

OREGON BOARD OF CHIROPRACTIC EXAMINERS

Certification of Licensure in Another State

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 applicant's responsibility.**

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 **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: _____