

Oregon Board of Chiropractic Examiners Chiropractic Application for Licensure



Attach Passport
Sized Photo
Here

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| DATE PHOTO TAKEN: | OBCE OFFICE USE ONLY |
| PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE WALL HANGING: | License No. Issued: |
| | Issued By: Date: |

General Instructions and Important Notice:

Completion of this application form is necessary for consideration for licensure under Oregon law. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. All applicants have a continuing obligation to update and supplement the information and responses on this application if they change. Failure to supplement the information and responses provided within this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided within this application is subject to Oregon public information laws.

Read this application and Applicant's Guide carefully. Answer all questions completely. If an answer is "No" or "None," so state "None." If "Yes," explain fully on a separate sheet as required. Sign the application declaration. Incomplete applications will not be processed until all requirements are met and submitted.

Requirements for Application: (see specific deadline due dates included in this packet.)

1. **\$146.25 non-refundable fee** (\$100 application fee and \$46.25 background check fee) payable to the Oregon Board of Chiropractic Examiners. (Payment accepted by credit or debit card only through our payment portal. No cash or checks accepted. For the payment portal go to www.oregon.gov/obce and chose DC Fees)
2. Official electronic transcript of grades from the chiropractic college(s); must include date of graduation. If electronic transcript is not available, transcripts must be mailed to our office.
3. A photocopy of the chiropractic college diploma-please request that the chiropractic college include this with your transcripts.
4. A **signed** declaration (see page 8 of this application) of successful completion of at least two years of liberal arts and sciences study in an accredited college (60 semester hours and/or 90 quarter hours). Applicant need not submit original/ official transcripts unless requested by the Board. For foreign transcripts (including Canadian), read the Applicant's Guide carefully.
5. Official transcript of grades, Part I, Part II, Part III, Physiotherapy and Part IV from the National Board of Chiropractic Examiners. *See OAR 811-010-0066- if licensed five or more years in another state.*
6. A letter printed on letterhead from, and signed by, a licensed Doctor of Chiropractic, attesting to the applicant's good moral character.
7. An original, un-retouched color photograph (passport size) taken within the last **six (6) months**, head only, face forward.
8. Current certified statement of good standing and disciplinary history from each state licensing authority where presently licensed or where licensed as a chiropractic physician or other type of professional in the past. Use the enclosed Certification of Licensure form.
9. Fingerprint background check: OBCE staff will contact you with information on how to obtain your fingerprint background check once your application is processed. You will not be licensed without the OBCE receiving your backg

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| OBCE OFFICE USE ONLY | |
| Payment Received: | Date Received: |

Applicant initials _____

PART I: Applicant Identifying Information

| | | | | |
|---|-------------------|----------------------|-------------------|-----------|
| 1. Last Name | | 2. First Name | | 3. MI |
| 4. Preferred Name | | 5. Preferred Pronoun | | 6. Gender |
| 7. Current Address (If PO Box, must provide street address as well) | | City | State | Zip |
| 8. Permanent Mailing Address including zip code (if different from above) | | City | State | Zip |
| 9. Business Mailing Address | | City | State | Zip |
| 10. Identify Preferred Mailing Address: | | Current | Permanent | Business |
| 11. Daytime Phone | 12. Evening phone | | 13. Email address | |
| 14. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change. | | | | |
| 15. Place of birth (City, County, State or other Jurisdiction, Country) | | | 16. Date of birth | |

PART II: Education Information

| | |
|--|---|
| 1. Name of Last Secondary School Attended: | 2. Last Secondary School Location (City and State/Jurisdiction) |
|--|---|

| | |
|---|-------------------------------|
| 3. Date of Graduation or Date of GED Earned: _____/_____ Month / Year | 4. Jurisdiction where earned: |
|---|-------------------------------|

5. Post-Secondary Education History:
Starting with your undergraduate education, list all schools, colleges, and universities attended, whether completed or not, in chronological order.

| College or University Name (Undergraduate and Graduate) | Location (City and State /Jurisdiction) | Dates of Attendance | Graduated? Yes/No | Degree Earned /Major |
|--|--|---------------------|----------------------|----------------------|
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6. **Specialized Training**
List in chronological order from date of graduation from any professional school or program to the present all professional post-graduate training not including continuing education coursework (i.e., residency, vocational training, practical or clinical training).

| Institution Name | Location (City and State/Jurisdiction) | Dates of Attendance | Did you complete training? |
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PART III: Record of Licensure Information

If you have ever been licensed, certified, or registered to practice in the profession for which you are now applying, or held any other professional license, certification, or registration, complete the information requested below. If you have ever held a temporary, trainee, or apprenticeship license, or a permit, it must also be listed here. You must include jurisdictions both within and outside the United States. Failure to disclose all licenses, certifications, or registrations held may result in denial of your application or other appropriate action. *You must identify the method by which you obtained your professional license(s) using the following code in the column below: 1. Licensure by examination; 2. Score transfer; 3. Endorsement; 4. Grandparent/waiver provision; 5. Reciprocity.*

| | Jurisdiction (or State) | Title of License | License #/Name on License | How license obtained <i>Use above codes</i> | Date of original (initial) issuance | Is license current and in good standing? Yes/No. If no, explain on separate sheet |
|---|------------------------------------|-------------------------|--------------------------------------|---|--|--|
| Jurisdiction of Original (initial) Licensure: | | | | | | |
| Jurisdiction of Current Licensure <small>(where you most recently have been practicing)</small> | | | | | | |
| Other Jurisdictions of Licensure/ Certification/ Permit | | | | | | |
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PART IV: Record of Licensure Examination

If you have ever taken a licensure examination, in this state or any other state or jurisdiction, for the profession for which you are now making application, you must complete the information requested below. Each examination attempt must be shown. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

| Name of Examination (If administered in parts, each part should be listed separately.) | Jurisdiction | Date of Examination | Passed/Failed/Other (If Other, please explain.) |
|---|---------------------|----------------------------|--|
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PART V: Personal History Information

Please answer each of the following questions by placing an “X” in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers **MUST** be explained in detail in a separate signed declaration. The declaration should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to fully disclose any of the requested information may result in the denial of your application or other appropriate action.

| <p>NOTE: If you answer “Yes” to any of the questions below and you have already submitted a detailed affidavit to the OBCE explaining your response, you need not submit another detailed affidavit. Please note the date of your previous submission next to the applicable question(s).</p> | <p>YES</p> | <p>NO</p> |
|--|-------------------|------------------|
| 1. Have you ever had any application for any professional license refused or denied by any licensing authority? | | |
| 2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure? | | |
| 3. Have you ever been dropped, suspended, placed on probation, expelled, fined, or requested to resign from any post-secondary educational program in which you were enrolled? | | |
| 4. 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? | | |
| 5. Have you ever voluntarily surrendered your chiropractic license? | | |
| 6. Have you ever allowed your chiropractic license to lapse, or had a limited or restricted license issued by any chiropractic regulatory board or licensing authority? | | |
| 7. Have you ever voluntarily surrendered any other professional license? | | |
| 8. Have you ever allowed any other professional license to lapse, or had a limited or restricted license issued by any other licensing authority? | | |
| 9. Has your chiropractic license ever been revoked? | | |
| 10a. Have you ever been the subject of disciplinary action with regard to your chiropractic license, been sanctioned by any chiropractic licensing authority, chiropractic association, licensed chiropractic facility, or chiropractic staff of such facility? | | |
| 10b. Have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measure? | | |
| 11a. Have your chiropractic privileges ever been restricted or terminated by any chiropractic licensing authority, chiropractic association, licensed chiropractic facility, or chiropractic staff of such facility? | | |
| 11b. Have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? | | |
| 12. Have you ever had any other professional license revoked? | | |
| 13. Have you ever been the subject of a disciplinary action by any licensing authority with regard to any other professional license? | | |

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| 14. To your knowledge, have any unresolved or pending complaints ever been filed against you with any chiropractic licensing authority, chiropractic association, licensed chiropractic facility, or chiropractic staff of such facility? | | |
| 15. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted? | | |
| 16. Have you ever voluntarily surrendered a registration issued by a controlled substance authority? | | |
| 17. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when? | | |
| 18. Have you ever been charged with or convicted (including nolo contendere plea or guilty plea) of a felony (or criminal offense) 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. | | |
| 19. Have you ever been pardoned from a felony (or criminal) conviction? | | |
| 20. Are you currently, or have you ever been, required to register as a sex offender in any jurisdiction? | | |
| 21. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended? | | |
| 22. Do you now have, or have you had, any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that affects or is reasonably likely to affect your current ability to practice, with or without reasonable accommodation, in a competent, ethical, and professional manner, the privileges requested? If reasonable accommodation is required, please specify the accommodation(s) required on the Accommodation Request Form. | | |
| 23. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice)? | | |
| 24. Are you operating your chiropractic practice as business entity? If Yes, please describe. List all owners/shareholders/partners on attached sheet. | | |
| 25. Do you work for a corporate practice? If YES, list all shareholders on attached sheet. If YES, are all shareholders licensed in Oregon? Yes _____ No _____ | | |
| 26. Have you ever been court marshaled or discharged other than honorably from the armed services, including the National Guard and Coast Guard? | | |
| 27. Have you ever been terminated from any position (volunteer or otherwise)? | | |
| 28. Within the last five (5) years, have you had a professional license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked, or suspended by any professional licensing authority of another state, territory, or country? | | |

PART VI: Work History/Practical Experience

Complete each of the following items. List all employment chronologically beginning with the date of graduation. If you have never been employed insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required. *Explain any breaks in employment history greater than 6 months.*

| | |
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| 1. Name of Business/Institution: | Job Title: |
| Address/Phone number of Business/Institution: | Description of Duties Performed: |
| Name of Supervisor: | Dates of Employment: |
| Hours worked per week: | Type of Employment: Full-time/Part-time: |
| Reason for work termination: | |
| | |
| 2. Name of Business/Institution: | Job Title: |
| Address/Phone number of Business/Institution: | Description of Duties Performed: |
| Name of Supervisor: | Dates of Employment: |
| Hours worked per week: | Type of Employment: Full-time/Part-time: |
| Reason for work termination: | |
| | |
| 3. Name of Business/Institution: | Job Title: |
| Address/Phone number of Business/Institution: | Description of Duties Performed: |
| Name of Supervisor: | Dates of Employment: |
| Hours worked per week: | Type of Employment: Full-time/Part-time: |
| Reason for work termination: | |
| | |

WAIVER AUTHORIZING ACCESS TO STUDENT INFORMATION

I hereby grant permission for (college name) and/or the State(s) (licensing authority) (where other license held) to release, upon written request, all information and contents of my personal file, held at the chiropractic college or licensing authority office mentioned above, for examination by the Oregon Board of Chiropractic Examiners to assist in determining applicant's qualifications to be licensed to practice chiropractic in the state of Oregon.

Applicant Signature _____ Date _____

DECLARATION OF APPLICANT

I, _____, by my signature below, do hereby declare that I am the applicant mentioned in the foregoing application, that all statements are true and correct to my knowledge and belief. I declare that I have fulfilled the educational requirements required by the OBCE. I also certify the attached photograph hereto is a true likeness of myself and the fingerprints submitted are my own. 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 letter and spirit of the laws and rules which govern the chiropractic profession in Oregon. I verify that all information hereon is true and correct.

I authorize the OBCE to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the OBCE.

Applicant Signature: _____ Date _____

PLEASE PRINT, SIGN, AND RETURN THIS APPLICATION TO:

**OBCE
530 Center St. NE Ste. 620
Salem OR 97301**

Applicant initials _____



Oregon

Kate Brown, Governor

Oregon Board of Chiropractic Examiners

530 Center St. NE Ste. 620

Salem, Oregon 97301-3772

(503) 378-5816

FAX (503) 362-1260

E-mail: Oregon.obce@oregon.gov

www.oregon.gov/obce

STATUTORY REQUIREMENTS REGARDING 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.

NAME:

SOCIAL SECURITY NO:



Oregon Board of Chiropractic Examiners

530 Center St. NE, Suite 620

Salem, OR 97301-3772

Phone: (503) 378-5816 Fax: (503) 362-1260

Email: Oregon.obce@oregon.gov

Verification of Licensure: The following information is to be provided by all jurisdictions from which the applicant holds or has held a chiropractic license. *(This form may be copied)*

Applicant: Please complete this section and send it to the state(s) and/or jurisdiction(s) where you are or have been licensed to practice chiropractic.

_____ is applying for chiropractic licensure in Oregon and is required to verify
(Your full name)
licensure in the State of _____.

Any fee required to process this request is the responsibility of the applicant.

Licensing Board: To assist the Oregon Board of Chiropractic Examiners, please complete this section and return it to the above address.

Name of license holder: _____ License number: _____

Jurisdiction providing verification: _____ Date issued: _____

License Status: Active Inactive Expired Expiration Date: _____

Has the license been active in this state for at least one of the past five years? Yes No

License issued based on: Reciprocity Examination Other: _____

Is the licensee currently in good standing in your state? Yes No

Has any disciplinary action been taken against this doctor's license? Yes No

Are there any pending complaints or open investigations against this doctor's license? Yes No

If any disciplinary action is pending or has been taken, please attach an explanation or final order(s). If there are any pending complaints or open investigations, please provide an explanation.

State Seal

Signed: _____

Name: _____

Title: _____

Agency: _____

Date: _____

Applicant initials _____

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 OBCE 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 attached 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: _____

Applicant initials _____

**For informational purposes. Please do not return this page with your application.
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, Alutiq, 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>