

Board of Chiropractic Checklist	
<input type="checkbox"/>	Application
<input type="checkbox"/>	Application Fee (\$90.00)
<input type="checkbox"/>	National Boards, Parts I, II, III, IV
<input type="checkbox"/>	Undergraduate Transcript
<input type="checkbox"/>	Transcript
<input type="checkbox"/>	Photo
<input type="checkbox"/>	Birth Certificate/Legal Entry
<input type="checkbox"/>	SSN Verification



FOR OFFICE USE ONLY
Application Approved:
License Number:
Issue Date:
Board Member Signatures
Signature of Board Administrator
ID#:
Receipt #:

**Rhode Island
Board of Chiropractic Physicians**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

- Chiropractor
- Chiropractor with
Physiotherapy
- Endorsement**
- Examination**

Applicant - Print Name (First/MI/Last)

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Application Materials	
Application.....	5-8
Application Checklist.....	9
Endorsement Information Form/Interstate Verification Form – Other State License(s).....	10

Licensure Requirement (All Applicants)

All applicants for licensure must be graduates of a school or college of chiropractic medicine accredited by the Council on Chiropractic Education

1. Completed, notarized application
2. Application fee of **\$90.00 (non-refundable)** made payable by check or money order to the “Rhode Island General Treasurer”.
3. Birth Certificate (original or a copy notarized as being a true copy of the original), or if born outside the United States, proof of citizenship or lawful alien status, (original or a copy notarized as being a true copy of the original).
4. Official undergraduate transcript (**sent directly from the college**).
5. Official professional transcript (**sent directly from the Chiropractic school or college**).
6. Three letters from licensed chiropractic physicians attesting to the applicant’s moral character.
7. One recent identification photograph of the applicant, head and shoulders, front view, signed by the applicant approximately 2x2 inches affixed to the application.
8. Results National Board Results (Parts I, II, III, IV,) sent directly from the testing service:

NATIONAL BOARD OF CHIROPRACTIC EXAMINERS (NBCE)
901 54TH Street
Greeley, CO 80634

9. If applicable, results of the Physiotherapy portion of the National Boards.

ENDORSEMENT

In addition to the above listed requirements, all applicants who hold or have held a chiropractic license in any state must provide a completed Interstate Verification Form (Page 10) from each of those states.

All applications, communications and inquiries should be addressed to the:

RHODE ISLAND DEPARTMENT OF HEALTH
Room 104, Office of Professional Regulation
3 Capitol Hill
Providence, RI 02908-5097

Applications must be complete **30 days prior** to a Board meeting in order to be considered for licensure.

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Board Chiropractic Physicians (Board).

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process within 1 year, a new application must be submitted.

All material must be received 30 days prior to a scheduled Board Meeting in order to be considered for endorsement of licensure from another jurisdiction.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have malpractice criminal or disciplinary history, in Rhode Island or another state, it can take an additional 2 or 3 months for all pertinent documentation to be received, and a decision to be made regarding issuance of your license.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim. Visit the following website to obtain a change of address form.

<http://www.health.ri.gov/forms/changeofaddress/professions.pdf>

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the board staff at (401) 222-2828.

Rules and Regulations

To obtain the Rules and Regulations for your profession visit the A-Z list on the Topics & Programs page at the following web site. From the list click on the letter for your profession.

<http://www.health.ri.gov/atoz/>

Out-of-State Board Information

To obtain phone number and address information for all other State Chiropractic Boards, please visit the *Federation of Chiropractic Licensing Boards* at:

<http://www.fclb.org>

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Completing your Application

1. Complete the application (pages 5-8). You must respond to all components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
2. Make check or money order (in U.S. funds only) for the application fee of **\$90.00** payable to "**Rhode Island General Treasurer**" and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
3. **For those born in US:** An original or notarized copy of birth certificate. **For those born outside US:** An original or notarized copy of citizenship or lawful alien status.
4. Affix a recent **2 X 2 photo** of yourself, signed and notarized, in the space provided (page 8).
5. A completed official undergraduate **sent directly** from the college or university to the Board of Chiropractic Physicians. No student copies will be accepted.
6. A completed official transcript **sent directly** from the accredited school of **Chiropractic Medicine** to the Board of Chiropractic Physicians. No student copies will be accepted.
7. Examination scores, **sent directly** from the **National Board of Chiropractic Examiners** to the Board of Chiropractic Physicians (see address below).
8. **(Endorsement Candidates):** Please send the license verification form on page 10 to all states in which **applicant** holds or has held a license. Be sure to sign and complete the identifying information on the form. The Board must receive these verifications **directly** from the licensing authority in each state. Information for other state Chiropractic Licensing Boards may be obtained at:

<http://www.fclb.org>

9. Mail the application and documentation to:

**Rhode Island Department of Health
Room 104
Board of Chiropractic Physicians
3 Capitol Hill
Providence, RI 02908-5097**



State of Rhode Island and Providence Plantations Board of Chiropractic Physicians

Application for License as a Chiropractor/Chiropractor with Physiotherapy

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

NOTE:
It is your responsibility to notify the Department of Health Board of any name changes.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden Name, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / / **1** **9**

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

No professional licensee's address (residence or business/employment) will be posted on the Department's Web site.

1st Line Address (Apartment/Suite/Room Number, etc.)

2nd Line Address (Number and Street)

City

State

 -

Zip Code

Country, If NOT U.S.

 -

Postal Code, If NOT U.S.

 -

Home Phone

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address (ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

State

 -

Zip Code

Country, If NOT U.S.

 -

Postal Code, If NOT U.S.

 -

Business Phone

 -

Extension

Business Fax

12. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

13. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are any formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper.

14. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Chiropractor in the State of Rhode Island.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Chiropractic Physicians of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

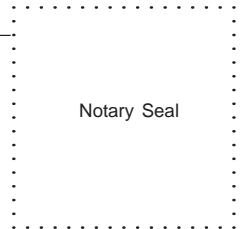
The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)



15. Recent Photograph

Securely tape (top of photograph only) in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the "Instructions for Completing the Application".
- I have completed the application as instructed (pages 5-8).
- I have attached the cover page of the application.
- I have completed Section 14, "**Affidavit of Applicant**", and had the form notarized by a notary public.
- I have attached a photograph to Section 15, "**Recent Photograph**" as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a birth certificate (**original or a copy notarized as being a true copy of the original**), or if born outside the United States, proof of citizenship or lawful alien status, (**original or a copy notarized as being a true copy of the original**), and understand that submitted documents will not be returned.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: "**Rhode Island General Treasurer**" in the amount of **\$90.00** and attached it to the upper left-hand corner of the cover page (top page) of the application.
- I have arranged my Application materials in the following order.
 1. Fee (attached as instructed).
 2. Board Application (including cover page) and pages 5-8.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the Board application] **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the RI Board of Chiropractic Physicians.
- I have reviewed the Rules and Regulations pertaining to the Licensing of Chiropractors.

Required Forms

I have completed and mailed the following forms as instructed.

- 1. Endorsement Form/Interstate Verification Form(s) - Other State License(s) (**Endorsement Candidates Only**) (page 10). Visit <http://www.fclb.org> for information.

Other Documents

- I have requested official school transcripts (pre-professional and chiropractic); and my examination scores from the NBCE, as instructed.



Substitute forms are not acceptable, One (1) form is required for each state in which you hold, or have held a license.
 Rhode Island Board of Chiropractic Physicians Copy this form as needed.

Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSE(S) (One form for each state)

I am applying for a license to practice as a Licensed Chiropractor in the State of Rhode Island. The Rhode Island Board of Chiropractic Physicians requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Chiropractic Physicians at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

Chiropractic Board Information <http://www.fclb.org>

THIS SECTION TO BE COMPLETED BY THE BOARD OF CHIROPRACTIC MEDICINE

Directions for State Board: Please complete and return this form to the address above .
 Please verify requirements met in your state:

Chiropractic Degree from Accredited School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not by examination, how was license obtained? Endorsement _____ (State) Other _____ (Explain)
Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No Score _____ Level of Exam: _____	License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued: _____ Expiration Date: _____

Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

Certification:

Signature	Date
Type or Print Name	
Title	
Full Name of Licensing Board	

Please Affix
Board Seal Here

Please return directly to the Board at the above address. Thank you for your prompt cooperation.