



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:

<u>Chiropractic College</u>	<u>Pre-Professional Education Required</u>
Enrolled prior to 1/1/2002	60 semester hours
Enrolled on or after 1/1/2002 but before 6/30/2010	90 semester hours
Graduated on or after 6/30/2010	Bachelor's, Master's or Doctorate*
	*other than D.C. degree
- Graduate of a Board-approved doctor of chiropractic degree program.
- NBCE Requirements according to chiropractic college graduation*

<u>Date Graduated Chiropractic College</u>	<u>NBCE Parts Required</u>
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

*If you do not meet the above NBCE requirements based upon your graduation date, please contact the Board office to discuss your options.

Required Documents

The following documents must be received and approved by the Board prior to being authorized to take the online Jurisprudence exam. You will receive an email notification once all items have been received and your file is complete.

Application and \$250 non-refundable fee.

- VISA or MasterCard.

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 doctor of chiropractic program core curriculum.)
- National Board of Chiropractic Examiners.
- Educational institution where bachelor, masters, or doctorate degree was earned for those applicants who graduate from chiropractic college on or after June 30, 2010.

Fingerprint Background Check Results

- All applicants for licensure are required to submit to a fingerprint criminal background check. Refer to the Criminal Records Check instructions for more detailed information.

Verification of licensure

- Sent from each state in which a chiropractic license was ever issued regardless of current status. Such verification must be issued by the licensing authority.

Photograph

- A passport type photograph taken within the preceding six months. 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 provide one email address to be considered your email of record. This email address must also be used to set up your user account for the online Jurisprudence exam. Email is the Board's preferred method of contact and all exam information and your Jurisprudence exam transcript will be sent to your email address.

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 licensure.

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. 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.

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.

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. 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.

Approval to take the online Jurisprudence Examination may be delayed until all information disclosed is collected, verified, and reviewed by the Board. If your application is refused or denied by the Board, you will be afforded an opportunity for hearing on the matter.

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.

Test Preparation & Results

- The Board's Jurisprudence examination is given online. There is no filing deadline for the exam. Once your application is complete and has been approved you will receive notification via email stating that your file is complete and that you may proceed with taking the online Jurisprudence Examination. This email will be sent to your email address of record and will provide specific instructions on how to access and take the online Jurisprudence Examination.
- The Jurisprudence exam will test you on your knowledge of the Board's laws and rules which can be accessed on the Board's website at www.chirobd.ohio.gov under the Laws and Rules tab. You must study both the Ohio Revised Code Chapter 4734 and the Ohio Administrative Code Chapter 4734.
- A minimum score of 75% is required to pass the Jurisprudence exam. Once you complete the exam you will see your score and a transcript will be sent to you and to the Board. It may take up to five business days for the Board to process your license once your passing exam transcript is received. Please only contact the Board office regarding your license after the exam if you have not received your official notification of licensure *after* 5 business days. You may not begin practicing until you receive a letter from the Board verifying your passing score and license number.
- If you fail the Jurisprudence exam, you must retake it until you pass.

Helpful Hints and Suggestions

1. Do not make commitments on loans or practice start dates.
2. Make sure all application materials and fees are sent to the Board in accordance with the directions set forth in the instructions.
3. 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, the Board may hold your application until such time as all information is verified. This may result in your inability to take the online Jurisprudence Examination at the desired time.
4. The Board is prohibited by law from issuing a license to any applicant until the results of the fingerprint background check is received. You may submit to the background check up to six months preceding your date of application for licensure.
5. It may take several weeks for your criminal records check results to be sent to the Board office. You will not be permitted to take the online Jurisprudence Examination until the results of the background check, along with all other required documents, 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.



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

WebCheck results are processed in approximately 7-10 days. Manual fingerprint checks take approximately 90-120 days to process. The Board strongly suggests you submit your fingerprints through a WebCheck vendor. WebCheck vendors are only located in Ohio.

The cost of the fingerprint background check is \$46. (BCII = \$22/FBI = \$24) Only certified checks, business checks or money orders made payable to "Ohio Treasurer" are accepted. **Some entities may charge an additional fee.**

*****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:

www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

- 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 charge an additional fee to take and/or process your fingerprints.)
- 2.) Go to a 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

Background results are to be mailed directly to:

Ohio State Chiropractic Board
77 S. High Street, 16th Floor
Columbus, OH 43215

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

Manual Fingerprinting

You must contact the Board office to request fingerprint cards. You will receive a BCII 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

- 1.) Take the BCII 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.
- 2.) Make sure both sides of the card are completed and contain the agency code and reason for fingerprinting along with the option to send the results directly to the Board.
- 3.) Mail the BCII fingerprint card, the FBI fingerprint card and the \$46 fee to BCII using the label the Board provides with your cards.

Background results are to be mailed directly to:

Ohio State Chiropractic Board
77 S. High Street, 16th Floor
Columbus, OH 43215

Your criminal records check results will be mailed directly to the Board office. Manual results may take several weeks to process.

*****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 convictions. 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



Non-refundable fee paid 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

Gender: Male Female

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

*Your social security number is required for purposes of child support enforcement in accordance with Ohio Revised Code Section 3123.50 (Defaults Under Child Support Orders). It may also be used for reporting discipline (adverse actions) to the federal National Practitioner Data Bank in accordance with 45 CFR pt. 60.

*Email address: _____

*This email address must be used to set up your account for the online exam. This will be the official email address of record for your online Jurisprudence exam and all other email correspondence from the Board.

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
_____	_____	_____	_____
	<i>Year</i>	<i>Year</i>	

Residence Address

Street: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

Business Address

Street: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: _____ Website: _____

Criminal Background Check Results

Do you want a copy of the results of your criminal background check mailed to you?

Yes No

1. Are you requesting special accommodations for taking the examination under the Americans with Disabilities Act?

Yes* No

* If yes, please explain on Form A.

2. Citizenship*

- United States
- I am a foreign national not living in the U.S.
- Other non-immigrant status (attach copy of documentation)
- Alien lawfully admitted for permanent residency in the US (attach a copy of the front and back of alien registration or work authorization card)

*If you are living in the U.S., Federal Law [8 USCS § 1621][PRWORA], limits the issuance of professional licenses to U.S. citizens or aliens lawfully admitted to the U.S.

3. High School Attended: _____

City _____ State _____ Date of Graduation _____ GED:

4. If you graduated from a chiropractic educational institution on or after June 30, 2010, list the name of the college or university from which you earned a bachelor's, master's, or doctorate degree (other than a doctor of chiropractic degree).

College _____ City _____ State _____

Date Graduated _____ Degree _____

5. List the name of the chiropractic educational institution from which you earned your doctor of chiropractic degree.

Chiropractic Institution _____ Date Graduated: _____

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

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

6. 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 withdrawal of application or failure to be licensed on Form A.

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

Applicant Name _____

Date _____

-
7. 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 three 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 _____

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

Employer _____

City _____ State _____ Zip _____ Telephone _____

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

Employer _____

City _____ State _____ Zip _____ Telephone _____

8. Do you hold Diplomate status or other specialized certification? Yes* No

* If yes, describe: _____

9. Have you or your spouse ever been a member of the U.S. Armed Forces or a reserve component, including the National Guard of any state? Yes* No

* If yes, complete Form 3

If you answer "YES" to any of the following questions (10-27), you are required to furnish complete details of your response on Form A. Please note some questions require specific and detailed information. Your responses must be complete.

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

* If yes, indicate on Form A the issuing entity, type of license and current status.

11. Have you ever been denied licensure, certification or registration, application for licensure, certification or registration or privilege of taking examination, or have you ever withdrawn any application in any state, including Ohio, territory, province or country for any reason? Yes No
-

Applicant Name _____

Date _____

12. Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand against you? Yes No

13. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license, certificate or registration? Yes No

14. Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you? Yes No

15. Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio?

Yes No

16. Have you ever voluntarily surrendered any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body, including those in Ohio? Yes No

17. Have you ever been terminated, or have you ever been requested to resign from, withdraw, or otherwise terminate 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

18. Have you been a defendant in a legal action involving professional liability (including malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? Yes* No

* If yes, also complete Form 2

19. Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body? Yes No

20. Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced or terminated by the Department of Defense or the Veteran's Administration? Yes No

21. Have you ever been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any violation of any law (except minor traffic laws) in any jurisdiction, other than a violation that was resolved in juvenile court? 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.

Applicant Name _____

Date _____

22. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance (other than for a minor traffic violation) been summoned into court as a defendant or had any lawsuit (other than a malpractice suit) filed against you, other than a matter resolved in juvenile court? x Yes* x No

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

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

24. Are you delinquent in complying with a child support order? x Yes x No

25. 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 your ability to practice in a competent and professional manner? x Yes x No

*If yes, have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

26. Are you listed on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to Section 3797.08 of the Ohio Revised Code, or have you been notified of any proceeding to determine whether you may be subject to listing on the registry? x Yes x No

27. Are you required to register as a sex offender under Ohio law, the law of another state, the U.S., or a foreign country? x Yes x No

I, _____ attest that I am the person named in this application, that all statements I have made are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application; and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are true and accurate in every aspect.

I acknowledge that I have read and understand the Application for License to Practice Chiropractic in the State of Ohio and have answered all questions contained in the application and associated forms 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 against me.

Applicant Name _____

Date _____

Affidavit and Authorization for Release of Information

By filing this application for a license to practice chiropractic in the state Ohio, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a chiropractic physician. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

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 other information pertaining to me furnish to the Ohio State Chiropractic Board any such information, including documents, 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 information in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Ohio State Chiropractic Board, its agents or representatives and any persons furnishing information, from any and all liability of every nature and kind arising out of an investigation made by the Board. I authorize the Ohio State Chiropractic Board to release information, material, documents, orders or the like relating to me or to this application to any other governmental agency (local, state, federal, or foreign); or to any hospital, nursing home, clinic, health maintenance organization, or similar institution, or to any professional association.

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 further understand that consideration of this application is based on the truth of the statements and documents made or furnished in connection with it. My failure to answer all questions contained in this application truthfully and completely may lead to denial of my application or disciplinary action against me. 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 _____

NOTARY

State of _____ County _____

Subscribed and sworn to before me this _____ day of _____ 20____

My commission expires: _____

Dated _____ Signed _____

Notary Seal

Applicant Name _____

Date _____

FORM A

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

Question # _____

Question # _____

Question # _____

Question # _____

Applicant Signature _____ Date _____

