

# Certified Chiropractic Assistant Application

Oregon Board of Chiropractic Examiners  
 3218 Pringle Road SE, Suite 150  
 Salem, OR 97302-6311  
 (503) 378-5816

(See reverse side for instructions)

CERT. # \_\_\_\_\_  
 (issued by OBCE)

**ATTACH CURRENT PHOTOGRAPH HERE**

NOTE: Photograph **MUST** be:

1. Original, not a photocopy
2. Approx. size must be 2 x 2"
3. Taken within one year of application; record date
4. Close up, front view - not Profile; head and shoulders
5. Instant Polaroid photos are NOT acceptable

FIRST MIDDLE LAST:	
PREFERRED NAME:	
PREFERRED PRONOUN (She/He/Zer/Ze):	
HOME ADDRESS:	
CITY/STATE/ZIP:	
HOME PHONE:	(     )
BIRTH DATE:	
EMAIL:	

\_\_\_\_\_  
 (Date photo was taken)

## CERTIFICATION of APPLICANT

I, (print or type your name) \_\_\_\_\_, do hereby certify that I am the applicant mentioned in the foregoing application and that all statements are true and correct to my knowledge and belief, and also I certify that the original photograph attached is a true likeness of myself. I also do hereby agree to respect and adhere to the letter and spirit of the Law which governs the Chiropractic Profession and Certified Chiropractic Assistants in Oregon (ORS Chapter 684 and OAR Chapter 811). (Your employing DC is responsible to complete the Verification of Employment section below.)

Signature of Chiropractic Assistant Applicant	/	Date signed
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## VERIFICATION of EMPLOYMENT (This section is to be completed, if employed)

I certify that the above named person is currently employed by me, **that I have read the applicant's answers on page two of the application**, and that I will be acting as the supervising chiropractic physician over this person.

Signature of Supervising Chiropractic Physician ( <b>Required</b> )	DC License #
Clinic Name and Address	(     )
	Clinic Telephone #

### FOR OBCE OFFICE USE ONLY

<b>FEES DUE (Total \$175)</b> Application/Exam/Cert. \$135 Fingerprint Fee \$40	<b>FEES RECEIVED (Date)</b>	Date Certificate Issued _____ Approval: (Signature of OBCE Program Manager) _____
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# APPLICATION INSTRUCTIONS

**NOTE: Applicant must be at least 18 years of age, and be proficient in the English language to certify**

- 1) Fill in your personal information at the top of page 1;
- 2) If you are employed in a chiropractic clinic, the Chiropractor must complete the Verification of Employment;
- 3) Attach an original, un-retouched, color photograph (preferably a passport-type photo) taken within the last six months showing a front, head and shoulder (ONLY) view. No photocopies or printer copies are allowed. As noted the photo must fit in the space provide on the application;
- 4) Read ALL enclosed information sheets including, “Stop! Before you answer these questions...”;
- 5) Answer all questions on this page by **CIRCLING** the appropriate answer:
  - a) **If you answer “Yes”** to question #s 3 through 7, you **MUST** explain your answer/s in detail on a separate sheet; AND
  - b) You **MUST** submit the relative documents (for example: police reports, the court’s charging and judgment documents, or another agency’s Proposed or Final Order).
- 6) Application for licensure must be accompanied by:
  - a) Total NON-refundable fees (**\$175**): App. \$50; Exam \$35; Certificate \$50; and \$40 fingerprint
  - b) Proof of completion of 12 hours Initial Training, or training log (taken within 60 days of this application)
  - c) The CA Background Check Request form
  - d) The "Statutory Requirements Regarding Social Security Numbers" form, and
  - e) The “Request for Information” form (re: diversity).

1.	Have you ever used <u>any</u> other name/s other than the one on the front of this application? If yes, write ALL names below (include birth name, maiden name, married name/s):  _____	Yes	No
2.	Are you a massage therapy student and/or physical therapist student?  If you have <b>ever</b> maintained a license as a Massage or Physical therapist, please CIRCLE which vocation:  <div style="display: flex; justify-content: space-around; align-items: center;"> <span>Massage Therapist</span> <span>Physical Therapist</span> <span>Where? _____</span> </div> Is/are the license/s currently active? If so, state which: _____	Yes	No
3.	Have you ever been terminated for cause as a Chiropractic Assistant in Oregon, or elsewhere?  If yes, on a separate piece of paper, describe the circumstances of your termination, including chiropractor's name, address, telephone number and dates of your employment. Include any other facts that are relevant.	Yes	No
4.	Have you ever received a disciplinary sanction under ANY professional license or certification?	Yes	No
5.	Have you ever been arrested for, or charged with, a violation, misdemeanor or felony – including any diversion or dismissal - in Oregon or elsewhere?	Yes	No
6.	Have you ever been treated for substance abuse of any kind?	Yes	No
7.	Have you ever been convicted of, pled guilty, or pled nolo contendere (no contest) to any offense, misdemeanor or felony, which could have resulted in your imprisonment in a state or local institution? (Even if not imprisoned.)	Yes	No

- 7) Mail all application materials and fees to: **Oregon Board of Chiropractic Examiners**  
**3218 Pringle Road SE, Suite 150**  
**Salem OR 97302**

**\*\* Incomplete applications will not be processed until all requirements are met and submitted \*\***



# Oregon

Kate Brown, Governor

## Oregon Board of Chiropractic Examiners

3218 Pringle Road SE #150

Salem, OR 97302-6311

Phone: (503) 378-5816

FAX: (503) 362-1260

E-mail: [oregon.obce@oregon.gov](mailto:oregon.obce@oregon.gov)

[www.oregon.gov/obce](http://www.oregon.gov/obce)

### **Stop! Before you answer the questions on the next page, consider the following:**

Any false statement made in this application is grounds for possible board action regarding your application or your license. If in doubt, disclose and explain rather than conceal. If you answer no to any question based upon an “Expungement,” “Setting Aside,” “Diversion,” “Dismissed” or “Sealing” of a record, that information must be personally verified by you with the court directly involved in that order. An erroneous belief that a conviction has been expunged, set aside, diverted etc... when in fact, it has not, may be deemed a false statement. (Remember, we are checking the FBI fingerprint database and the records in the Oregon Judicial Information Network-OJIN.)

#### **DUI Diversion**

If you get charged with Driving Under the Influence (DUI) and you go through diversion you still have to answer and reveal that you were charged with a misdemeanor; even though you plead guilty and the conviction was “not entered” and thus “dismissed.” If you had a DUI in Oregon this information will be in the statewide OJIN database.

#### **Expungement**

You must have filed a request with the court to have a conviction removed from court records and there must be formal court action granting the request. Only then is a conviction record removed and thus made it legally unavailable. This does not automatically happen.

#### **Setting Aside or Sealing a record**

This also would have required a formal filing of documents in the court in order to receive this. You would have received written confirmation from the court that this occurred.

#### **Dismissed**

If you get charged with a misdemeanor or felony and the charge was dismissed, you still must report this (on Question 7).

#### **What do I need to disclose?**

All arrests, charges or convictions for any misdemeanor or felony. This includes DUI's, and all major traffic offenses (examples are; reckless driving, driving while suspended and eluding a police officer).

#### **What DON'T I need to report?**

Any juvenile arrest/conviction. (Occurred while you were 17 years old or younger)

Any minor traffic violations such as running a red light or a speeding ticket.

Any expunged criminal conviction.



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## CA BACKGROUND CHECK REQUEST FORM

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Effective June 8, 2016 all chiropractic assistant applicants must complete a background check. However, there is a process to follow FIRST. Complete this form. Return it to the OBCE as instructed below.

### **Please type or print the relative information.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number (with area code): \_\_\_\_\_

You SHOULD NOT have your fingers printed until you receive the fingerprint card or electronic submission instructions from the OBCE. You will receive this information as soon as the OBCE receives this form, your Chiropractic Assistant application and fingerprint fees totaling \$175.00 (\$135 plus \$40).

### **Select ONE of the following:**

- I will be completing my fingerprinting via electronic capture (Fieldprint). Send my instructions to:

Email: \_\_\_\_\_

- I will be completing my fingerprinting outside of Oregon, and I am not located near a Fieldprint location. Send the fingerprint card and instructions for standard ink fingerprinting to:

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Please mail this FORM with your APPLICATION and PAYMENT to:**

Oregon Board of Chiropractic Examiners  
3218 Pringle Rd. SE, Suite 150  
Salem OR, 97302



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### **STATUTORY REQUIREMENTS and SOCIAL SECURITY NUMBERS**

As part of your application for an initial or renewed occupational, or professional license, certification, or registration issued by the Oregon Board of Chiropractic Examiners, you are required to provide your Social Security Number to this Agency. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC section 405 (c)(2)(C)(i), and 42 USC section 666(a)(13). Failure to provide your Social Security Number will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your Social Security Number will be used for child support enforcement, tax administration purposes (including identification) and mandatory reporting to the Federal Health Care Fraud and Abuse Data Program (45 CFR Part 61, section 1128E(b)(2)(A)) only, unless you authorize other uses of the number. Although a number other than your Social Security Number appears on the face of the licenses, certificates, or registrations issued by the Board of Chiropractic Examiners, your Social Security Number will remain on file with this Agency.

**PRINT YOUR NAME:** \_\_\_\_\_

**SOCIAL SECURITY NO:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE:**

\_\_\_\_\_  
**DATE:**



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## REQUEST FOR INFORMATION

### Race, Ethnicity, and Language Skills Questionnaire

During the 2001 legislative session, Senate Bill 786 passed (Chapter 973, Oregon Laws 2001) requiring all health professional regulatory boards to maintain records of the racial and ethnic makeup of applicants and licensees of Oregon health regulatory boards. It also encourages identification of professionals to promote the health of bilingual citizens of Oregon.

While the Board of Chiropractic Examiners is required to seek, maintain, and report to the Legislature the following information, providing such information to the Board is voluntary. Therefore, we request your response to the following questionnaire so that we may assist in encouraging and identifying diversity within the chiropractic profession. Please return your questionnaire to the address listed above.

See the reverse of this page for racial and ethnic definitions excerpted from State of Oregon employment documents and the US Census Bureau.

*Please print information.*

**Name:** \_\_\_\_\_

**Race:** *Please check one.*

- American Indian/Alaska Native
- Asian
- Black/African American (not of Hispanic origin)
- Hispanic/Latino
- Native Hawaiian/Other Pacific Islander
- White/Caucasian (not of Hispanic origin)
- Other: \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_ (e.g., American Indian tribe, Bengalese, Cambodian, Filipino, Guamanian, Haitian, Italian, Kenyan, Lebanese, Mexican, Norwegian, Polish, Russian, Samoan, Thai, etc.)

**Languages:** *Please list languages, besides English, in which you are fully proficient or at least conversationally proficient, including American Sign Language.*

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**The following definitions are from the U. S. Census Bureau and Oregon Employment Documents.**

**Race** — The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

**White/Caucasian** — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as “White” or report entries such as *Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish*.

**Black/African American** — A person having origins in any of the black racial groups of Africa. It includes people who indicate their race as “Black, African Am., or Negro,” or provide written entries such as *African American, Afro American, Kenyan, Nigerian, or Haitian*.

**Asian** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian.”

*Asian Indian* — Includes people who indicate their race as “Asian Indian” or identify themselves as Bengalese, Bharat, Dravidian, East Indian, or Goanese.

*Chinese* — Includes people who indicate their race as “Chinese” or who identify themselves as Cantonese, or Chinese American. Written entries of Taiwanese are included with Chinese.

*Filipino* — Includes people who indicate their race as “Filipino” or who report entries such as Philipino, Philippine, or Filipino American.

*Japanese* — Includes people who indicate their race as “Japanese” or who report entries such as Nipponese or Japanese American.

*Korean* — Includes people who indicate their race as “Korean” or who provide a response of Korean American.

*Vietnamese* — Includes people who indicate their race as “Vietnamese” or who respond Vietnamese American.

*Cambodian* — Includes people who provide a response such as Cambodian or Cambodia.

*Hmong* — Includes people who provide a response such as Hmong, Laohmong, or Mong.

*Laotian* — Includes people who provide a response such as Laotian, Laos, or Lao.

*Thai* — Includes people who provide a response such as Thai, Thailand, or Siamese.

*Other Asian* — Includes people who provide a response of Bangladeshi, Burmese, Indonesian, Pakistani, or Sri Lankan.

**Hispanic/Latino** — A person having origins in any of the *Mexican, Puerto Rican, Cuban, Central or South American*, or other Spanish cultures, regardless of ethnicity.

**Native American Indian and Alaska Native** — A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. It includes people who classify themselves as described below.

*American Indian* — Includes people who indicate their race as “American Indian,” entered the name of an Indian tribe, or report such entries as Canadian Indian, French-American Indian, or Spanish-American Indian.

*Alaska Native* — Includes of Eskimos, Aleuts, and Alaska Indians as well as entries such as Arctic Slope, Inupiat, Yupik, Alutiiq, Egegik, and Pribilovian. The Alaska tribes are the Alaskan Athabaskan, Tlingit, and Haida.

**Native Hawaiian and Other Pacific Islander** — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoan,” and “Other Pacific Islander.”

*Native Hawaiian* — Includes people who indicate their race as “Native Hawaiian” or who identify themselves as “Part Hawaiian” or “Hawaiian.”

*Guamanian or Chamorro* — Includes people who indicate their race as such, including Chamorro or Guam.

*Samoan* — Includes people who indicate their race as “Samoan” or who identified themselves as American Samoan or Western Samoan.

*Other Pacific Islander* — Includes people who provided a response of a Pacific Islander group such as Tahitian, Northern Mariana Islander, Palauan, Fijian, or a cultural group such as Melanesian, Micronesian, or Polynesian.

**Some Other Race** — Includes all other responses not included in the “White,” “Black or African American,” “American Indian and Alaska Native,” “Asian,” “Hispanic” and the “Native Hawaiian and Other Pacific Islander” race categories described above.

CODE: **Race - Bold, underlined, italic print. (White, Black/African American, Asian, Hispanic etc.)**  
*Ethnicity - Italic print under the Race headings. (English, Dutch, Irish, Norwegian, Russian, etc)*