BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GAVIN NEWSOM, GOVERNOR
DEPARTMENT OF CONSUMER AFFAIRS • CALIFORNIA BOARD OF CHIROPRACTIC EXAMINERS
901 P St., Suite 142A, Sacramento, CA 95814
P (916) 263-5355 | Toll-Free (866) 543-1311 | F (916) 327-0039 | www.chiro.ca.gov

Application for Reciprocal License to Practice Chiropractic

Before you begin, be sure to read this IMPORTANT NOTICE regarding licensure in California through reciprocity. In order to apply for licensure through reciprocity, applicants must first request that a Certification of Licensure and State Endorsement, from the state in which they are licensed, be sent directly to the California Board of Chiropractic Examiners (Board); specifically, page two of the Endorsement must be completed in full, signed and dated. Without an Endorsement by the state from which you are reciprocating from, you do not qualify for reciprocal licensure.

You are encouraged to review California Code of Regulations §323 for further reciprocity requirements.

Live scan services for fingerprinting are required for applicants residing in California. The live scan form may be downloaded from the Board's website. Applicants residing in other states must use the standard fingerprint cards, which are furnished by the Board upon request.

Complete the attached reciprocal application; submit it to the Board along with the required attachments and a check or money order in the amount of **$371.00** made payable to "BOCE". This is a nonrefundable fee. An incomplete application, or one that does not result in licensure within one year from the date of receipt, is considered abandoned.

REQUIRED ITEMS:

The following items are required to complete your application for reciprocal licensure:

- ☐ Certification of Licensure and State Endorsement (completed by your current State Board)
- ☐ Application form (with current photograph) and appropriate fees
- ☐ If you live out-of-state, you must submit rolled fingerprints on fingerprint cards along with a processing fee of **$49.00**
- ☐ Verification of Prechiropractic Hours form; Chiropractic College Certificate form; official transcripts; and photocopy of diploma from chiropractic college. (Must come directly from chiropractic college.)
- ☐ Official certification of licensure from any other state where you hold or have held a chiropractic license.
- ☐ Examination results showing equivalent successful examination in each of the subjects examined in California in the same year as you were issued a license in the state from which you are applying
- ☐ National Board of Chiropractic Examiners (NBCE) official transcript of scores. *(Must be sent directly from the NBCE).*

BOARD of CHIROPRACTIC EXAMINERS
STATE OF CALIFORNIA

Edmund G. Brown Jr., Governor

RECIPROCAL APPLICATION FOR A CHIROPRACTIC LICENSE

READ all instructions prior to completing this application. ALL questions on this application must be answered, and all supporting documents must be submitted as per instructions. When space provided is insufficient, attach additional sheet(s) of paper. All attachments are considered part of the application. If you are an out-of-state applicant, contact our office for the required fingerprint cards. Standard processing time is three to five months.
Application Processing Fee is $25.00. The fee is non-refundable. Make your check payable to "BOCE".

ALL APPLICANTS ARE REQUIRED TO TAKE AND PASS THE CALIFORNIA LAW & PROFESSIONAL PRACTICES EXAM

Type or print clearly.

NAME: Last	First	Middle
Other names you have used (include maiden name):		
ADDRESS: Number and Street (will be released to the public once you are licensed UNLESS you update with a practice address)		
City	State	Zip Code
Telephone Number (include area code) Home: Work:	Driver's License Number / State Expiration Date:	Sex: ☐ Female ☐ Male
Date of Birth:	Social Security Number:	Are you a U.S. citizen? ☐ Yes ☐ No

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

Which state are you reciprocating from? _____
(Be sure this state has completed our *Certification of Licensure and State Endorsement* form)

FOR OFFICE USE ONLY

Cashiered Date: _____
Amount Rec'd: _____

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

_____

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

Jurisdiction	License Number	Date of Issuance	Dates of Practice

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

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

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

If you answer "Yes" to questions 4 through10, provide official documentation regarding the matter in addition to your written personal explanation. If these documents are not provided with the application, they will be requested before your application can be processed.

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

5. Have you ever been charged with, or been found to have committed, unprofessional conduct, professional incompetence, gross negligence, or repeated negligent acts or malpractice by any licensing board, or other agency, or hospital? ☐ Yes ☐ No

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

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

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

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

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

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

If "Yes", check the appropriate box(es):
- ☐ A condition which required admission to an inpatient psychiatric treatment facility
- ☐ Alcohol or chemical substance dependency or addiction
- ☐ Emotional, mental or behavioral disorder
- ☐ Other (explain): _____

Applicant Initial Here

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

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

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

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

SPECIAL ACCOMMODATIONS

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

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

Attach the following:

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

PHOTOGRAPH AND PERSONAL IDENTIFICATION

Attach a current photograph of yourself in the space provided. The picture should have been taken no longer than 6 months ago.

Attach photograph here.

No larger than the box.

Hair Color: _____

Eye Color: _____

Height: _____

Weight: _____

Physical marks, scars, or tattoos:

_____

Applicant Initial Here

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

Application Declaration / Signature

I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of the foregoing information contained on this application, including any attachments. I also certify that I personally completed this application and have read 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

INFORMATION COLLECTION AND ACCESS

The information requested herein is mandatory and is maintained by the Board of Chiropractic Examiners, 901 P Street, Suite 142A Sacramento, CA 95814, Executive Officer, (916) 263-5355, in accordance with Section 5 of the Chiropractic Initiative Act of California and Sections 331.12.1 and 331.12.2 of Article 4 of Title 16, California Code of Regulations. Except for Social Security numbers, the information requested will be used to determine eligibility. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of you 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. Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Your name and address listed on this application will be disclosed to the public upon request if and when you become licensed.

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.