

# Oregon Board of Chiropractic Examiners Chiropractic Application for Licensure

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Sized Photo  
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| <b>DATE PHOTO TAKEN:</b>   | OBCE OFFICE USE ONLY                                |
| <b>PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE WALL HANGING:</b> | License No. Issued:                                 |
|  | Issued By: <span style="float: right;">Date:</span> |

## 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 exam candidate'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 affidavit. 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. **\$141.25 non-refundable fee** (\$100 application fee and \$41.25 background check fee) payable to the Oregon Board of Chiropractic Examiners. (Check, money order, or credit/debit card only, no cash accepted.)
2. Official transcript of grades from the chiropractic college(s); must include date of graduation.
3. A photocopy of the chiropractic college diploma-please request that the chiropractic college include this with your transcripts.
4. A **signed, notarized**, affidavit (see page 8 of this application) attesting to 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 Candidate'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 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 background check report.

|                      |                |
|----------------------|----------------|
| 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 |           |

Applicant initials \_\_\_\_\_

**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:<br>--/--<br>mth/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<br>(Undergraduate and Graduate) | Location<br>(City and State /Jurisdiction) | Dates of Attendance | Graduated?<br>Yes/No | Degree Earned /Major |
|--|--|---------------------|----------------------|----------------------|
|  |  |                     |                      |                      |
|  |  |                     |                      |                      |
|  |  |                     |                      |                      |
|  |  |                     |                      |                      |

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<br>(City and State/Jurisdiction) | Dates of Attendance | Did you complete training? |
|------------------|---|---------------------|----------------------------|
|                  |   |                     |                            |
|                  |   |                     |                            |
|                  |   |                     |                            |
|                  |   |                     |                            |

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

### 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<br>(If administered in parts, each part<br>should be listed separately.) | Jurisdiction | Date of Examination | Passed/Failed/Other<br>(If Other, please explain.) |
|--|--------------|---------------------|--|
|  |              |                     |  |
|  |              |                     |  |
|  |              |                     |  |

**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 and NOTARIZED affidavit. The affidavit 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><b>NOTE:</b> 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><b>YES</b></p> | <p><b>NO</b></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?   |  |  |
| 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?<br><br>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?<br><br>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.<br><br>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.*

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

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**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 \_\_\_\_\_

**AFFIDAVIT OF APPLICANT**

I, \_\_\_\_\_, by my signature below, do hereby swear or affirm that I am the applicant mentioned in the foregoing application, that all statements are true and correct to my knowledge and belief. I affirm 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 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 \_\_\_\_\_

Notary Signature and Seal \_\_\_\_\_

**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@state.or.us](mailto:Oregon.obce@state.or.us)

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

Applicant initials \_\_\_\_\_

# Verification of Licensure

The following information is to be provided by all states from which the applicant holds a chiropractic license and sent directly to the Oregon Board of Chiropractic Examiners at 530 Center St. NE, Ste. 620 Salem OR 97301-3772.

## **APPLICANT COMPLETE THIS SECTION:**

\_\_\_\_\_ is applying for chiropractic licensure in Oregon, and is required to verify licensure in the State of \_\_\_\_\_. **Any fee required to process this request is the responsibility of the applicant.**

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## **LICENSING BOARD COMPLETE SECTION BELOW:**

Was the license issued based on Reciprocity? \_\_\_\_\_ or Examination? \_\_\_\_\_

If licensure was obtained by examination, please provide the subjects and scores in which the state of \_\_\_\_\_ examined the above applicant:

|                  |       |                                |       |
|------------------|-------|--------------------------------|-------|
| Gynecology       | _____ | General Diagnosis              | _____ |
| Obstetrics       | _____ | Neuromusculoskeletal Diagnosis | _____ |
| Minor Surgery    | _____ | Principles of Chiropractic     | _____ |
| Proctology       | _____ | Chiropractic Practice          | _____ |
| Practical X-ray  | _____ | Written X-ray                  | _____ |
| Physiotherapy    | _____ | Associated Clinical Sciences   | _____ |
| Ethics & Juris   | _____ | Oral/Practical                 | _____ |
| Other            | _____ | Other                          | _____ |
| (identify) _____ |       | (identify) _____               |       |

## **LICENSING BOARD: Check or circle the appropriate response below.**

- 1) The above-named applicant was licensed by the State of \_\_\_\_\_ Board of Chiropractic Examiners on \_\_\_\_\_ and granted chiropractic license # \_\_\_\_\_  
(initial date)
- 2) The license is **ACTIVE** \_\_\_\_\_ **INACTIVE** \_\_\_\_\_ **EXPIRED** \_\_\_\_\_ **EXP. DATE** \_\_\_\_\_
- 3) The license **WAS** \_\_\_\_\_ **WAS NOT** \_\_\_\_\_ active in this state for at least one of the past five years.
- 4) The licensee **IS** \_\_\_\_\_ **IS NOT** \_\_\_\_\_ currently in good standing; and administrative disciplinary action **HAS/HAS NOT** been taken, or **IS/IS NOT** pending against the above-named applicant's license.
- 4) This licensee **HAS / HAS NOT** been found guilty of unprofessional or unethical practices.

*If any action is pending or has been taken, please attach an explanation or final order(s).*

State Seal

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

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)*