

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
6070 Six Forks Rd., Suite L Raleigh, NC 27609

***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, III, IV and Physiotherapy;
- 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**).

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

Registering for Exam Date: Month: _____ 20 ____

(Check current Master Exam Schedule here: <https://ncchiroboard.com/master-exam-calendar/>)

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
(2"x2", in color, on photo quality paper)

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____