

NORTH CAROLINA STATE BOARD OF CHIROPRACTIC EXAMINERS
Reciprocity Analysis Form

(Effective 10/1/2018)

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 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 passing Part I, II, III, Physiotherapy and Part IV of the National Board Exams?
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