

APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

FEES
Application Fee: \$100.00 Fingerprint Card Fee: \$49.00* (Live Scan applicants pay fingerprint fee at time of service)
ALL FEES ARE NON-REFUNDABLE AND SHOULD BE MADE PAYABLE TO "BOCE"
* Fee for Out of State Applicants Only – Contact the BOCE for Required Fingerprint Cards

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

PERSONAL INFORMATION		
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	
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 answer yes to either question A or B below, please provide official documentation. Documentation includes <u>but is not limited to: military orders showing duty station and discharge papers such as a DD Form 214 or copies of current Leave and Earning statements.</u> For Question B, documentation also includes <u>but is not limited to: 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.</u>		
A. Have you ever served in the United States military? <input type="checkbox"/> Yes* <input type="checkbox"/> No	B. Are you a spouse, domestic partner or in a legal union with an active duty member of the U.S. Armed Forces stationed in California? <input type="checkbox"/> Yes* <input type="checkbox"/> No	

PHOTOGRAPH

Affix a 2" x 2" passport style photo here

Photo must have been taken within the last 60 days

Altered photos are not acceptable

Cashiered Date: _____

Amount Rec'd: _____

EDUCATIONAL BACKGROUND

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

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

Chiropractic college(s) attended:

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

PROFESSIONAL LICENSE INFORMATION

1. Have you ever filed an application for chiropractic examination or licensure in California?
 Yes No

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

2. Have you ever been licensed to practice chiropractic in any U.S. state or federal territory, or another country?
 Yes No

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

Jurisdiction	License Number	Date of Issuance	Dates of Practice

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

Profession:	Issuing Agency:	License No.:

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

3A. If you answered "Yes" to Question Nos. 2 or 3, has this license ever been revoked, suspended or otherwise subjected to discipline?
 Yes No

If "Yes", provide all official documentation regarding the matter in addition to a written explanation.

Applicant Initial Here

DISCIPLINARY HISTORY

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

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

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

Yes No

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

Yes No

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

Yes No

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

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

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

Yes No

If you answer "Yes" to questions 10 or 11 attach a **written 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. Obtain a copy of the arrest report and 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. Include **CERTIFIED court documents for each conviction and if the documents no longer exist or are not available, you must obtain a letter from the court, on their letterhead, specifying that fact. Include documentation from a court or law enforcement agency verifying proof of completion of any terms of parole, probation, restitution or any other sanctions imposed against you.**

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

Yes No

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

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

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

Yes No

PRACTICE IMPAIRMENT OR LIMITATIONS

Applicant Initial Here

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.

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

Application Declaration / Signature

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

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

Signed on this _____ day of _____
MONTH YEAR

Mail your application, attachments and fees to:

NOTICE REGARDING INFORMATION COLLECTION AND ACCESS

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

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

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

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