



Minimum Requirements to Obtain an Ohio Chiropractic License

- At least 21 years of age and of good moral character, as determined by the Board.
- Pre-professional education:
 - 60 semester hours of pre-professional education for those applicants who matriculated into a doctor of chiropractic degree program prior to January 1, 2002.
 - 90 semester hours of pre-professional education for those applicants who matriculated into a doctor of chiropractic degree program on or after January 1, 2002
 - Bachelor, masters, or doctorate degree for those applicants who graduate from chiropractic college on or after June 30, 2010.
- Graduate of a Board-approved chiropractic college.
- NBCE Requirements according to chiropractic college graduation:

Date Graduated Chiropractic College	NBCE Parts Required
On or after 1/1/1970 or before 1/1/1989	I, II & PT
On or after 1/1/1989 but before 1/1/2002	I, II, III & PT
On or after 1/1/2002	I, II, III, IV & PT

Criminal Background Check Required

Effective March 24, 2008, all applicants for a license are required to submit to a fingerprint criminal background check. Please refer to the attached instructions pertaining to background checks for detailed instructions.

THE FOLLOWING DOCUMENTS MUST BE POSTMARKED NO LATER THAN 60 DAYS PRIOR TO THE DATE OF THE EXAMINATION:

Application and non-refundable fee.

- A \$250 non refundable application fee made payable to *Treasurer, State of Ohio* or payment via VISA or MasterCard for those applying for licensure through examination.
- A \$500 non refundable application fee made payable to *Treasurer, State of Ohio* or payment via VISA or MasterCard for those applying for licensure through endorsement.

Official transcripts, sent directly from each of the following institutions:

- All chiropractic educational institutions attended. (A physiotherapy transcript is required from applicants who did not take physiotherapy as part of their chiropractic college core curriculum.)
- National Board of Chiropractic Examiners.
- Effective June 10, 2010 a transcript from the institution from where you earned a bachelor, masters, or doctorate degree.

Verification of licensure

- Applicants must have a verification of licensure sent from each state in which a chiropractic license was ever issued regardless of current status. Such verification must be sent directly to the board office by the issuing licensing authority.

Photograph

- Applicants must submit with their application a passport type photograph taken within the preceding six months. The photograph must be signed by the applicant on the back. All photographs shall be no smaller than 2"x 2" and no larger than 3"x 5."

Application Instructions

The application for a license to practice chiropractic in the state of Ohio consists of an Application and Blank Forms. Answer all questions on the application. Only complete a form if you have answered a question that relates to that form. Your application is NOT considered complete until it is filed with the Board and all supporting forms, documents and fees have been received.

You must immediately notify the Board in writing of any changes to the answers to any of the questions contained in the application and associated forms if such a change occurs at any time prior to a license to practice chiropractic is granted by the Board.

You must answer all questions contained in the application and associated forms truthfully and accurately to the best of your knowledge. Failure to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of your application or disciplinary action.

If applicable, you must disclose any and all information requested pertaining to your criminal history. Relying on the results of your fingerprint background check is not a defense for failing to disclose your criminal history.

If you have more than one incident to disclose on any form, you must copy the form and provide a completed form for each incident. You may not provide information pertaining to multiple incidents on one form. (Example: Form 1 must be copied and completed for each criminal case.)

You may be charged for any fee the Board incurs for obtaining records to confirm information you disclose on your application.

Approval to sit for the Jurisprudence Examination may be delayed until all information disclosed is collected, verified, and reviewed by the Board.

Your application will be processed only after you provide all necessary information. To avoid delays, be sure to:

1. Type or print your answers clearly and legibly.
2. Answer every question.
3. Complete all forms required.
4. Sign and date the bottom of each page of the application.
5. Thoroughly read the Affidavit and Authorization for Release of Information on page 8. Sign the page in your own handwriting and have it acknowledged before a notary public.
6. If you are not sure of dates, places, or other information requested, **it is your responsibility** to consult with the entity involved to obtain accurate and complete information.
7. Where indicated, check the box in front of the word "yes" or "no" to designate your answer. You must answer each question with a "yes" or "no" response.

FAILING TO PROVIDE OR TO ACCURATELY PROVIDE THE REQUESTED INFORMATION ON YOUR APPLICATION AND FORMS AND/OR MAKING A FALSE, FRAUDULENT, OR DECEITFUL STATEMENT ON YOUR APPLICATION AND FORMS MAY RESULT IN THE BOARD REFUSING TO ISSUE A LICENSE TO PRACTICE CHIROPRACTIC OR IMPOSING DISCIPLINARY ACTION.

Helpful Hints and Suggestions

1. Give the Board enough time to do its job. For something as important as a Chiropractic license, 60 days lead time is not unreasonable.
2. Do not make commitments on loans or practice start dates.
3. Do not make travel arrangements for the Jurisprudence Examination until you have been officially notified by the Board that you will be sitting for the examination.
4. Make sure all application materials and fees are sent to the Board in accordance with the directions set forth in the application.
5. If there are items on the application about which the Board requires additional information, or if there is any derogatory information that comes to light, the review process may take longer. If the Board is unable to obtain records or verify information by the date of the examination, the Board may hold your application until such time as all information is verified. This may result in the inability of the applicant to sit for the Jurisprudence Examination on the desired date.
6. The Board is prohibited by law from issuing a license to any applicant until the results of the fingerprint background check reports are received. You may submit to the background check up to six months preceding your date of application for licensure. It may take several weeks for your criminal records check results to be sent to the Board office. Plan accordingly in regard to the date of the Jurisprudence examination that you wish to sit for. Your license will not be issued until the results of the background check are received.

If you have any further questions about this application or filing procedures please contact the Ohio State Chiropractic Board at oscb.chirobd@chr.state.oh.us or (614) 644-7032.

Test Preparation & Results

- After the deadline date all applications are reviewed by the Board. A letter confirming your status will be sent to you approximately one to two weeks after Board review. If your application is refused or denied by the Board, you will be afforded an opportunity for hearing before the Board on the matter.
- The Board's laws and rules can be accessed through our web site at www.chirobd.ohio.gov.
- A minimum score of 75% is required to pass the Jurisprudence Examination. Exam results are released the day of the exam.
- If you pass the exam, your notification will provide you with your license number and expiration date. This letter authorizes you to practice until you receive your official license.
- If you fail the exam, you will be notified of your score and the procedures for reapplying.



Ohio State Chiropractic Board

77 S. High Street, 16th Floor ♦ Columbus, OH 43215

Phone: (614) 644-7032 ♦ Fax: (614) 752-2539

Website: www.chirobd.ohio.gov ♦ Email: oscb.chirobd@chr.state.oh.us

Criminal Records Check Instructions

Ohio Revised Code § 4734.202 requires all individuals applying for a license to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification & Investigation (BCI&I) and the Federal Bureau of Investigation (FBI).

By law, the Board is prohibited from issuing a license to any applicant until the results of the background check reports from BCI&I and the FBI are received. This may result in delays in licensure if you do not complete this process in a timely manner. You may submit to the background check up to six months preceding your date of application for licensure.

It may take several weeks for your criminal records check results to be sent to the Board office. Plan accordingly in regard to the date of the Jurisprudence examination that you wish to sit for. Your license will not be issued until the results of the background check are received.

The cost of the fingerprint background check is \$46. (BCI&I = \$22/FBI = \$24) Only certified checks, business checks or money orders made payable to "Ohio Treasurer" are accepted.

The results of your criminal records check is not a public record and will only be made available to the Board. Only the license applicant, or the applicant's authorized representative may request a copy of the results of a criminal records check from the Board. If you wish to receive a copy of your background check results, you must indicate this on your license application and the Board will mail you a copy upon receipt. All criminal background results will be destroyed after receipt and review by the Board.

*****DO NOT SEND FINGERPRINT CARDS OR FEES TO THE BOARD OFFICE*****

There are two ways to complete your criminal records check:

- 1.) Electronically: You may visit a "National WebCheck" vendor in the state of Ohio to have your fingerprints submitted electronically (Results to the Board within 7-10 business days).
- 2.) Manually: You may take fingerprint cards obtained from the Board to a county sheriff's office, a municipal police department, or any other entity with the ability to make fingerprint impressions and have your fingerprint impressions put on both cards (Results to the Board will take several weeks).

The instructions for each method are listed below.

Electronically - National WebCheck

In order to have your background check completed electronically through National WebCheck, you must visit a National WebCheck vendor. The Sheriff's Offices in all 88 Ohio counties participate in National WebCheck. A list of other WebCheck vendors in Ohio is available online at:

<http://www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing>

*****Only those vendors on the list with "NWC" listed after their name participate in National WebCheck.*****

- 1.) Contact the National WebCheck vendor to make an appointment to have your fingerprint impressions taken. Verify the fees you will be required to pay and the acceptable form of payment. (The vendor may also charge an additional fee to take and/or process your fingerprints.)
- 2.) Go to the National WebCheck vendor to have your fingerprint impressions taken and pay the vendor the appropriate fees in the requested form of payment.

3.) Complete both sides of the fingerprint card legibly. The following must be listed on the card:

Agency Code: 1AB002

Reason for fingerprinting: Required for licensure per ORC 4734.202

Send background results to:

Ohio State Chiropractic Board

77 S. High Street, 16th Floor

Columbus, OH 43215

4.) The WebCheck vendor will submit your fingerprints electronically to BCI&I. Your criminal background results will be reported to the Board within 7-10 business days.

Manual Fingerprinting

Request fingerprint cards from the Board. You will receive a BCI&I fingerprint card and an FBI fingerprint card. These cards have specific information documented on them so that they will be processed correctly. If you utilize fingerprint cards that have not been obtained from the Board, you must make absolutely certain that the following information is documented on the fingerprint cards:

Agency Code: 1AB002

Reason for fingerprinting: Required for licensure per ORC 4734.202

Results are to be mailed directly to:

Ohio State Chiropractic Board

77 S. High Street, 16th Floor

Columbus, OH 43215

Mail cards and fee directly to:

Bureau of Criminal Identification & Investigation

P.O. Box 365

London, OH 43140

- 1.) Take the BCI&I fingerprint card and the FBI fingerprint card to a county sheriff's office, a municipal police department, or any other entity with the ability to make fingerprint impressions and have your fingerprint impressions put on both cards. The entity may charge you a fee for taking your fingerprint impressions.
- 2.) Make sure both sides of the card are completed. The agency code and reason for fingerprinting is already documented on the card along with the option to send the results directly to the Ohio State Chiropractic Board.
- 3.) Mail the BCI&I fingerprint card, the FBI fingerprint card and the \$46 fee to BCI&I using the label the Board provided with your cards.
- 4.) Your criminal records check results will be mailed directly to the Board office in several weeks.

*****DO NOT SEND FINGERPRINT CARDS OR FEES TO THE BOARD OFFICE*****

Adverse Criminal Background Results

All applicants for licensure are required to truthfully and accurately complete their application for a chiropractic license, which includes disclosing all requested information regarding criminal arrests, charges, convictions, etc. Therefore, results of your criminal background check should merely confirm criminal conduct that you have disclosed on your application. If the results of your criminal background check reveal information that you did not disclose on your application, you may be denied licensure.

Disclosing a criminal record, or any other adverse information on your application for a license, does not necessarily result in automatic denial of your application. The information you disclose will be carefully considered by the Board. Please refer to Board Rule 4734-6-09 for factors the Board will utilize when considering your character and fitness to receive a chiropractic license. If the Board proposes to deny your application, you will be afforded an opportunity to have a hearing before the Board.

Affix
Photo
Here



Certified check or money order payable to: Treasurer,
State of Ohio
Or pay via VISA or MasterCard
VISA# _____
MasterCard# _____
Expiration Date _____

APPLICATION FOR LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF OHIO

Full Name: _____
First Middle Last Suffix

*Social Security Number: _____ Date of birth: _____ / _____ / _____
Month Day Year

*The Board is required to collect your social security number to facilitate reporting to the federal Healthcare Integrity and Protection Data Bank (42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, and 45 C.F.R. pt.61) for accurate identification under the federal and state child support enforcement law (42 U.S.C. Section 666 and applicable state law). It may also be used for other investigative/enforcement purposes in compliance with state laws or as otherwise required.

List below all other names you have used or have been known by and describe when, how, and why your name was changed (i.e., marriage or divorce, legal name change, other). If additional space is needed please provide the information requested on Form A.

First, Middle, Last Name	Used from	Used to	Description
_____	Year _____	Year _____	_____

Residence Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: () _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: () _____ Email: _____

Do you have any additional home or business addresses to report? Yes* No

*If yes, please provide the above requested information on Form A

At which address would you prefer to be contacted about this application?
 Residence Business

Are you requesting special accommodations for taking the examination under the American with Disabilities Act? Yes* No

*If yes, please explain on Form A

Are you a United States Citizen? Yes No*

*If no, country of citizenship: _____

Do you currently hold a valid driver's license? Yes* No

*If yes, list jurisdiction and license number: _____

1. List the name of the high school from which you graduated, its location and the year of graduation.

High School _____ City _____ State _____

Date of Graduation /GED (please check one): _____

2. List below the names of **all** colleges and universities other than the chiropractic educational institution(s) that you attended, the location (including the name of the campus if the school had more than one), dates attended, and degree received. Mark N/A if you did not receive a degree. List schools beginning with the most recent attended. If additional space is needed, please provide the requested information on Form A.

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

3. List the name of the chiropractic educational institution(s) that you attended, its location, the dates attended and the degree received.

Chiropractic Institution _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

Is this the only chiropractic institution you have attended? Yes No*

*If no, provide the following information on Form A: Name of the chiropractic institution, location, dates attended and reason for leaving.

Applicant Name _____

Date _____

-
4. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign in lieu of discipline from any college, institution or university, or otherwise subject to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein? Yes* No

*If yes, provide the following information on Form A: Name of the institution, date of the action or incident, and an explanation of the circumstances surrounding the action or incident.

5. Which of the following parts of the National Board of Chiropractic Examiners have you taken?
- | | |
|---|--|
| <input type="checkbox"/> Chiropractic College Assessment Test | <input type="checkbox"/> Part IV |
| <input type="checkbox"/> Part I | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Part II | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Part III | |
| <input type="checkbox"/> Ethics and Boundaries - indicate reason for taking: _____ | |
| <input type="checkbox"/> Special Purposes Examination for Chiropractic- indicate reason for taking: _____ | |
-

6. Do you hold Diplomate status, post-graduate or other specialized certifications? Yes* No

*If yes, provide the specialization and issuing entity: _____

7. List every state, foreign country or other jurisdiction to which you have ever submitted an application to be licensed for the practice of chiropractic. Provide an explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be licensed on Form A.

State/Foreign Country _____ Date license issued _____

What is the status of this license? Current Inactive Other (explain on Form A)

State/Foreign Country _____ Date license issued _____

What is the status of this license? Current Inactive Other (explain on Form A)

If additional space is needed, please provide the requested information on Form A.

8. Do you now, or have you ever held any other type of professional license in any jurisdiction? This includes temporary, trainee, or apprenticeship licenses or permits. Yes* No

*If yes, provide the following information on Form A: State, date issued, license no., type of license, and status of license.

9. Have any of the aforementioned chiropractic or professional licenses ever been limited, censured, forfeited, voluntarily or involuntarily surrendered, put on probation, reprimanded, fined, revoked, suspended, allowed to lapse, or disciplined for any reason? Yes* No
-

10. Are there any past or pending complaints or grievances, formal or informal, concerning your conduct as a chiropractic physician? Yes* No

*If yes, please explain on Form A

11. Have you ever been notified of any investigation, charges, allegations, or complaints filed against you or concerning you by any health care board, government agency, or other body, including those in Ohio, with respect to a professional license, certificate or registration? Yes* No

*If yes, please explain on Form A

12. Have you ever been requested to appear before any health care board, government agency or other body, including those in Ohio, concerning allegations against you? Yes* No

*If yes, please explain on Form A

13. Have you ever entered into an oral or written agreement of any kind with respect to a professional license, certificate, or registration in lieu of formal disciplinary action with any health care board, government agency, or other body, including those in Ohio? Yes* No

*If yes, please explain on Form A

14. Have you ever entered into a private or confidential agreement with any licensing authority? Yes* No

*If yes, please explain on Form A

15. Have you ever voluntarily surrendered any professional license or allowed a license to lapse that was issued by any professional licensing authority? Yes* No

*If yes, please explain on Form A

16. Have your privileges ever been restricted or terminated by any health care facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such facility to avoid imposition of such measures? Yes* No

*If yes, please explain on Form A

17. Have you ever been requested to resign, withdraw, or be involuntarily terminated from your position with a health care partnership, professional association, corporation, health maintenance organization, or other health care practice organization, either private or public? Yes* No

*If yes, please explain on Form A

18. Have you at any time practiced chiropractic without a license, other than through a Board-approved preceptorship program through your chiropractic educational institution? Yes* No

*If yes, please provide an explanation on Form A

19. Have you ever been a member of the Armed Forces of the United States, its Reserve components or the National Guard? Yes* No

*If yes, complete Form 5

Applicant Name _____

Date _____

20. List every job you have held since graduating from a chiropractic educational institution, beginning with your current job. Include self-employment, temporary or part-time employment and military service. Account for any period of time when you were unemployed for more than four months (i.e., in school, seeking employment, etc.) If additional space is needed, please provide the requested information below on Form A.

EMPLOYMENT HISTORY

From Mo/Yr _____ To PRESENT Position _____

Employer _____

City _____ State _____ Zip _____ Telephone () _____

Reason for employment termination/resignation _____

From Mo/Yr _____ To Mo/Yr _____ Position _____

Employer _____

City _____ State _____ Zip _____ Telephone () _____

Reason for employment termination/resignation _____

From Mo/Yr _____ To Mo/Yr _____ Position _____

Employer _____

City _____ State _____ Zip _____ Telephone () _____

Reason for employment termination/resignation _____

21. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination by any employer? Yes* No

*If yes, provide the following information on Form A for each occurrence: Name of employer, dates of employment and explanation of circumstances.

22. Have you ever been terminated from a city, county, state, or federal government position? Yes* No

*If yes, provide the following information on Form A: Name of employer, dates of employment and explanation of circumstances.

23. Are you currently a defendant in a legal action involving professional liability, including malpractice?

If yes, complete Form 2 Yes No

24. Have you ever had a professional liability claim paid on your behalf, or paid such a claim yourself?

If yes, please provide an explanation on Form A Yes No

Applicant Name _____

Date _____

25. Have you ever been removed from participation in any third party reimbursement program, whether governmental or private, or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, been requested to appear before, or fined?

If yes, please provide an explanation on Form A Yes No

26. Have you ever pled guilty, no contest, nolo contendere, or been found guilty for any violation of any law (except minor traffic) in any jurisdiction? Yes* No

*If yes, complete Form 1

If you are unsure what does and does not constitute a minor traffic violation, consult with legal counsel. Driving under the influence violations are not minor traffic violations and must be reported.

27. Have you ever been pardoned from a criminal conviction? Yes* No

*If yes, please provide an explanation on Form A

28. Have you ever had a record expunged from a criminal conviction? Yes* No

*If yes, please provide an explanation on Form A

29. List all Driver's Licenses you have held:

State _____ State _____ State _____

30. Have you ever had a driver's license cancelled, suspended, or revoked? Yes* No

*If yes, provide the following details on Form A: State, effective date(s), explanation of circumstances.

31. Have you ever been a named party to any civil action or had a claim made against you with regard to the practice of chiropractic or any other profession? Yes* No

*If yes, complete Form 2

32. Do you have a current, pending or unresolved complaint filed against you in any administrative, civil, or criminal forum? Yes* No

*If yes, complete Form 1 and/or 2

33. Have you ever filed a petition for bankruptcy? Yes* No

*If yes, complete Form 6

34. Are you currently in default on any student loan? Yes* No

*If yes, provide the following on Form A: Name of entity that extended credit and current status of debt.

35. Are you delinquent in complying with a child support order? Yes* No

*If yes, provide the following details on Form A: Jurisdiction and explanation of circumstances.

Applicant Name _____

Date _____

36. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance? Yes* No

*If yes, provide an explanation of circumstances on Form A

37. Within the past ten years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder? Yes* No

*If yes, complete Forms 3 and 4

38. Have you ever been diagnosed with or have you been treated for pedophilia, exhibitionism, or voyeurism? Yes* No

*If yes, complete Forms 3 and 4

39. Do you currently have any condition or impairment, including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, which in any way currently affects, or, if untreated, could affect your ability to practice chiropractic in a competent, safe and skillful manner? Yes* No

*If yes, complete Forms 3 and 4

40. If your answer to Question 39 is yes, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? Yes* No

*If yes, complete Form 4

41. Within the past ten years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority? Yes* No

*If yes provide the following on Form A: Name and entity before which the issue was raised (i.e., court, agency, etc.) street address, city, state, zip code, telephone number, name of proceeding, and an explanation of the circumstances.

42. Are you applying for a GRADUATION deadline waiver? Yes* No

*If yes complete **FORM 7**

43. Are you applying for a NATIONAL BOARD transcript waiver? Yes* No

*If yes complete **FORM 8**

44. Do you want a copy of the results of your criminal background check mailed to you? Yes No

Results will be destroyed after review. If you reply no, you will not be able to obtain a copy at a later date.

Applicant Name _____

Date _____

PROFESSIONAL REFERENCES

Provide the names and addresses of **three chiropractic physicians** who are not related to you by blood or marriage. **One reference must be an Ohio licensed chiropractic physician.** If you do not know any Ohio licensed chiropractic physicians, one chiropractic physician must be licensed in your state of residence.

1. Name: _____ Phone: _____
Relationship to Applicant: _____ Length of time known: _____
Street Address: _____
City : _____ State: _____ Zip: _____

2. Name: _____ Phone: _____
Relationship to Applicant: _____ Length of time known: _____
Street Address: _____
City : _____ State: _____ Zip: _____

3. Name: _____ Phone: _____
Relationship to Applicant: _____ Length of time known: _____
Street Address: _____
City : _____ State: _____ Zip: _____

PERSONAL REFERENCES

Provide the names and addresses of two additional references not related to you by blood or marriage who have been acquainted with you for at least five years. These references cannot be the same as those listed above. **If you have been practicing for five years or more, one reference must be a patient.**

4. Name: _____ Phone: _____
Relationship to Applicant: _____ Length of time known: _____
Street Address: _____
City : _____ State: _____ Zip: _____

5. Name: _____ Phone: _____
Relationship to Applicant: _____ Length of time known: _____
Street Address: _____
City : _____ State: _____ Zip: _____

FORM A

To be used for questions requiring additional answer space. This form may be duplicated as necessary.

Question # _____

Question # _____

Question # _____

Question # _____

FORM 3
AUTHORIZATION TO RELEASE MEDICAL RECORDS

This form may be duplicated as necessary

Upon presentation of the original or a photocopy of this signed authorization, I (name of applicant) _____ hereby authorize:

Name of Institution or Doctor _____

Address _____

City _____ State _____ Zip _____

To provide information, including copies of records, concerning advice, care, or treatment provided to me without limitation relating to mental illness, use of drugs or alcohol, to representatives of the Ohio State Chiropractic Board who are involved in conducting an investigation into my moral character, professional reputation, and fitness for the practice of chiropractic.

I hereby release, discharge and exonerate the Ohio State Chiropractic Board, its agents and representatives and its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Ohio State Chiropractic Board.

Signature of Applicant

Subscribed and sworn to or affirmed before me

This _____ day of _____, 20_____,

Notary Public

My commission expires _____

Seal or stamp must be affixed to this page.

FORM 6
RECORD OF BANKRUPTCY OR INSOLVENCY

This form may be duplicated as necessary

Name _____
 First *Middle* *Last*

Date bankruptcy filed _____

Title of action _____

Court file number _____

Name and location of court involved:

 Name of court _____

 City _____ State _____ Zip _____

Names and addresses of major creditors:

 Name of creditor _____

 Address _____

 City _____ State _____ Zip _____

 Name of creditor _____

 Address _____

 City _____ State _____ Zip _____

 Name of creditor _____

 Address _____

 City _____ State _____ Zip _____

Date of final disposition _____

Disposition _____

- | | | |
|--|------------------------------|-----------------------------|
| Were any adversary proceedings instituted? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were there any allegations of fraud? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were any debts not discharged? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Brief description of circumstances surrounding filing petition for bankruptcy

**FORM 8
GRADUATION DEADLINE WAIVER**

This waiver is for those applicants who graduate after the Ohio Board application deadline, but *before* the date of the Jurisprudence examination.

All other application materials must be submitted to the Board postmarked on or before the deadline date.

I, (applicant's name) _____ hereby request a graduation deadline waiver for my chiropractic institution credentials. I understand that I will not be permitted to sit for the Ohio State Chiropractic Board Jurisprudence examination if I do not successfully complete my graduation requirements.

Signature of Applicant

Date

****This document must be sent directly to the Board office from the chiropractic institution.****

CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that _____ entered _____
on the _____ day of _____, _____ and will graduate on the _____ day of _____, _____, receiving the degree Doctor of Chiropractic. I further certify that on _____, the date of the Ohio State Chiropractic Board examination, he/she will have completed all clinical and classroom requirements required for graduation.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

Academic Dean Date

Typed or printed name and title

College Seal

Name of College

City State

FORM 9
National Board of Chiropractic Examiners Deadline Waiver

This waiver is for those applicants whose NBCE examination results will not be released until after the Ohio Board application deadline, but *before* the date of the Jurisprudence examination.

All other application materials must be submitted to the Board postmarked on or before the deadline date.

I, (applicant's name) _____ hereby request a deadline waiver for my NBCE transcript. I understand that I will not be permitted to sit for the Ohio State Chiropractic Board Jurisprudence examination if I do not successfully pass any portion of the required NBCE examinations, or if my NBCE transcript is not received in the Board office prior to the day of the examination.

Signature of Applicant

Date

Waiver requested for: Part I Part II Part III Part IV PT

Date examination was taken _____ Date transcript to be released _____