

**NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS**  
**Reciprocity Analysis Form**

Applicants Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ E-mail: \_\_\_\_\_

*North Carolina will only allow reciprocity with other states which meet the requirements of NC General Statute 90-143.1 which are explored below.*

Please have a representative of the Board in the state from which you are applying answer the questions below, sign and return the Form to us by either: Email: [ncboce@ncchiroboard.com](mailto:ncboce@ncchiroboard.com) or Fax at: (704) 793-1385

Has the above listed Chiropractor been an active practitioner in your state for at least one out of the last three years? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Has there been any complaints recorded or disciplinary actions against the above listed individual? YES: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Does your state require a certificate of graduation from a chiropractic college recognized by C.C.E.?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state require a minimum of 4200 hours of attendance at a school recognized by the C.C.E.?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state accept any candidates which have professional credits from schools other than those recognized by C.C.E.?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state require a Baccalaureate degree to be licensed in your state?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state require a minimum of 18 hours of continuing education annually or 36 hours every two years?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state licensing exam require a passing grade of 75% or higher?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

Does your state require Part I, II, III, Physiotherapy and Part IV (min score of 475) on the National Boards?  
YES: \_\_\_\_\_ NO: \_\_\_\_\_

**I certify by signing below, that to the best of my knowledge, the information contained in this Form is accurate and complete.**

\_\_\_\_\_  
**State Board Representative Name and Title**

\_\_\_\_\_  
**Date**