

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

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

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

APPLICATION

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

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

➤ Application Fee \$371.00

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

TRANSCRIPTS - Must be received directly from the issuing authority.

➤ National Board of Chiropractic Examiners - Parts I, II, III, IV, and Physiotherapy – Official transcript

➤ Official college transcripts from **all** chiropractic colleges attended

DOCUMENTATION

➤ Photocopy of CHIROPRACTIC DIPLOMA. This can be submitted from applicant.

➤ Official CERTIFICATION OF LICENSURE is required for EACH license obtained in any U.S. state, U.S. or Canadian territory; Canadian province, or U.S. federal jurisdiction, regardless of whether you practiced under that license. Each certificate should be mailed by the issuing authority directly to the CA Board of Chiropractic Examiners.

➤ Officially certified English translation of ALL documents which are not prepared in the English language. **(Translations will not be returned.)**

CONVICTIONS – Note: You are not required to disclose any information or documentation about your criminal history. However, you may choose to provide mitigating information about your criminal history for purposes of determining whether the crime/crimes is/are substantially related to qualifications, functions, or duties of chiropractic medicine or to demonstrate evidence of your rehabilitation. Any disclosure about your criminal history or mitigating information is **VOLUNTARY**. Your decision not to disclose this information shall not be a factor in the Board’s decision to grant or deny an application for licensure. If you would like to voluntarily provide the Board with mitigation information, you may do so by attaching the information to your application. However, for reportable **convictions** on your record, you may be required to submit the following documentation for each incident:

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

CALIFORNIA APPLICANTS - FINGERPRINTS

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

OUT-OF-STATE APPLICANTS - FINGERPRINTS

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



APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

FEES
Application Fee: \$371.00 Fingerprint Card Fee: \$49.00* (Live Scan applicants pay fingerprint fee at time of service)
ALL FEES ARE NON-REFUNDABLE AND SHOULD BE MADE PAYABLE TO "BOCE"
* Fee for Out of State Applicants Only – Contact the BOCE for Required Fingerprint Cards

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

PERSONAL INFORMATION		
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:	Driver's License Number / State	<div style="border: 1px solid black; padding: 5px;"> <p style="margin: 0;">PHOTOGRAPH</p> <p style="margin: 0;">Affix a 2" x 2" passport style photo here</p> <p style="margin: 0;">Photo must have been taken within the last 60 days</p> <p style="margin: 0;">Altered photos are not acceptable</p> </div>
Work:	Expiration Date:	
Date of Birth:	Social Security Number or Taxpayer Identification Number:	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	E-mail (optional)	
* If you answered yes to either question A or B below, please provide documentation. Documentation includes, but is not limited to, military orders showing duty station and discharge papers such as a DD Form 214. For Question B, documentation also includes, but is not limited to, copy of marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State.		
A. Have you ever served in the United States military?		
<input type="checkbox"/> Yes* <input type="checkbox"/> No		
Cashiered Date: _____		Amount Rec'd: _____
Amount Rec'd: _____		

B. Do you have a comparable license in another state, district, or territory of the U.S. AND are you married to, or in a domestic partnership or other legal union with, an active duty member of the U.S. Armed Forces who is assigned to a duty station in California under active duty military orders?

Yes No

*** If you answered yes to questions D through F, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.**

D. Were you admitted to the U.S. as a refugee pursuant to section 1157 of title 8 of the United States Code?

Yes No

E. Were you granted asylum by the Secretary of State of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code?

Yes No

F. Do you have a special visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government?

Yes No

EDUCATIONAL BACKGROUND

Name of High School

Location (City, State)

Date of Graduation or GED earned

List all undergraduate schools attended:

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

Chiropractic college(s) attended:

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

PROFESSIONAL LICENSE INFORMATION

1. Have you ever filed an application for chiropractic examination or licensure in California?

Yes No

If "Yes", please provide the year and outcome of the previous application.

2. Have you ever been licensed to practice chiropractic in any U.S. state or federal territory, or another country?

Yes No

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

Jurisdiction	License Number	Date of Issuance	Dates of Practice

Applicant Initial Here

3. Do you hold or have you ever held any other professional license in any U.S. state or federal territory or another country?

Yes No

Profession:	Issuing Agency:	License No.:

For purposes of responding to the following question (3A), "discipline" is an administrative action that resulted in a restriction or penalty being placed on any professional license you now possess 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.

DISCIPLINARY HISTORY

If you answer "Yes" to questions 4 through 11, provide 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:

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

Yes No

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

Yes No

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

Yes No

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

Applicant Initial Here

9. Has a claim or action for damages ever been filed against you in the course of the practice of chiropractic or any other healing art which resulted in malpractice settlement, judgment, or arbitration award of over \$3,000.00? Yes No

You are not required to disclose any information or documentation about your criminal history. However, you may choose to provide mitigating information about your criminal history for purposes of determining whether the crime/crimes is/are substantially related to qualifications, functions, or duties of chiropractic or to demonstrate evidence of your rehabilitation. Any disclosure about your criminal history or mitigating information is VOLUNTARY. Your decision not to disclose this information shall not be a factor in the Board's decision to grant or deny an application for licensure. If you would like to voluntarily provide the Board with mitigation information, you may do so by attaching the information to your application. However, for reportable convictions on your record, you may be required to submit mitigation documentation for each incident. Please review this application's check sheet for more information.

10. In the past seven (7) years, have you been convicted or pled guilty or pled nolo contendere to ANY felony offense of any local, state, or federal law of any state, territory, foreign country, or U.S. federal jurisdiction? Yes No

11. Are you currently awaiting judgment and sentencing following entry of a plea or jury verdict in a criminal felony action against you? Yes No

PRACTICE IMPAIRMENT OR LIMITATIONS

12. 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.

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 that the information provided is true, correct and complete to the best of my knowledge. I also certify that I personally read and completed this application and have read the instructions.

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

Signed on this _____ day of _____
MONTH YEAR

Mail your application, attachments and fees to:

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

NOTICE REGARDING INFORMATION COLLECTION AND ACCESS

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

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

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

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