

Application for Chiropractic Assistant Certification



Oregon Board of Chiropractic Examiners
530 Center St NE, Suite 620
Salem, OR 97301
(503) 378-5816

FOR OBCE USE ONLY

Cert #

Issue Date:

ATTACH CURRENT
PHOTOGRAPH HERE

FIRST MIDDLE LAST
NAME:

PREFERRED NAME:

PREFERRED PRONOUN
(circle preference):

She/Her; He/Him; They/Them

HOME MAILING
ADDRESS:

CITY/STATE/ZIP:

PHONE:

()

BIRTH DATE:

EMAIL:

Application Instructions and Important Notice

NOTICE: Applicant must be at least 18 years of age. All Applicants have a continuing obligation to update and supplement the information and responses on this application if they change.

- 1) Provide your personal information above, including a valid email address. Applications must be completed within a 6-month time frame of the OBCE's receipt of the document.
- 2) Attach a current, un-edited, color 2 x 2-inch, photograph taken within the last six months showing a front, head, and shoulder view. No photocopies.
- 3) Answer all the questions on the next page, provide the additional information requested.
 - a) If you answer "Yes" to question #s 3 through 9, you must explain your answer/s in detail on a separate sheet; and
 - b) You must submit the relevant documents (police reports, the charging instrument, any judgments, or another agency's proposed or final order).
- 4) Initial each page of this Application and sign the Attestation on page 3. If you are employed in a chiropractic clinic, your supervising DC needs to complete the Verification of Supervision section on page 3. If not, please check the box provided.
- 5) Use the online payment portal to submit total fees due for application: \$142.25. Please include the applicant's name with the payment.
- 6) Mail the application and items a) through c) to the OBCE's address.
 - a) Proof of completion - 12 hours initial training taken within 60 days of this application;
 - b) Statutory Requirements Regarding Social Security Numbers form or its equivalent; and
 - c) Request for Information form (optional).

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

FOR OBCE USE ONLY

Date Payment Received	Background Check	Exam	Processed by

Application Questions

Place a check mark in the Yes or No box after each question.			
All “Yes” answers require a detailed written explanation on a separate sheet of paper.			
Failure to disclose any of the requested information may result in the denial of your application or other appropriate action. Modification to the wording or format of these Application Questions will invalidate the application.		YES	NO
1.	Have you ever used any name(s) other than the one on the front of this application, including birth name, maiden name, etc.? List here: _____	<input type="checkbox"/>	<input type="checkbox"/>
2.	A. Have you ever held any license, or certificate, in Oregon or elsewhere? Please list the years, profession, and the state in which the certificate or license was held: _____	<input type="checkbox"/>	<input type="checkbox"/>
	B. If you hold a current license (active or inactive), please list the years, profession, and state in which the certificate or license is currently held: _____	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Have you ever been refused or denied the privilege of taking an examination required for any professional licensure or certification?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have you ever had any application for any professional license or certification refused or denied by any licensing authority?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Have you ever been the subject of an investigation or disciplinary action for any professional license or certification?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Have you ever had any professional license or certification revoked?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Have you ever been charged with or convicted (including nolo contendere plea or guilty plea) of a felony or convicted of a misdemeanor in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If yes, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
9.	Have you ever been part of an investigation for any type of abuse or mistreatment, in any state or jurisdiction? Include any pending investigations.	<input type="checkbox"/>	<input type="checkbox"/>
10.	As part of the application process, a background check will be conducted which will reveal arrests, convictions, and other information. Based on the information uncovered, you may be contacted to provide additional information. This process may extend the time needed to review your application. If you wish to pre-emptively provide an explanation or other additional information regarding your background, you may do so now. Do you wish to provide additional information regarding your background at this time?	<input type="checkbox"/>	<input type="checkbox"/>

11.	Do you now have, or have you had, any physical condition, mental health condition, or chemical dependency condition (alcohol or other mind-altering substances) that affect or are reasonably likely to affect your current ability to fulfill the duties of a certified chiropractic assistant in a competent, ethical, and professional manner? Please provide details and reasons on a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>
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Applicants must fill out and sign the Attestation on page 3. Supervising chiropractors must fill out and sign the Chiropractor's Verification of Supervision on page 3 if applicable.

Applicant initials _____

Attestation of Applicant

I, (name) _____, do hereby attest that I am the applicant completing this application and all statements are true and correct to my knowledge and belief. I attest that the original photograph attached is a true likeness of myself. I also attest that I have received and reviewed the Privacy Act Statement and the Applicant Notification and FBI Record Access Amendment. I hereby agree to respect and adhere to the laws, rules, and regulations which govern the chiropractic profession and certified chiropractic assistants in Oregon (ORS Chapter 684, 676, 670, and OAR Chapter 811).

_____/_____
Print Name **Signature** **Date**

☐ I do not have a supervising Doctor of Chiropractic. (If not yet hired, do not complete below section)

Chiropractor's Verification of Supervision

This section is to be completed if applicant is currently employed in a clinic.

I verify that: 1) the above-named person is currently employed in the clinic indicated below; 2) that I have read the Applicant's answers to the questions above, including supplemental explanation pages; and 3) that I will be acting as this Applicant's supervisor.

_____/_____
Print Name **Signature and date** **DC License #**
Clinic Name: _____
Address: _____
_____ **Phone #**

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Stop! Before you answer and attest to the Application Questions, consider the following:

Any false statement made in this application is grounds for possible board action regarding your application or your license/certificate. If in doubt, disclose and explain rather than conceal. If you answer “no” to any question based upon an “Expungement,” “Setting Aside,” “Diversion,” “Dismissal” or “Sealing” of a record, that information must be personally verified by you and the court directly involved in that order. An erroneous belief that a conviction has been expunged, set aside, diverted, etc. when it has not, may be deemed a false statement.

DUI Diversion

If you get charged with Driving Under the Influence (DUI) and you go through diversion, you are still required to answer and disclose that you were charged with a misdemeanor, even though you may have completed diversion and believe the original charges and conviction to be dismissed.

Expungement

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

Setting Aside or Sealing a record

This also requires a formal filing of documents in the court in order to be completed. 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 to the Board.

It is your duty and responsibility to provide complete and honest information to the Board.

What do I need to disclose?

All arrests, charges, or convictions for any misdemeanor or felony. This includes DUIs 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.

**STATUTORY REQUIREMENTS
and
SOCIAL SECURITY NUMBERS**

As part of your application for an initial or renewed professional license or certification issued by the Oregon Board of Chiropractic Examiners (OBCE), 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 or certification 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 or certificates issued by the OBCE, your Social Security Number will remain on file with this Agency.

In addition, under ORS 181A.195, 181A.200, 670.280, 676.608, and 676.612, you authorize the OBCE to conduct criminal background checks and agree to voluntarily provide your Social Security number for this purpose. You understand that your application may be subject to a criminal background check. Before issuing a default final order, the Board must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof). If any disciplinary action is taken against your license or certification, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99- 660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60 and the CINBAD reporting system. I hereby voluntarily consent to disclose my Social Security number to the OBCE for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB) and CINBAD. Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit, or privilege provided by law. If you consent to the use of your Social Security number by the OBCE for these purposes, it may be used only for these purposes.

PRINT YOUR NAME: _____

SOCIAL SECURITY NO: _____

SIGNATURE:

DATE:

REQUEST FOR INFORMATION
Race, Ethnicity, and Language Skills Questionnaire

Oregon Revised Statute (ORS) 676.400 requires all health professional regulatory boards to maintain records of the racial and ethnic makeup of applicants and licensees regulated by the board. 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.*

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)

PRIVACY ACT STATEMENT

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub.

L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and FBI Record Access and Amendment

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>