Oregon Board of Chiropractic Examiners
Chiropractic Application for Licensure

Attach Passport
Sized Photo
Here

DATE PHOTO TAKEN:	OBCE OFFICE USE ONLY
PRINT YOUR NAME AS YOU WISH IT TO APPEAR ON THE WALL HANGING:	License No. Issued:
	Issued By: Date:

READ THIS APPLICATION AND EXAM CANDIDATE'S GUIDE CAREFULLY AND 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.

Requirements for Application: (see specific deadline due dates included in this packet.)

1. **$140.00 non-refundable fee** ($100 examination fee and $40.00 background check fee) payable to the Oregon Board of Chiropractic Examiners.

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 4 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 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. Complete set of fingerprints: Complete the Background Check Form. You may include this with the application.

9. Current certified statement of good standing and disciplinary history from each state licensing authority where presently licensed or where licensed in the past. Use the enclosed Certification of Licensure form.

OBCE OFFICE USE ONLY	
Payment Received	Date Received

1. _____
First Middle Last Maiden name / Alias

2. _____ Select Pronoun
Preferred Name Preferred Pronoun (She/He/Zer/Ze)

3. _____
Street Address City State Zip

4. _____
Mailing Address (If different from street address)

5. _____ 6. _____ 7. _____ Select Gender
Birthplace Date of Birth Gender

8. _____
Email Address (Area Code) Telephone Number

9. Disabled Under Federal Law Yes [ ] No [ ]

If you have a disability and may require some accommodation in taking this examination, be sure to fill out and submit the "Request for Accommodation" form along with this application. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on-site.

10. PRE-CHIROPRACTIC EDUCATION: (Attach an extra sheet, if necessary)

_____
Name/Location of College Degree, if any

_____
Name/Location of College Degree, if any

_____
Name/Location of College Degree, if any

11. CHIROPRACTIC COLLEGES ATTENDED:

_____ Dates _____ _____
Name of College From/To Date of Graduation Degree

_____ Dates _____ _____
Name of College From/To Date of Graduation Degree

12. Any other professional or occupational license(s) currently or previously held in Oregon? List all.

License (Type)	Date of Licensure	Current	Inactive
		◉	○
		○	○

13. Any other professional (**including Chiropractic**) or occupational license(s) currently or previously held in another State? List all.

License (Type)	State	License Number	Date of Initial Licensure	License Status	
				Active	
				Active	

Stop! Before you answer these questions considering the following:

Any false statement made in this application is grounds for possible board action regarding your application or your license. If in doubt, disclose and explain rather than conceal. If you answer "no" to any question based upon an "Expungement," "Setting Aside," "Diversion," "Dismissed," or "Sealing" of a record, that information must be personally verified by you with the court directly involved in that order. An erroneous belief that a conviction has been expunged, set aside, diverted etc.… when in fact, it has not, may be deemed a false statement. (Remember, we are checking the FBI fingerprint database and the records in the Oregon Judicial Information Network-OJIN.)

DUI Diversion
If you were charged with Driving Under the Influence (DUI) and you went through diversion, you still have to answer and reveal that you were charged with a misdemeanor, even though you plead guilty and the conviction was "not entered" and thus "dismissed." If you had a DUI in Oregon, this information will be in the statewide OJIN database.

Expungement
You must have filed a request with the court to have a conviction removed from court records and there must be formal court action granting the request. Only then is a conviction record removed and, thus, legally unavailable. This does not automatically happen.

Setting Aside or Sealing a record
This also would have required a formal filing of documents in the court. You would have received written confirmation from the court that this occurred.

Dismissed
If you were charged with a misdemeanor or felony and the charge was dismissed, you still must report this (on Question 7).

What do I need to disclose?

All arrests, charges, or convictions for any misdemeanor or felony. This includes DUIs, and all major traffic offenses (examples are: reckless driving, driving while suspended, and eluding a police officer).

What don't I need to report?

Any juvenile arrest/conviction. (Occurred while you were 17 years old or younger)

Any minor traffic violations such as running a red light or a speeding ticket.

Any expunged criminal conviction.

*****If you answer yes to any of the following questions you must include a written explanation on a separate sheet of paper*****

1. Have you ever used any other name than the one you are using to make this application? Yes ◯ No ◯
2. Are you aware of any mental condition which would inhibit your ability to practice? Yes ◯ No ◯
3. Have you ever been denied a license or had your chiropractic license suspended, limited, revoked, or been denied the right to take an examination for such licensure? Yes ◯ No ◯
4. Have you ever surrendered a license to practice chiropractic? Yes ◯ No ◯
5. Has any disciplinary action ever been taken regarding any chiropractic license or any other professional license you now hold or have ever held? Including any disciplinary actions by the U.S. Military, other states' licensing boards, or any other entity? Yes ◯ No ◯
6. Has any disciplinary action ever been taken against you by any chiropractic school(s) or college(s) or professional association(s)? Yes ◯ No ◯
7. Have you ever been arrested for, or charged with, a violation, misdemeanor or felony – including any diversion or dismissal? Yes ◯ No ◯
8. Have you ever been convicted of, pled guilty to, or pled nolo contendere (no contest) to any offense, misdemeanor, or felony, which could have resulted in your imprisonment in a state or local institution? (Even if not imprisoned.) Yes ◯ No ◯
9. Have you ever used a controlled substance in a manner that violated a federal, state, or local law? Yes ◯ No ◯
10. Have you ever been treated for substance abuse of any kind? Yes ◯ No ◯

****

WAIVER AUTHORIZING ACCESS TO STUDENT INFORMATION

I hereby grant permission for the Administrative Department of _____ *(college name)* Chiropractic College and/or the State(s) _____ *(licensing board)* Board of Chiropractic Examiners (where other license held) to release, upon written request, all information and contents of my personal file, held at the Chiropractic College or Examining Board 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.

Applicant Signature: _____ Date _____

Notary Signature and Seal _____

PLEASE PRINT, SIGN AND RETURN THIS APPLICATION TO:

OBCE
3218 Pringle Rd. SE Ste. 150
Salem OR, 97302

Oregon
Kate Brown, Governor

Oregon Board of Chiropractic Examiners
3218 Pringle Road SE, Suite 150
Salem, Oregon 97302-6311
(503) 378-5816
FAX (503) 362-1260
E-mail: Oregon.obce@state.or.us
www.oregon.gov/obce

DC APPLICANT
BACKGROUND CHECK REQUEST FORM

All chiropractic and chiropractic assistant applicants must complete a background check. Please type (this form is fillable) or print clearly.

Date: _____

Name: _____

Phone Number:_____

Select one of the following:

I will be completing my fingerprinting via electronic capture (Fieldprint). Send my instructions to:

Email:_____

I will be completing my fingerprinting outside of Oregon, and I am not located near a Fieldprint location. Send the fingerprint card and instructions for standard ink fingerprinting to:

Mailing Address: _____
_____
_____

Please return this form with your application and payment to:

Oregon Board of Chiropractic Examiners
3218 Pringle Rd. SE, STE 150
Salem OR, 97302

** You will receive the fingerprint card or electronic submission instructions once the application and fee has been received.

Oregon Board of Chiropractic Examiners
3218 Pringle Road SE, Suite 150
Salem, Oregon 97302-6311
(503) 378-5816
FAX (503) 362-1260
E-mail: Oregon.obce@state.or.us
www.oregon.gov/obce

Oregon
Kate Brown, Governor

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:

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 3218 Pringle Road SE Suite 150 Salem, Oregon 97302-6311.

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.**

***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 (initial date) and granted chiropractic license #_____

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:_____

REQUEST FOR INFORMATION
Race, Ethnicity, and Language Skills Questionnaire

During the 2001 legislative session, Senate Bill 786 passed (Chapter 973, Oregon Laws 2001) requiring all health professional regulatory boards to maintain records of the racial and ethnic makeup of applicants and licensees of Oregon health regulatory boards. It also encourages identification of professionals to promote the health of bilingual citizens of Oregon.

While the Board of Chiropractic Examiners is required to seek, maintain, and report to the Legislature the following information, providing such information to the Board is voluntary. Therefore, we request your response to the following questionnaire so that we may assist in encouraging and identifying diversity within the chiropractic profession. Please return your questionnaire to the address listed above.

See the reverse of this page for racial and ethnic definitions excerpted from State of Oregon employment documents and the US Census Bureau.

**♦♦♦

***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, Philipine, 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, Alutiiq, 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)

ACCOMMODATION REQUEST FORM
For the Ethics and Jurisprudence Online Exam

If you require accommodation for the minor surgery/proctology and/or the OB/GYN exams you must make arrangements with the national testing center.

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written permission.

Name _____

Address _____

Phone # _____

CHECK ALL THAT APPLY:

☐	Accessible Testing Site	☐	Braille
☐	Large Print	☐	Tape
☐	Reader for visual impairment	☐	Scribe/amanuensis
☐	Sign Language Interpreter	☐	Time-and-a-half
☐	Double time	☐	Separate Testing Area
☐	Computer or other adaptive equipment (specify)	☐	Other

Special equipment List Here:

Signature _____ Date_____

Some accommodation requests may require additional documentation

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (educational professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____
(test applicant) *(date)*

in my capacity as a _____.
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

Accessible Testing Site	Braille
Large Print	Tape
Reader for visual impairment	Scribe/amanuensis
Sign Language Interpreter	Time-and-a-half
Double time	Separate Testing Area
Computer or other adaptive equipment (specify)	Other

Signature: _____ Title: _____

Date: _____ Lic # (if applicable) _____

PRINT