

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS

174 Church Street, North • Concord, North Carolina 28025
Telephone: (704) 793-1342

APPLICATION FOR LICENSURE EXAMINATION TO PRACTICE CHIROPRACTIC

I hereby apply to be examined for licensure to practice chiropractic in North Carolina, and along with this completed application, I enclose the following additional documents and fee as required by the Board of Chiropractic Examiners:

1. Certificate of good moral character;
2. Official transcript for Baccalaureate degree;
3. Official transcript for Doctor of Chiropractic degree;
4. Official transcript of National Board grades for Parts I, II (including P.T.), III and IV (with score of 475 or higher);
5. Verification of license (if licensed in any other state);
6. Application fee in the amount of \$300.00.

(NOTE: Application fee is not refundable; no personal checks will be accepted. Payment must be made by certified check or money order, payable to N.C. Board of Chiropractic Examiners.)

Printed name to appear on license

Signature of applicant

Address: _____

State: _____ zip code: _____

Telephone: _____

ATTACH PHOTO HERE
(Photo must be 2" X 3" and notarized.)

16. Has any state or jurisdiction refused to grant you a license? If so, which state or jurisdiction?

17. List all disciplinary charges that have ever been brought against you by any chiropractic regulatory authority, the state or jurisdiction in which each charge was brought, whether you were convicted (or found liable), and the disciplinary sanctions imposed (reprimand, probation, license suspension, license revocation, etc.):

Charge	State	Convicted?	Sanction
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Have you ever voluntarily given up any licensure privileges in order to avoid formal disciplinary sanctions? Yes _____ No _____

19. Have you ever been sanctioned by or suspended from participation in Medicare or Medicaid? Yes _____ No _____

20. Have you ever been denied membership in a professional association, or if admitted, have you ever been suspended or your membership not renewed due to a breach of ethics? Yes _____ No _____

21. Has a malpractice judgment ever been entered against you? Yes _____ No _____

AFFIDAVIT OF APPLICANT

I, the undersigned applicant, do hereby affirm that all information given in this application is true and complete. Further, I affirm that I have read and understand the laws governing chiropractic in North Carolina, and that if granted a license to practice chiropractic in North Carolina, I will operate my practice in conformity with said laws.

Applicant

State of _____

County of _____

On this _____ day of _____, 20____, personally appeared before me _____, who, after first being duly sworn (or affirmed) according to law, executed the foregoing affidavit.

Notary Public

My commission expires: _____

Section C: Educational History

12. Non-chiropractic education (List each high school, college or university attended):

Institution	Location	Dates of Attendance	
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____
_____	_____	From _____	To _____

13. Chiropractic education (List all colleges in order of attendance):

College	Mo/Year Enrolled	Last Mo/Year Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. List each diploma, degree or certificate that you hold:

Credential	Awarded By	Mo/Year Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section D: Licensure History (Note: an applicant who has never before applied for licensure to practice chiropractic in any jurisdiction may omit this section.)

15. List all states or foreign jurisdictions in which you are currently licensed or have ever been licensed to practice chiropractic:

State/Jurisdiction	License now active or inactive?	Are you in good standing?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____