nature and status of ongoing and continuing rehabilitation efforts.
(c) In addition, the Board may consider other appropriate and relevant matters not listed in the above guidelines.

(d) All statements to be introduced at hearing must be made in person or pursuant to Government Code Section 11514 (evidence by affidavit). All other statements not made in person or pursuant to Government Code Section 11514 must be under oath and will be considered only as administrative hearsay.

(e) A petition for reinstatement shall be submitted on an application form (Form # 09PRRL – Revised 08/2013) prescribed and provided by the board, and titled "Petition for Reinstatement of Revoked License," accompanied by such evidence, statements, or documents as are therein required, and filed with the board at its office in Sacramento.

(f) A petition for early termination of probation shall be submitted on an application form (Form # 09PTP – Revised 08/2013) prescribed and provided by the board, and titled "Petition for Early Termination of Probation," accompanied by such evidence, statements, or documents as are therein required, and filed with the board at its office in Sacramento.

(g) A petition for reduction of penalty shall be submitted on an application form (Form # 09PRP – Revised 08/2013) prescribed and provided by the board, and titled "Petition for Reduction of Penalty," accompanied by such evidence, statements, or documents as are therein required, and filed with the board at its office in Sacramento.

(h) A petitioner pursuant to Section 1000-10(c) Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)) whose license has been revoked or cancelled may not petition the board for reinstatement until two (2)

years has elapsed since the effective date of the decision revoking the license or the date the license was cancelled.

NOTE: Authority cited: Sections 1000-4(b) 1000-10(c) Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)); Section 1003 Business and Professions Code; and Sections 11514 and 11522 Government Code. Reference: Sections 1000-4(b) and 1000-10(c) Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)).

§390.7. Sexual Contact With Patient.

Except as otherwise provided, any proposed decision or decision issued in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding that the licensee engaged in any act of sexual contact, as defined in subdivision (c)(3) of Section 729 of the Business and Professions Code, shall contain an order of revocation. A proposed decision shall not contain a stay of the revocation.

NOTE: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)). Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)).

§390.8. Required Actions Against Registered Sex Offenders.

(a) Except as otherwise provided, with regard to an individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code, or the equivalent in another state or territory, under military law, under federal law, or by a foreign government, or any other jurisdiction or province thereof, the board shall be subject to the following requirements:

(1) The board shall deny an application by the individual for licensure in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

(2) If the individual is licensed under Chiropractic Initiative Act, the board shall promptly revoke the license of the individual in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. The board shall not stay the revocation nor place the license on probation.

(3) The board shall not reinstate or reissue the individual's license. The board shall not issue a stay of license denial nor place the license on probation.

(b) This section shall not apply to any of the following:

(1) An individual who has been relieved under Section 290.5 of the Penal Code of his or her duty to register as a sex offender, or whose duty to register has otherwise been formally terminated under California law or the law of the jurisdiction that requires his or her registration as a sex offender, provided, however, that nothing in this paragraph shall prohibit the Board from exercising its discretion to deny or discipline a license under any other provision of state law.

(2) An individual who is required to register as a sex offender pursuant to Section 290 of the Penal Code solely because of a misdemeanor conviction under Section 314 of the Penal Code. However, nothing in this paragraph shall prohibit the healing arts board from exercising its discretion to deny or discipline a license under any other provision of state law based upon the licensee's conviction under Section 314 of the Penal Code.

(3) Any administrative adjudication proceeding under Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code that is fully adjudicated prior to [insert effective date]. A petition for reinstatement of a revoked or surrendered license shall be considered a new proceeding for purposes of this paragraph, and the prohibition against reinstating a license to an individual who is required to register as a sex offender shall be applicable.

NOTE: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)). Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California (Stats. 1923, p. 1xxxviii)).

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Petition for Early Termination of Probation

Petitions for early termination of probation will not be accepted until one year after the effective date of the Board's decision or from the date of the denial of a similar petition. The decision on the petition will be made by the full Board in accordance with Section 11522 of the Government Code.

All items of information in the application are mandatory. Failure to provide any of the requested information, or the application fee, will deem this application incomplete.

FOR OFFICE USE ONLY	
Date Cashiered:	Amount:

Name: (Last, First, Middle)		Board Meeting Date Requested:	
Business Address:	City:	State:	Zip:
Home Telephone No.:	Work Telephone No.:	License Number:	Date Issued:

1) Have you ever petitioned for early termination of probation? ☐ Yes ☐No
If yes, please provide the date(s):

2) List all states where you have ever been licensed as a DC, including license number and status of each license:

3a) Have you ever had a DC license or other professional license or certificate disciplined by another state, another California board/bureau or any governmental agency? *(Includes surrender of license)* ☐Yes ☐No

b) Have you had an application for any professional license or certification denied? ☐ Yes ☐ No

If you answered yes to either question above, please provide an explanation:

4a) Have you been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance since your Board disciplinary action? You must include all infractions, misdemeanor and felony convictions, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than $500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.)

☐ Yes ☐ No

b) Are you currently on court-imposed probation or parole? ☐ Yes ☐ No

c) Are you currently subject to an order of registration as a sex offender pursuant to Section 290 of the Penal Code?

☐ Yes ☐ No

If you answered yes to any questions above, please provide an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.):

5) Summarize the nature of the act(s) causing the disciplinary action against your California DC license:

6) Explain fully why you feel your probation should be terminated early:

7) In addition to the terms of your probation, what other rehabilitative or corrective measures have you taken since your license was disciplined to support your petition for early termination of probation? List dates, nature or programs, and current status. You may include any community service or volunteer work. (Attach or submit documents to support your statements.)

8) List any education courses you have completed since the date of disciplinary action, including dates, location, type of course and number of hours/units: (Attach or submit documentation to support your statements.)

9) Provide a chronological list of your employment history since the date of disciplinary action against your DC license. Include beginning and ending dates, name and address of employer, job title, description of duties, and reason(s) for leaving.

I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____ **Date:** _____

BOARD of CHIROPRACTIC EXAMINERS
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Petition for Reduction of Penalty

Petitions for reduction of the probation penalty will not be accepted until one year after the effective date of the Board's decision or from the date of the denial of a similar petition. The decision on the petition will be made by the full Board in accordance with Section 11522 of the Government Code.

All items of information in the application are mandatory. Failure to provide any of the requested information will deem this application incomplete.

FOR OFFICE USE ONLY	
Date Cashiered:	Amount:

Name: (Last, First, Middle)		Board Meeting Date Requested:	
Business Address:	City:	State:	Zip:
Home Telephone No.:	Work Telephone No.:	License Number:	Date Issued:

1) Have you ever petitioned for reduction of penalty? ☐ Yes ☐No
If yes, please provide the date(s):

2) List all states where you have ever been licensed as a DC. Include the license number and status of each license:

3a) Have you ever had a DC license or other professional license or certificate disciplined by another state, another California board/bureau or any governmental agency? *(Includes surrender of license)* ☐Yes ☐No

b) Have you had an application for any professional license or certification denied? ☐ Yes ☐ No

If you answered yes to either question above, please provide an explanation:

4a) Have you been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance since your Board disciplinary action? You must include all infractions, misdemeanor and felony convictions, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than $500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.)

☐ Yes ☐ No

b) Are you currently on court-imposed probation or parole? ☐ Yes ☐ No

c) Are you currently subject to an order of registration as a sex offender pursuant to Section 290 of the Penal Code?

☐ Yes ☐ No

If you answered yes to any questions above, please provide an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.):

5) Summarize the nature of the act(s) causing the disciplinary action against your California DC license:

6) Explain fully why you feel your probation penalty should be reduced:

7) In addition to the terms of your probation, what other rehabilitative or corrective measures have you taken since your license was disciplined to support your petition for reduction of probation penalty? List dates, nature or programs, and current status. You may include any community service or volunteer work. (Attach or submit documents to support your statements.)

8) List any education courses you have completed since the date of disciplinary action, including dates, location, type of course and number of hours/units: (Attach or submit documentation to support your statements.)

9) Provide a chronological list of your employment history since the date of disciplinary action against your DC license. Include beginning and ending dates, name and address of employer, job title, description of duties, and reason(s) for leaving.

I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____ **Date:** _____

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

Petition for Reinstatement of Revoked License

Pursuant to Section 1000-10(c) of the Business and Professions Code (BPC) (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii), a petitioner whose license has been revoked or cancelled may not petition the board for reinstatement until two years has elapsed since the effective date of the Board's disciplinary action decision. A petitioner who is subject to Section 1003 of the Business and Professions Code may not petition the board for reinstatement until ten years has elapsed since the effective date of the decision.

All items of information in the application are mandatory. In addition, petitioners for reinstatement of a license must submit either the second copy of their completed Live Scan form (California residents) or fingerprint cards and a $51.00 fee (out-of-state residents) with this application. Failure to provide any of the requested information will deem this application incomplete.

FOR OFFICE USE ONLY	
Date Cashiered:	Amount:

Name: (Last, First, Middle)		Board Meeting Date Requested:	
Address of Record:	City:	State:	Zip:
Home Telephone No.:	Work Telephone No.:	License Number:	Date Issued:

1) List all states where you have ever been licensed as a DC, including license number and status of each license:

2a) Have you ever had a DC license or other professional license or certificate disciplined by another state, another California board/bureau or any governmental agency? *(Includes surrender of license)* ☐Yes ☐No

b) Have you had an application for any professional license or certification denied? ☐ Yes ☐ No

If you answered yes to either question above, please provide an explanation:

3a) Have you been convicted of or pled guilty or no contest to a violation of any law of a foreign country, the United States, any state, or local ordinance since your Board disciplinary action? You must include all infractions, misdemeanor and felony convictions, including those which have been set aside under Penal Code sections 1000 and 1203.4. (Traffic violations that resulted in fines of less than $500 and did not involve alcohol, dangerous drugs, or controlled substances need not be reported.)

☐ Yes ☐ No

b) Are you currently on court imposed probation or parole? ☐ Yes ☐ No

c) Are you currently subject to an order of registration as a sex offender pursuant to Section 290 of the Penal Code?

☐ Yes ☐ No

If you answered yes to any questions above, please provide an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.):

4) Summarize the nature of the act(s) causing the disciplinary action against your California DC license:

5) Explain fully why you feel your probation should be terminated early:

6) Relative to the acts resulting in the discipline of your California DC license, what have you done to ensure that you are now safe to practice chiropractic? (Attach or submit documents to support your statements.)

7) List any education courses you have completed since the date of disciplinary action, including dates, location, type of course and number of hours/units: (Attach or submit documentation to support your statements.)

8) List all chiropractic materials you have studied during the last year.

9) List all continuing education courses you have completed since your license was disciplined. Attach copies of certificates.

9) Provide a chronological list of your employment history since the date of disciplinary action against your DC license. Include beginning and ending dates, name and address of employer, job title, description of duties, and reason(s) for leaving.

I declare, under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature: _____ **Date:** _____

TITLE 16. BOARD OF CHIROPRACTIC EXAMINERS
Sponsored Free Health Care Events
ORDER OF ADOPTION

Article 1.5. Sponsored Free Health Care Events – Requirements for Exemption.

§309. Definitions.

For the purposes of section 901 of the Business and Professions Code:

(a) "Community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

(b) "Out-of-state practitioner" means a person who is not licensed in California to engage in the practice of chiropractic but who holds a current, active and valid license in good standing in another state, district, or territory of the United States to practice chiropractic.

(c) The term "in good standing" means that a person:

(1) Is not currently the subject of any investigation by any governmental entity or has not been charged with an offense for any act substantially related to the practice of chiropractic by any public agency;

(2) Has not entered into any consent agreement or been subject to an administrative decision that contains conditions placed by an agency upon the person's professional conduct or practice of chiropractic, including any voluntary surrender of license; or,

(3) Has not been the subject of an adverse judgment resulting from the practice of chiropractic that the board determines constitutes evidence of a pattern of incompetence or negligence.

NOTE: Authority cited: Sections 901, Business and Professions Code, Section 1000-4(b) Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii). Reference: Section 901, Business and Professions Code.

§309.1. Sponsoring Entity Registration and Recordkeeping Requirements.

(a) Registration. A sponsoring entity that wishes to provide, or arrange for the provision of, health care services at a sponsored event under section 901 of the Business and Professions Code shall register with the board not later than 90 calendar days prior to the date on which the sponsored event is scheduled to begin. A sponsoring entity shall register with the board, or its delegatee, by submitting to the board a completed "Registration of Sponsoring Entity Under

Business & Professions Code Section 901", Form 901-A (DCA/_2014 - revised), which is hereby incorporated by reference.

(b) Determination of Completeness of Form. The board may, by resolution, delegate to the Department of Consumer Affairs the authority to receive and process "Registration of Sponsoring Entity Under Business and Professions Code Section 901", Form 901-A (DCA/2014 - revised) on behalf of the board. The board, or its delegatee, shall inform the sponsoring entity within 15 calendar days of receipt of Form 901-A (DCA/2014 - revised) in writing that the form is either complete and the sponsoring entity is registered or that the form is deficient and what specific information or documentation is required to complete the form and be registered. The board, or its delegatee, shall reject the registration if all of the identified deficiencies have not been corrected at least 30 days prior to the commencement of the sponsored event.

(c) Recordkeeping Requirements. Regardless of where it is located, a sponsoring entity shall maintain at a physical location in California a copy of all records required by Business and Professions Code section 901 as well as a copy of the authorization for participation issued by the board to an out-of-state practitioner. The sponsoring entity shall maintain these records for a period of at least 5 years after the date on which a sponsored event ended. The records may be maintained in either paper or electronic form. The sponsoring entity shall notify the board at the time of registration as to the form in which it will maintain the records. In addition, the sponsoring entity shall keep a copy of all records required by section 901(g) of the Business and Professions Code at the physical location of the sponsored event until that event has ended. These records shall be available for inspection and copying during the operating hours of the sponsored event upon request of any representative of the board. In addition, the sponsoring entity shall provide copies of any record required to be maintained by section 901 of the Business and Professions Code to any representative of the board within 15 calendar days of the request.

(d) Requirement for Prior Board Approval of Out-of-State Practitioner. A sponsoring entity shall not permit an out-of-state practitioner to participate in a sponsored event unless and until the sponsoring entity has received written approval of such practitioner from the board.

(e) Report. Within 15 calendar days after a sponsored event has concluded, the sponsoring entity shall file a report with the board summarizing the details of the sponsored event. This report may be in a form of the sponsoring entity's choosing, but shall include, at a minimum, the following information:

(1) The date(s) of the sponsored event;

(2) The location(s) of the sponsored event;

(3) The type(s) and general description of all health care services provided at the sponsored event; and

(4) A list of each out-of-state practitioner granted authorization pursuant to this article who participated in the sponsored event, along with the license number of that practitioner.

NOTE: Authority Cited: Sections 901, Business and Professions Code, Section 1000-4(b) Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii). Reference: Section 901, Business and Professions Code.

§309.2. Out-of-State Practitioner Authorization to Participate in Sponsored Event.

(a) Request for Authorization to Participate. An out-of-state practitioner ("applicant") may request authorization from the board to participate in a sponsored event and provide such health care services at the sponsored event as would be permitted if the applicant were licensed by the board to provide those services. Authorization shall be obtained for each sponsored event in which the applicant seeks to participate.

(1) An applicant shall request authorization by submitting to the board a completed "Request for Authorization to Practice Without a License at a Registered Free Health Care Event", Form 901-B (BCE/2013), which is hereby incorporated by reference, accompanied by a non-refundable processing fee of $59.00.

(2) The applicant shall also furnish either a full set of fingerprints or submit a Live Scan inquiry to establish the identity of the applicant and to permit the board to conduct a criminal history record check. The applicant shall pay any costs for furnishing the fingerprints and conducting the criminal history record check. This requirement shall apply only to the first application for authorization that is submitted to the board by the applicant.

(b) Response to Request for Authorization to Participate. Within 20 calendar days of receiving a completed request for authorization, the board shall notify the sponsoring entity and the applicant whether that request is approved or denied.

(c) Denial of Request for Authorization to Participate.

(1) The board shall deny a request for authorization to participate if:

(A) The submitted Form 901-B (BCE/2013) is incomplete and the applicant has not responded within 7 calendar days to the board's request for additional information;

(B) The applicant does not possess a current, active and valid license in good standing;

(C) The applicant has failed to comply with a requirement of this article or has committed any act that would constitute grounds for denial under section 480 of the Business and Professions Code of an application for licensure by the board;

(D) The applicant has a current physical or mental impairment related to drugs or alcohol;

(E) The applicant has not graduated from a chiropractic college approved or recognized by the board;

(F) The board has been unable to obtain a timely report of the results of the criminal history check.

(2) The board may deny a request for authorization to participate if:

(A) The request is received less than 20 calendar days before the date on which the sponsored event will begin;

(B) The applicant has been previously denied a request for authorization by the board to participate in a sponsored event;

(C) The applicant has previously had an authorization to participate in a sponsored event terminated by the board; or

(D) The applicant has participated in 3 sponsored events during the 12 month period immediately preceding the current application.

(d) Appeal of Denial. An applicant requesting authorization to participate in a sponsored event may appeal the denial of such request by following the procedures set forth in Business and Professions Code section 309.3(d).

NOTE: Authority cited: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii) and Section 901, Business and Professions Code. Reference: Sections 1000-4(b) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii), Sections 480 and 901, Business and Professions Code, Section 11105, Penal Code, and Sections 317 and 321.1 of Title 16 of the California Code of Regulations.

§309.3. Termination of Authorization and Appeal.

(a) Grounds for Termination. The board may terminate an out-of-state practitioner's authorization to participate in a sponsored event for any of the following reasons:

(1) The out-of-state practitioner has failed to comply with any applicable provision of this article, or any applicable practice requirement or regulation of the board.

(2) The out-of-state practitioner has committed an act that would constitute grounds for discipline if done by a licensee of the board.

(3) The board has received a credible complaint indicating that the out-of-state practitioner is unfit to practice at the sponsored event or has otherwise endangered consumers of the practitioner's services.

(b) Notice of Termination. The board shall provide both the sponsoring entity and the out-of-state practitioner with a written notice of the termination, including the basis for the termination. If the written notice is provided during a sponsored event, the board may provide the notice to any representative of the sponsored event on the premises of the event.

(c) Consequences of Termination. An out-of-state practitioner shall immediately cease his or her participation in a sponsored event upon receipt of the written notice of termination.

Termination of authority to participate in a sponsored event shall be deemed a disciplinary measure reportable to the national practitioner data banks. In addition, the board shall provide a copy of the written notice of termination to the licensing authority of each jurisdiction in which the out-of-state practitioner is licensed.

(d) Appeal of Termination. An out-of-state practitioner may appeal the board's decision to terminate an authorization in the manner provided by section 901(j)(2) of the Business and Professions Code. The request for an appeal shall be considered a request for an informal hearing under the Administrative Procedure Act (commencing with section 11445.10 of the Government Code).

(e) Informal Conference Option. In addition to requesting a hearing, the out-of-state practitioner may request an informal conference with the Executive Officer regarding the reasons for the termination of authorization to participate. The Executive Officer shall, within 30 days from receipt of the request, hold an informal conference with the out-of-state practitioner. At the conclusion of the informal conference, the Executive Officer may affirm or dismiss the termination of authorization to participate. The Executive Officer shall state in writing the reasons for his or her action and mail a copy of his or her findings and decision to

the out-of-state practitioner within 10 (ten) days from the date of the informal conference. The out-of-state practitioner does not waive his or her request for a hearing to contest a termination of authorization by requesting an informal conference. If the termination is dismissed after the informal conference, the request for a hearing shall be deemed to be withdrawn.

NOTE: Authority cited: Sections 1000-4(b) Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii) and Section 901 of the Business and Professions Code. Reference: Section 901 of the Business and Professions Code.

§309.4 Additional Practice Requirements for Out-of-State Practitioners Authorized to Participate in Sponsored Free Health Care Events.

(a) Each out-of-state practitioner authorized to participate in a sponsored event and provide chiropractic services at the sponsored event pursuant to Section 309.2 shall post a notice visible to patients or prospective patients at every station that patients will be seen. This notice shall be in at least 48 point Arial font and include the following information:

NOTICE

I hold a current valid license to practice chiropractic in a state other than California. I have been authorized by the California Board of Chiropractic Examiners to provide chiropractic services in California only at this specific health fair.

California Board of Chiropractic Examiners
(800) 735-2929
www.chiro.ca.gov

NOTE: Authority cited: Sections 1000-4(b) Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii) and Section 901 of the Business and Professions Code. Reference: Section 901 of the Business and Professions Code.

SPONSORED FREE HEALTH CARE EVENTS

REGISTRATION OF SPONSORING ENTITY UNDER BUSINESS & PROFESSIONS CODE SECTION 901

In accordance with California Business and Professions Code section 901(d), a non-government organization administering an event to provide health-care services to uninsured and underinsured individuals at no cost, may include participation by certain health-care practitioners licensed outside of California if the organization registers with the California licensing authorities having jurisdiction over those professions. This form shall be completed and submitted by the sponsoring organization **at least 90 calendar days prior to the sponsored event.** *Note that the information required by Business and Professions Code section 901(d) must also be provided to the county health department having jurisdiction in each county in which the sponsored event will take place.*

PART 1 – ORGANIZATIONAL INFORMATION

1. Organization Name: _____

2. Organization Contact Information (*use principal office address*):

Address Line 1	Phone Number of Principal Office
Address Line 2	Alternate Phone
City, State, Zip	Website
County	

Organization Contact Information in California (*if different*):

Address Line 1	Phone Number
Address Line 2	Alternate Phone
City, State, Zip	
County	

3. Type of Organization:

Is the organization operating pursuant to section 501(c)(3) of the Internal Revenue Code? ____ Yes ____ No

If not, is the organization a community-based organization*?
____ Yes ____ No

Organization's Tax Identification Number _____

If a community-based organization, please describe the mission, goals, and activities of the organization (*attach separate sheet(s) if necessary*): _____

_____
_____
_____
_____
_____
_____

* A "community-based organization" means a public or private nonprofit organization that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.

PART 2 – RESPONSIBLE ORGANIZATION OFFICIALS

Please list the following information for each of the principal individual(s) who is the officer(s) or official(s) of the organization responsible for operation of the sponsoring entity.

Individual 1:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Individual 2:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

Individual 3:

Name	Title
Address Line 1	Phone
Address Line 2	Alternate Phone
City, State, Zip	E-mail address
County	

(Attach additional sheet(s) if needed to list additional principal organizational individuals)

PART 3 – EVENT DETAILS

1. Name of event, if any: _____

2. Date(s) of event (not to exceed ten calendar days): _____

3. Location(s) of the event (be as specific as possible, including address):

_____
_____
_____
_____

4. Describe the intended event; including a list of all types of healthcare services intended to be provided (*attach additional sheet(s) if necessary*): _____

_____
_____
_____
_____
_____
_____

5. Attach a list of all out-of-state health-care practitioners who you currently believe intend to apply for authorization to participate in the event. The list should include the name, profession, and state of licensure of each identified individual.

___ *Check here to indicate that list is attached.*

Note:

- Each individual out-of-state practitioner must request authorization to participate in the event by submitting an application to the applicable licensing Board or Committee.
- The organization will be notified in writing whether authorization for an individual out-of-state practitioner has been granted.

This form, any attachments, and all related questions shall be submitted to:

Department of Consumer Affairs
Attn: Sponsored Free Health-Care Events
Complaint Resolution Program
1625 North Market Blvd., Ste. S-202
Sacramento, CA 95834

Tel: (916) 574-7950
Fax: (916) 574-8676
E-mail: CRP2@dca.ca.gov

- I understand that I must maintain records in either electronic or paper form both at the sponsored event and for five (5) years in California, per the recordkeeping requirements imposed by California Business and Professions Code section 901 and the applicable sections of Title 16, California Code of Regulations, for the regulatory bodies with jurisdiction over the practice to be engaged in by out-of-state practitioners
- I understand that our organization must file a report with each applicable Board or Committee within fifteen (15) calendar days of the completion of the event.

I certify under penalty of perjury under the laws of the State of California that the information provided on this form and any attachments is true and current, and that I am authorized to sign this form on behalf of the organization:

Name Printed	Title
Signature	Date

PERSONAL INFORMATION COLLECTION, ACCESS AND DISCLOSURE

Disclosure of your personal information is mandatory. The information on this form is required pursuant to Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete. The information provided will be used to determine compliance with the requirements promulgated pursuant to Business and Professions Code section 901. The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the applicable Board or Committee, unless the records are exempted from disclosure by section 1798.40 of the Civil Code. An individual may obtain information regarding the location of his or her records by contacting the Complaint Resolution Program at the address and telephone number listed above.

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

State of California
Edmund G. Brown Jr., Governor

REQUEST FOR AUTHORIZATION TO PRACTICE WITHOUT A LICENSE AT A REGISTERED FREE HEALTH CARE EVENT

In accordance with California Business and Professions Code Section 901, any doctor of chiropractic licensed and in good standing in another state, district, or territory in the United States may request authorization from the California Board of Chiropractic Examiners (Board) to participate in a free health care event offered by a sponsoring entity, registered with the Board pursuant to Section 901, for a period not to exceed ten (10) days. The Board may deny requests for authorization received less than twenty (20) calendar days before the date on which the sponsored event will begin.

Note: If you are submitting fingerprint cards to the Board ("Ink on Cards") along with your application, the Board recommends that you submit your completed application package to the Board at least sixty (60) days prior to the scheduled event to assist in the timely processing of your fingerprint submissions through the California Department of Justice and Federal Bureau of Investigation.

PART 1 - APPLICATION INSTRUCTIONS

An application must be complete and must be accompanied by all of the following:

- A processing fee of $59.00, made payable to the Board of Chiropractic Examiners. If submitting fingerprint cards instead of using Live Scan, please submit an additional $49 fee, payable to the Board of Chiropractic Examiners, to process your fingerprint cards for a total fee of $108.00.
- A copy of each current and valid license authorizing the applicant to engage in the practice of chiropractic issued by any state, district, or territory of the United States.
- Any documents or statements requested on this application.
- Fingerprints. Fingerprints can be done with electronic Live Scan or ink on cards.

Live Scan is available only in California, for either residents or visitors, and is far speedier. A list of Live Scan locations can be found on the Board's website (www.chiro.ca.gov). Please complete this form and take it to a Live Scan service location in California and pay the fee directly to the Live Scan facility.

Your fingerprints will be transmitted electronically to the DOJ, and the DOJ will send the report directly to the Board of Chiropractic Examiners. There is a lower rate of rejection with this method.

Ink on Cards. If you are unable to come to California, you may contact the Board to obtain a copy of California "Ink on Cards" to have fingerprints made – 2 cards. Other States' resident Ink Cards will not be accepted. **Be sure to type or print legibly in black ink all the areas on both cards asking for personal information, that the cards are dated and signed by the official taking the fingerprints, and have your signature on them.** Include both fingerprint cards in your application with a $49 non-refundable processing fee. Reports on some cards are unreadable and must be redone due to factors beyond the control of the Board.

The Board will not grant authorization until this form has been completed in its entirety, all required enclosures have been received by the Board, and any additional information requested by the Board has been provided by the applicant and reviewed by the Board, and a determination has been made to grant authorization.

The Board shall process this request and notify the sponsoring entity listed in this form if the request is approved or denied within twenty (20) calendar days of receipt. If the Board requires additional or clarifying information, the Board will contact you directly. Written approval or denial of requests will be provided directly to the sponsoring entity and to the applicant.

PART 2 – GENERAL INFORMATION*

1. Applicant Name:

_____
First Middle Last

2. U.S. Social Security Number: _____ - _____ - _____ Date of Birth: _____

3. Applicant's Contact Information*:

_____ Address Line 1	_____ Phone
_____ Address Line 2	_____ Alternate Phone
_____ City, State, Zip	_____ E-mail address

(*If an authorization is issued, this address information will be considered your "address of record" with the Board and will be made available to the public upon request.)

4. Applicant's Employer: _____

Employer's Contact Information:

Address Line 1	Phone
Address Line 2	Facsimile
City, State, Zip	E-mail address (if available)

PART 3 – LICENSURE INFORMATION

1. Do you hold a current, active, and valid issued by a state, district, or territory of the United States authorizing the unrestricted practice of chiropractic in your jurisdiction(s)?

No ☐ If no, you are not eligible to participate as an out-of-state practitioner in the sponsored event.

Yes ☐ If yes, list every license authorizing you to engage in the practice of chiropractic in the following table. If there are not enough boxes to include all the relevant information, please attach an addendum to this form. Please also attach a copy of each of your current licenses.

State/ Jurisdiction	Issuing Agency/Authority	License Number	Expiration Date

2. Are you currently the subject of any investigation by any governmental entity?
___ Yes ___ No
If yes, provide a detailed explanation of the circumstances surrounding the investigation.

3. Have you ever had charges filed against a doctor of chiropractic license that you currently hold or held in the past, including charges that are still pending?
___ Yes ___ No
If yes, provide a detailed explanation and a copy of the documents relating to the filing of charges.

4. Have you ever had any disciplinary action taken against a doctor of chiropractic license or other healing arts license?

___ Yes ___ No

Disciplinary action includes, but is not limited to, suspension, revocation, probation, confidential discipline, consent order, letter of reprimand or warning, or any other restriction or action taken against a doctor of chiropractic license. If yes, provide a detailed explanation and a copy of all documents relating to the disciplinary action.

5. Have you ever surrendered a doctor of chiropractic license, either voluntary or otherwise?

___ Yes ___ No

If yes, provide a detailed explanation and a copy of all documents relating to the surrender.

6. Have you ever been the subject of a malpractice settlement or judgment?

___ Yes ___ No

If yes, provide a detailed explanation of the circumstances and outcome relating to the malpractice settlement or judgment. You may be required to provide additional information after review of your explanation.

IMPORTANT REQUIREMENT: If a disciplinary action is filed against any license you currently hold pending the Board's decision on this application for authorization, you must notify the Board in writing within 48 hours.

7. With the exception of conviction of an infraction resulting in a fine of less than $1,000, have you ever been convicted of any crime, including an infraction, misdemeanor or felony?

___ Yes ___ No

"Conviction includes a plea of no contest and any conviction that has been set aside pursuant to Section 1203.4 of the Penal Code. Therefore, you must disclose any convictions that were subsequently set aside pursuant to Section 1203.4 of the Penal Code.

8. Did you have a current physical or mental impairment related to drugs or alcohol?

___ Yes ___ No

9. Provide the name(s), location(s), and date(s) of chiropractic colleges you attended.

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

PART 4 – SPONSORED EVENT

1. Name and address non-profit or community-based organization hosting the free healthcare event (the "sponsoring entity"):_____

_____

2. Name of event: _____

3. Date(s) & location(s) of the event: _____

_____

4. Date(s) & location(s) applicant will be performing healthcare services (if different):

_____

_____

5. Please specify the healthcare services you intend to provide: _____

_____

_____

_____

6. Name and phone number of contact person with sponsoring entity:

_____

_____

PART 5 – ACKNOWLEDGMENT/CERTIFICATION

I, the undersigned, declare under penalty of perjury under the laws of the State of California and acknowledge that:

- I will comply with all applicable practice requirements required of licensed doctors of chiropractic and all regulations of the Board.
- In accordance with Business and Professions Code Section 901(i), I will only practice within the scope of my licensure and within the scope of practice for California-licensed doctors of chiropractic.
- I will provide the services authorized by this request and Business and Professions Code Section 901 to uninsured and underinsured persons only and shall receive no compensation for such services.
- I will provide the services authorized by this request and Business and Professions Code Section 901 only in association with the sponsoring entity listed herein and only on the dates and at the locations listed herein for a period not to exceed 10 calendar days.
- I have not committed any act or been convicted of a crime constituting grounds for denial of licensure by the board.
- I am in good standing with the licensing authority or authorities of all jurisdictions in which I hold licensure and/or certification to practice medicine.
- I am responsible for knowing and will comply with all applicable practice requirements required of licensed doctors of chiropractic and all regulations of the Board.
- I will post the notice required pursuant to Cal. Code of Regs., Title 16, Section 309.4.
- I am responsible for knowing and complying with California law and practice standards while participating in a sponsored event located in California.
- Practice of a regulated profession in California without proper licensure and/or authorization may subject me to potential administrative, civil and/or criminal penalties.
- The Board may notify the licensing authority of my home jurisdiction and/or other appropriate law enforcement authorities of any potential grounds for discipline associated with my participation in the sponsored event.
- I have read the questions in the foregoing application and all information provided by me in this application is true and complete to the best of my

knowledge. By submitting this application and signing below, I am granting permission to the Board to verify the information provided and to perform any investigation pertaining to the information I have provided as the board deems necessary.

My signature on this application, or copy thereof, authorizes the National Practitioner Data Bank to release any and all information required by the California Board of Chiropractic Examiners.

Signature _____ Date _____

Printed Name _____

NOTE: Authorization will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Disclosure of your personal information is mandatory. The information on this application is required pursuant to Title 16, California Code of Regulations section 309.2 and Business and Professions Code section 901. Failure to provide any of the required information will result in the form being rejected as incomplete or denied. The information provided will be used to determine compliance with Article 1.5 of Division 4 of Title 16 of the California Code of Regulations (beginning at section 309). The information collected may be transferred to other governmental and enforcement agencies. Individuals have a right of access to records containing personal information pertaining to that individual that are maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Executive Officer at the Board at the address and telephone number listed above.

TITLE 16, BOARD OF CHIROPRACTIC EXAMINERS

Proposed Amendments to CCR §321 and §364

§ 321. Application for License.

An Application for a License to Practice Chiropractic shall be submitted on an application form (No. 09A-1 (Rev. ~~9/92~~ 06/14)) prescribed and provided by the board, and titled Application for License to Practice Chiropractic, accompanied by such evidence, statements, or documents as are therein required, and filed with the board at its office in Sacramento, with the required nonrefundable application fee of one hundred dollars ($100.00). The application shall also include verifications showing satisfactory completion of 60 prechiropractic college credits and the minimum educational requirements for licensure from the chiropractic college attended by the applicant on forms entitled "Verification of Prechiropractic Hours," No. 09B-3 (New 07/14) and entitled "Chiropractic College Certificate," No. 09B-2 (New 07/14).

NOTE: Authority cited: Sections 1000-4(b) and 1000-4(c), Business and Professions Code. Reference: Section 1000-5, Business and Professions Code.

§364. Exemptions and Reduction of Requirement.

A licensee may qualify for a full or partial exemption, from the continuing education requirements of Section 361 if a licensee meets any of the criterion listed below:

(a) A licensee who holds a license on inactive status is not required to complete continuing education on an annual basis; however, they must provide proof of completion of the required continuing education hours prior to activating their license as specified in Section 371(f);

(b) A new licensee is exempt from continuing education requirements in the year of initial licensure;

(c) An instructor who has taught for one (1) year and currently teaches core curriculum courses for more than eight (8) credit hours per week at any Council on Chiropractic Education accredited college for at least six (6) months during any license renewal period year shall be exempt from continuing education.

(d) A licensee who teaches a board-approved continuing education course may earn one (1) hour of continuing education credit for each hour of lecture up to 24 hours per year.

(e) Notwithstanding Section 361(c), a licensee who is unable to attend continuing education courses due to a physical disability and provides written certification from a primary health care provider may earn all 24 hours of continuing education credits for the period of the license renewal through Board-approved distance learning courses as defined in Section 363.1.

(f) A licensee who participates as an examiner for the entire part four portion of the National Board of Chiropractic Examiners (NBCE) examinations shall receive a maximum of six (6) hours of continuing education credit for each examination period conducted by the NBCE during the license renewal period. The licensee must provide written certification from the NBCE confirming the licensee has met the requirements of this subsection.

(g) A licensee who participates in the entire two-day workshop as a Subject Matter Expert for the purpose of exam development of the California Law and Professional Practice Examination shall receive a maximum of sixteen (16) hours of continuing education credit which includes eight (8) hours in the Ethics and Law and eight (8) hours in the Principles of Practice subject areas as defined in sections 361(g)(11) and 361(g)(16)(A) respectively.

(~~g~~h) An active Board Member. A professional board member who has served one full year on the Board of Chiropractic Examiners shall be exempt from the continuing education requirement in each year of board member service.

(~~h~~i) ~~Notwithstanding Section 361(c), a~~ A licensee on active duty with a branch of the armed forces of the United States or the California National Guard who meets the exemption requirements specified in Business and Professions Code section 114.3 shall be exempt from continuing education requirements. ~~permitted to take all twenty-four (24) hours of required continuing education through board-approved distance learning courses as defined in Section 363.1.~~

Authority cited: Section 114.3 of the Business and Professions Code and Section 1000-4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii). Reference: Section 114.3 of the Business and Professions Code and Sections 1000-4(b), 1000-4(e) and 1000-10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923, p. 1xxxviii).

Instructions and Check Sheet for the "Application for 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. Standard processing time is three to five months.

> Falsification or misrepresentation of any item or response on your application or any attachment hereto is grounds 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** colleges, including chiropractic colleges attended

☐ **DOCUMENTATION**

- Photocopy of High School DIPLOMA. This can be submitted from applicant.
- 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. It must be received directly from the chiropractic college.
- CHIROPRACTIC COLLEGE CERTIFICATE. Please contact your chiropractic college. The college will complete this form. It 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. territory; foreign country, or U.S. federal agency , 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, dismissed under Penal Code section 1000.5 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 certified 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.
- Documentary evidence of rehabilitation or compliance with any terms of parole, probation, restitution or any other sanctions lawfully imposed.

☐ **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.*

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

FEES

Application Fee: $100.00
Fingerprint Card Fee: $49.00*
(Livescan 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

NAME: 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:** **Work:**	**Driver's License Number / State** **Expiration Date:**
Date of Birth:	**Social Security Number:**
Gender: ☐ **Female** ☐ **Male**	**e-mail (optional)**

*** If you answer yes to either question A or B below, please provide official documentation. Documentation includes: military orders showing duty station; discharge papers or copies of current Leave and Earnings statements. For Question B, documentation also includes: copy of marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. 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.)**

A. Have you ever served in the United States military? ☐ **Yes*** ☐ **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?** ☐ **Yes*** ☐ **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

09A-1 (Rev. 06/14)

Cashiered Date: _____
Amount Rec'd: _____

EDUCATIONAL BACKGROUND

Name of High School	Location (City, State)	Date of Graduation or GED earned

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

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 questions (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 o 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 healing arts (health care) 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. 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

8A. Have you ever been denied a license to practice chiropractic or any other healing art 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. A. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing art license?

☐ Yes ☐ No

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

☐ 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 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 section 1203.4 of the California Penal Code or equivalent non-California law MUST be disclosed.

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 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 and 141, 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 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 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, you may be reported to the Franchise Tax Board and be assessed a penalty of $100. 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. 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 section 115.5 of the Business and Professions Code, the licensure process will be expedited for spouses of active military who are stationed in California and who hold a current license in another state, district or territory of the United States.

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

CHIROPRACTIC COLLEGE CERTIFICATE

NAME OF APPLICANT: _____
Last First Middle

Subject	Minimum Hours Required	Hours Completed by Applicant
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	

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, California 95814
www.chiro.ca.gov

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

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 reported on this College Certificate is true and correct.

_____ PRINT NAME

_____ TITLE

_____ CHIROPRACTIC COLLEGE

_____ CITY, STATE

_____ SIGNATURE

_____ DATE

(AFFIX COLLEGE SEAL)

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

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 foregoing is true, correct and complete to the best of my knowledge.

Only the President, Dean or Registrar of the college 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) ~~263-5296~~ 327-8039
TT/TDD (800) 735-2929
Consumer Complaint Hotline
(866) 543-1311

Board of Chiropractic Examiners
~~2525 Natomas Park Drive, Suite 260~~ 901 P Street, Ste 142A
Sacramento, California ~~95833-2931~~ 95814
www.chiro.ca.gov

09B-3 (New 07/14)