

Board of Chiropractic Examiners

Proposed Repeal of Sponsored Free Health Care Events Regulations

Proposed deletions of regulatory provisions are shown in ~~single strikethrough~~.

Delete Article 1.5 of Division 4 of Title 16 of the California Code of Regulations, inclusive of Sections 309, 309.1, 309.2, 309.3, and 309.4, as follows:

~~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 and 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 and 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/2015), 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/2015) 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; or~~

~~(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; or~~

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

~~(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 901, 1000 4(b) and 1000 10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii).~~

~~Reference: Sections 480, 901, 1000 4(b) and 1000 10, Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii); and Section 11105, Penal Code.~~

~~§ 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 901 and 1000.4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii).
Reference: Section 901, 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 901 and 1000 4(b), Business and Professions Code (Chiropractic Initiative Act of California, Stats. 1923 p. 1xxxviii).
Reference: Section 901, 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. 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 _____

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

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

Individual 2:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

Individual 3:

Name

Address Line 1

Address Line 2

City, State, Zip

County

Title

Phone

Alternate Phone

E-mail address

(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. 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.



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 900 for a period not to exceed ten (10) days. The Board may accept 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 non-refundable 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 non-refundable \$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 license 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 that you currently hold or held in the past?

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		Name of Chiropractic College	Location	Date and Degree Earned
From	To			

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 as authorized by Section 800 (c) of the Business and Professions Code and Section 6254.5(e) of the Government Code. 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.