

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7155

APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC - \$25.00

APPLICATION FOR CERTIFICATION TO USE ADJUNCTIVE PROCEDURES (ALSO ATTACHED) - ADDITIONAL \$25.00 FEE REQUIRED

YOU MAY NOT PRACTICE CHIROPRACTIC UNTIL YOU HOLD A LICENSE AND YOU MAY NOT PERFORM ADJUNCTIVE PROCEDURES UNTIL YOU HAVE THE CERTIFICATE.

QUALIFICATIONS FOR LICENSE BY EXAMINATION

1. Graduation from an approved chiropractic college. - (Page 3 of this application.)
2. Passing scores on Parts I, II, III & IV of the National Board Examinations. Contact the National Board of Chiropractic Examiners at 901 54th Avenue, Greeley, CO 80634, (970) 356-9100 and request that exam scores be sent directly to the State Board of Chiropractic, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649.
3. Successful completion of the "Pennsylvania Chiropractic Legal Review Verification" – (Page 4 of this application).

ADDITIONAL DOCUMENTS

1. A "Letter of Good Standing" must be sent directly from the licensing board(s) in any other state(s) where you hold or have previously held a chiropractic license.
2. **FEE - \$25.00 MADE PAYABLE TO THE "Commonwealth of Pennsylvania"**. Fees are non-transferable and non-refundable. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason. **(An additional \$25.00 is required for Adjunctive Procedures – refer to that application.)**

NOTE: If the application process has not been completed within one year from the date it was received, applicants will be required to submit another application processing fee and supporting documents, as necessary.

3. If your name on any part of the application or any other document submitted in connection with the application is different than your present name, submit a copy of the document indicating the name change, such as a marriage certificate.

QUALIFICATIONS FOR LICENSE BY RECIPROCITY – IF YOU HAVE PASSED ALL 4 PARTS OF NATIONAL BOARDS, DO NOT APPLY THROUGH RECIPROCITY. FOLLOW THE LICENSE BY EXAMINATION INSTRUCTIONS.

1. Graduation from an approved chiropractic college. (Page 3 of this application.)
2. Passing scores on clinical and written examinations acceptable to the Board. Contact other Boards or National Boards and have examination results submitted directly to the Board for review.
3. Successful completion of the “Pennsylvania Chiropractic Legal Review Verification” – (Page 4 of this application).
4. A current and valid unrestricted license to practice chiropractic in another state or territory of the United States or a province of Canada whose standards for licensure are substantially equivalent to those required by the act and regulations for licensure and which accepts Pennsylvania licensees for licensure for reciprocity.
5. Currently engaged in active practice and has been so continually for at least 1 year immediately preceding the date of the application, in the state, territory or province of the license on the basis of which the applicant is seeking a license in this Commonwealth by reciprocity.

ADDITIONAL DOCUMENTS

1. **The state you are reciprocating from must send a letter directly to this office stating they will accept licensed Pennsylvania chiropractors by reciprocity.**
2. The state you are reciprocating from must send a copy of their law and rules and regulations directly to this office.
3. **Fee - \$65.00** made payable to the “**Commonwealth of Pennsylvania**”. Fee is non-transferable and non-refundable. A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason.
4. If your name on any part of the application or any other document submitted in connection with the application is different than your present name, submit a copy of the document indicating the name change, such as a marriage certificate.
5. Submit a statement which lists the length of time you have practiced at your current address, including the beginning and ending month, day and year. (Note #5 above under qualifications.)

NOTE: If the application process has not been completed within one year from the date it was received, applicants will be required to submit another application processing fee and supporting documents, as necessary.

(12-09)

STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7155
www.dos.state.pa.us/chiro
st-chiropractic@state.pa.us

APPLICATION FOR A LICENSE TO PRACTICE CHIROPRACTIC

Complete the entire application and submit all the additional documents. **TYPE OR PRINT**

TYPE OF LICENSE DESIRED (Check One)

() License By Examination – you have passed Parts I, II, III, & IV of National Boards- **Fee \$25.00**

() License by Reciprocity – **Fee \$65.00** - Indicate which state : _____

NAME:

Last First Middle Maiden

ADDRESS:

Street

City State Zip

EMAIL ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

BUSINESS TELEPHONE #: (____) _____ HOME TELEPHONE #: (____) _____

NAME OF CHIROPRACTIC SCHOOL: _____

DATE OF GRADUATION: _____
Month Day Year

Are you licensed in any other state(s)? If yes, please list: _____

ANSWER THE FOLLOWING QUESTIONS:

1. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? () YES () NO

2. Have you ever withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification. () YES () NO

3. Has any disciplinary action been taken against your license in another state, territory or country? () YES () NO

4. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court. () YES () NO

5. Have you ever had provider privileges denied or restricted by a Medical Assistance agency, Medicare, third party payors or another authority? () YES () NO

IF YOU ANSWERED YES TO ANY QUESTIONS FROM 1 - 5, YOU MUST PROVIDE FULL DETAILS. INCLUDE COURTHOUSE CERTIFIED COPIES OF ALL DOCUMENTS.

CERTIFICATION OF REQUIRED INSURANCE/VERIFICATION

By my signature below, I verify that upon licensure, I will obtain and maintain the required minimum amount of professional liability insurance. The required amount of insurance is \$100,000 per occurrence and \$300,000 per annual aggregate.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 (relating to unsworn falsification to authorities) and may result in the suspension or revocation of my license. I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the penalties for tampering with public records or information pursuant to 18 Pa. C.S. Section 4911. (NOTARIZATION IS NOT REQUIRED.)

APPLICANT'S SIGNATURE

DATE

Note that disclosing your social security number on this application is mandatory for the State Board of Chiropractic to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of PA at 23 Pa. C.S. section 4304.1(a). To enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory for this board to comply with the reporting requirements of the federal Healthcare Integrity and Protection Data Bank. Reports to the HIPDB must include the licensee's social security number.

STATE BOARD OF CHIROPRACTIC
P.O. BOX 2649
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VERIFICATION OF GRADUATION FROM CHIROPRACTIC COLLEGE

To be completed by applicant:

NAME: _____
Last First Middle Maiden

ADDRESS: _____
Street

City State Zip

NAME OF CHIROPRACTIC COLLEGE: _____

ADDRESS: _____
Street

City State Zip Telephone Number

To be completed by the Dean or Registrar:

VERIFICATION OF GRADUATION

I certify that _____ has successfully
(Name of Applicant)

completed all the required courses (at least 4,000 hours) and examinations and has graduated from the

above named college on this date: _____
Month Day Year

Signature of Dean or Registrar

Date

(SEAL OF SCHOOL)

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM DIRECTLY TO THE PENNSYLVANIA BOARD OF CHIROPRACTIC. DO NOT RETURN TO THE APPLICANT.

PENNSYLVANIA CHIROPRACTIC LEGAL REVIEW VERIFICATION

The State Board of Chiropractic requires satisfactory completion of this “Verification” page as part of the license application process. This allows you to demonstrate to the Board that you are aware of the contents of the “Chiropractic Act 188 of 1986” and the Board’s Regulations (PA Code, Title 49, Chapter 5). Both the Act and Regulations booklets are enclosed with your application. Applications without a correctly completed “Verification” page will be considered incomplete.

A. Provide the section and paragraph number from “Act 188” which contains information on the following subjects:

1. **Renewal of a license that has not been renewed for five years:** _____
2. **The reasons the Board may refuse, suspend or revoke a license:** _____
3. **Required number of continuing chiropractic education hours:** _____
4. **Qualifications for Certification to use Adjunctive Procedures:** _____
5. **Supervision of Radiologic Auxiliary Personnel:** _____

B. Provide the section and paragraph number from the “Regulations Booklet” which contains information on the following subjects:

1. **Advertising which is false or fraudulent:** _____
2. **The minimum amount of professional liability insurance required:** _____
3. **How to place a license on inactive status:** _____
4. **Retention of patient records:** _____
5. **Responsibility for address changes for biennial registration renewals:** _____

Printed Name of Applicant: _____

Signature of Applicant: _____ **Date:** _____

(12-09)

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APPLICATION FOR CERTIFICATION TO USE ADJUNCTIVE PROCEDURES-\$25.00 FEE

FEE - \$25.00 – SUBMIT A CHECK OR MONEY ORDER MADE PAYABLE TO THE “COMMONWEALTH OF PA” WITH THIS APPLICATION. NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID, REGARDLESS OF THE REASON FOR NON-PAYMENT. FEES ARE NON-TRANSFERABLE AND NON-REFUNDABLE.

NOTE: IF THE APPLICATION PROCESS HAS NOT BEEN COMPLETED WITHIN ONE YEAR FROM THE DATE IT WAS RECEIVED, APPLICANTS WILL BE REQUIRED TO SUBMIT ANOTHER APPLICATION PROCESSING FEE AND SUPPORTING DOCUMENTS, AS NECESSARY.

NAME _____

LAST

FIRST

M.I.

ADDRESS _____

STREET

CITY

STATE

ZIP CODE

DAYTIME PHONE

PA CHIROPRACTIC LICENSE NUMBER: DC _____ **Email:** _____

PLEASE CHECK ONE OF THE FOLLOWING QUALIFYING CATEGORIES:

___ **CATEGORY I - You have received a passing score on the Physiotherapy Section of National Boards. You must contact the National Board of Chiropractic Examiners, 901 54th Avenue, Greeley, Colorado 80634 #(970)-356-9100 and request that the results of the Physiotherapy Section be sent directly to this office. (If you apply for this Certificate at the same time that you apply for your Chiropractic License, we will only need one submission of scores from National Boards. We will, however, require another copy of your Physiotherapy results directly from National Boards, if your Chiropractic application was processed prior to this application.)**

-OR-

___ **CATEGORY II - You have completed a course which consisted of a minimum of 100 hours of study in the use of adjunctive procedures from an approved Chiropractic college, or from a Board approved continuing education program. You must contact the college or sponsor and request that official proof of completion be sent directly to this office.**