



**Ohio State Chiropractic Board**  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215  
Phone (614) 644-7032 • Fax (614) 752-2539  
[www.chirobd.ohio.gov](http://www.chirobd.ohio.gov)  
[oscb.chirobd@chr.state.oh.us](mailto:oscb.chirobd@chr.state.oh.us)

## TEMPORARY LICENSE APPLICATION INSTRUCTIONS

Temporary licenses are granted to provide chiropractic services to individuals, groups, or organizations ***in connection with a sporting, artistic or educational event conducted in Ohio.*** A temporary license is available to any chiropractic physician who holds a current, active and unrestricted license in good standing, with no pending disciplinary proceedings, in any jurisdiction that has licensing requirements that on the date the license was issued are considered by the Board to be substantially equivalent to those of Ohio.

The granting of a temporary license constitutes authority to practice chiropractic in Ohio only within the scope of services, and in connection with the persons to be treated, as described in your application. If you are granted a temporary license you may not provide chiropractic services to any undisclosed person or group at an event, meeting, or other function in Ohio.

A single temporary license will be current for not more than thirty days at a time. These days need not be consecutive but shall be used or forfeited within a six month period. No more than two temporary licenses will be issued to an applicant during any calendar year. A temporary license shall not be used to provide relief services or practice coverage for an Ohio chiropractic physician.

The Board's laws and rules can be viewed/downloaded from our website at [www.chirobd.ohio.gov](http://www.chirobd.ohio.gov). **ALL LAWS AND RULES OF THE BOARD ARE APPLICABLE TO TEMPORARY LICENSE HOLDERS.**

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**The following credentials must be filed with the Board postmarked no later than fourteen days before the requested effective date of the temporary license:**

- Temporary Application.
- \$75 non-refundable application fee made payable to *Treasurer, State of Ohio* or payment via VISA or MasterCard.
- A passport type photograph taken within the preceding six months, signed on the back. All photographs shall be no smaller than 2"x 2" and no larger than 3"x 5."
- A letter of invitation or other document from the sponsoring entity confirming that you have been invited or authorized to participate and provide chiropractic services at a scheduled sporting, artistic or educational event conducted in Ohio.
- Documentation verifying current valid malpractice insurance.
- Verification of licensure and current standing sent directly from **all** state boards in which you have ever held a chiropractic license. Do not send copies of these licenses.

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**MAKING A FALSE, FRAUDULENT, OR DECEITFUL STATEMENT ON YOUR APPLICATION MAY RESULT IN THE BOARD REFUSING YOUR APPLICATION OR POSSIBLE DISCIPLINARY ACTION.**



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\$75 Certified check or money order payable to:  
Treasurer, State of Ohio  
Or pay via VISA or Mastercard  
VISA# \_\_\_\_\_  
MasterCard# \_\_\_\_\_  
Expiration Date \_\_\_\_\_

## APPLICATION FOR TEMPORARY LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF OHIO

Full Name: \_\_\_\_\_  
*First Middle Last Suffix*

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

\*Pursuant to 42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, 45 C.F.R. pt.61, and Ohio Rev. Code § 2301.373(E) the Board is required to collect social security numbers for potential disclosure to the federal Healthcare Integrity and Protection Data Bank and/or the Local County Child Support Enforcement Agency.

Contact Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Website: \_\_\_\_\_ Email address: \_\_\_\_\_

1. Description of chiropractic services to be performed: \_\_\_\_\_  
\_\_\_\_\_

2. The event, meeting, or function at which the services are to be performed: \_\_\_\_\_  
\_\_\_\_\_

3. Identification of the person(s) and/or group to be treated: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Specific date(s) services are to be performed: \_\_\_\_\_  
\_\_\_\_\_

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5. Chiropractic Educational Institution where your doctor of chiropractic degree was earned:

\_\_\_\_\_ Date of Graduation: \_\_\_\_\_

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6. State in which you are currently licensed as a chiropractic physician: \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other states in which you have been granted a license to practice chiropractic: \_\_\_\_\_

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7. 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.

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

\*If yes, provide the following information on Form A: Action taken and reason for action.

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9. 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

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10. 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?

\*If yes, please explain on Form A  Yes\*  No

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11. 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?

\*If yes, please explain on Form A  Yes\*  No

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12. 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?

\*If yes, please explain on Form A  Yes\*  No

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13. Have you ever entered into a private or confidential agreement with any licensing authority?

\*If yes, please explain on Form A  Yes\*  No

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15. 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.*

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

\*If yes, please provide an explanation on Form 1

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17. Have you ever had a record expunged from a criminal conviction? Yes\* No  
\*If yes, please provide an explanation on Form 1

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18. 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

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19. 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

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20. 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 1

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21. 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

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22. 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

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23. 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

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24. If your answer to Question 23 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, provide an explanation on Form 4

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25. 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.

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## Affidavit and Authorization for Release of Information

I acknowledge that I have read and understand the Application for Temporary License to Practice Chiropractic in the State of Ohio and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of my application or disciplinary action.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records and/or other information pertaining to me furnish to the Board any such information, including documents and records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other/or information in connection with this application.

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of an investigation made by the Board.

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

I understand that my failure to answer all questions contained in this application truthfully and completely may lead to denial of my application or disciplinary action. I attest that all answers, information, and statements I have provided are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant (must be signed in the presence of a notary public) Date

\_\_\_\_\_  
Applicant's printed name

<b>NOTARY</b>
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State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Dated \_\_\_\_\_ Signed \_\_\_\_\_

Notary Seal