

**NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS  
363 Church St. N Ste. 250-R Concord, NC 28025**

***APPLICATION/REGISTRATION FOR LICENSURE EXAMINATION TO PRACTICE  
CHIROPRACTIC***

I hereby apply to be examined for licensure to practice Chiropractic in North Carolina, and along with this completed application/registration and delivery to the Board office of the required documentation outlined below, I agree to pay the Non-Refundable Application Fee required by the State Board of Chiropractic Examiners.

- 1) Official transcript of Baccalaureate Degree;
- 2) Official transcript of Doctor of Chiropractic Degree;
- 3) Certificate of Good Moral Character;
- 4) Official transcript of National Board grades for Part I, II (including P.T), III, and IV (with score of 475 or higher);
- 5) Verification of License (if licensed in any other state(s));
- 6) Non-Refundable Application Fee of \$300.00 (**payable by credit card only on the Board website [www.ncchiroboard.com](http://www.ncchiroboard.com)**).

Submit all required information via Email to [ncboce@ncchiroboard.com](mailto:ncboce@ncchiroboard.com) or  
Fax to (704) 793 - 1385

**Registration for Exam Date of: Jan \_\_\_ Apr \_\_\_ Jul \_\_\_ Oct \_\_\_ 20\_\_\_**

*I, the undersigned applicant, do hereby affirm that all information given in this application is accurate and complete. Further, I affirm that I understand the requirements for initial licensure presented in N.C.G.S. 90-143 and 90-143.1 and supported by Rules 21 NCAC 10.0201, 10.0202 and 10.0203 and if granted a license to practice chiropractic in North Carolina, I will operate my practice in conformity with all applicable laws governing chiropractic in North Carolina.*

\_\_\_\_\_  
Print name to appear on License

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**ATTACH PASSPORT PHOTO HERE**

**APPLICATION (to be completed by applicant, attach additional pages as necessary)**

**Section A: Personal History**

Name: \_\_\_\_\_  
          First                                  Middle                                  Last                                  Maiden

Home Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Marital Status:       Single: \_\_\_\_ Married: \_\_\_\_ Separated: \_\_\_\_ Divorced: \_\_\_\_

Do you now have or have you ever had an addiction to or dependency on alcohol or any other drug?    Yes \_\_\_\_ No \_\_\_\_

Have you ever been under clinical treatment for addiction to or dependency on Alcohol or any other drug?    Yes \_\_\_\_ No \_\_\_\_

Do you have any physical, mental or emotional infirmities that could impair your ability to practice chiropractic safely?    Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List Former occupations in chronological order (beginning with high school and include periods when "occupation" was as a full-time student.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section B: Criminal History**

List any criminal convictions (including misdemeanors and felonies but not minor traffic violations):

<u>Charge</u>	<u>County/State</u>	<u>Date (Mo/Yr)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently under investigation for any criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you currently a defendant in any pending criminal proceeding? Yes \_\_\_\_\_ No \_\_\_\_\_

Has any state or jurisdiction or licensing board refused to grant a license to you?

Yes \_\_\_\_ No \_\_\_\_

If yes, list the state, jurisdiction and/or licensing board:

\_\_\_\_\_  
\_\_\_\_\_

List all disciplinary charges that have been brought against you by any chiropractic regulatory authority, the state or jurisdiction in which the charge was brought, whether you were convicted (or found liable), and the disciplinary sanctions imposed (reprimand, probation, license suspension/revocation, etc.)

<u>Charge</u>	<u>State</u>	<u>Convicted Y/N</u>	<u>Sanction(s)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever voluntarily given up any licensure privileges in order to avoid formal disciplinary sanctions? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been sanctioned by or suspended from participation in Medicare or Medicaid?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been denied membership in a professional association, or if admitted, have you ever been suspended or your membership not renewed due to a breach of ethics?

Yes \_\_\_\_\_ No \_\_\_\_\_

Has a malpractice judgment ever been entered against you? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section C: Education History**

Non-Chiropractic education (list each high school, college and university attended):

<u>School Name</u>	<u>Location</u>	<u>Dates Attended</u>
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____
_____	_____	From _____ To _____

Chiropractic Education (List all colleges in order of attendance):

<u>College Name</u>	<u>Mo/Yr Enrolled</u>	<u>Last Mo/Yr Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List each diploma, degree or certification that you hold:

<u>Credential</u>	<u>Awarded By</u>	<u>Mo/Yr Received</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Section D: Licensure History** (only applicable to prior or current licensees in other states or jurisdictions).

List all states and/or foreign jurisdictions in which you are currently licensed or have been licensed to practice chiropractic:

<u>State/Jurisdiction</u>	<u>Currently Active or Inactive</u>	<u>Are you in Good Standing?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____