



## Georgia Board of Chiropractic Examiners

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

(Fax) 866-888-1308

<http://sos.ga.gov/index.php/licensing/plb/14>

### APPLICATION FOR CHIROPRACTIC - INITIAL LICENSURE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Chiropractic in the State of Georgia. Visit the Board's website for information at

<http://sos.ga.gov/index.php/licensing/plb/14>.

#### **\*\*Important\*\***

The Board cannot process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Incomplete applications result in delayed processing and are void after one year. Application fees are non-refundable.

The \$275. **non-refundable** application fee payable to **Georgia Board of Chiropractic Examiners** must be included with application. The fee for checks returned due to non-sufficient funds is \$40.00.

#### **The following items are required to complete your application for licensure:**

- NOTARIZED APPLICATION:** The two-page application must be mailed to the Board's office at the address listed above, along with your **FEE** and **PHOTOGRAPH** – a passport type photograph taken within one year before the submission of the application. Please mail your application in a 9X12, or larger, envelope with pages unstapled and unfolded. All questions must be answered. Any question answered "yes", requires further documentation to be submitted. Attach an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. The Board, at their next scheduled meeting, will review the application with required documentation. Approval of licensure is at the Board's discretion.
- NATIONAL BOARD SCORES – I, II, III, and IV:** All applicants are required to pass Parts I, II, III and IV of the National Board of Chiropractic Examiners examination (passing score = 375). Please contact the National Board Administrative Offices at (970) 356-9100 and have them certify your scores to Georgia.
- DEGREE TRANSCRIPT:** All applicants for licensure must have graduated from a CCE approved chiropractic school or college. An **official** Chiropractic College transcript certifying the grades, degree conferred and the date awarded must be received in this office directly from the Registrar of the college/school.
- UNDERGRADUATE SCHOOL TRANSCRIPT(S):** The undergraduate transcripts should be certified and mailed directly from the Registrar of the school to the Board's office. You must submit undergraduate transcripts to show that you obtained either 60 semester or 90 quarter hours. **Individuals who have graduated from foreign undergraduate schools or colleges must provide the board with an official credentials evaluation of their undergraduate education.**
- OTHER STATE LICENSURE CERTIFICATION:** If you are or have ever been licensed in another State(s), please have that/those State(s) officially certify that license directly to the Board's office.

- If your name has changed since you attended school, please make a note on the application advising of your former name(s) so we can match-up the documents with your application.
- Modalities Certification** : The Board must receive documentation of 120 hours of physiotherapy coursework in order to issue the certification in modalities. If you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must have the proper authority from your chiropractic school complete the certification form and submit the necessary transcripts as required.
- Jurisprudence Examination**: The examination must be downloaded from our website and can be located under the Application/Form Downloads. The study materials are also on our website at <http://sos.ga.gov/index.php/licensing/plb/14>. **A score of 75 or higher is considered a passing score.**

FOR BOARD USE ONLY  
 Amount Submitted \_\_\_\_\_  
 Date \_\_\_\_\_  
 Receipt # \_\_\_\_\_



FOR BOARD USE ONLY  
 Certificate Number \_\_\_\_\_  
 Date Issued \_\_\_\_\_  
 Applicant No. \_\_\_\_\_

**GEORGIA BOARD OF CHIROPRACTIC EXAMINERS**

237 Coliseum Drive • Macon, Georgia 31217 • (478) 207-2440

<http://sos.ga.gov/index.php/licensing/plb/14>

**APPLICATION FOR CHIROPRACTIC LICENSURE**

**Application Fee \$275. (non-refundable)**

**License Type: Initial Chiropractic**

**Method Obtained by: Application**

Name as Desired on License \_\_\_\_\_  
 First Middle Last

Name as shown on exam records or transcripts  
 (if different) \_\_\_\_\_  
 First Middle Last

Social Security Number\*\* \_\_\_\_\_ Date of Birth \_\_\_\_\_

**E-Mail address** \_\_\_\_\_

Acknowledgement of your application will be sent by email. Also, if further information is needed, email is the most efficient way for Board staff to contact you so that your application can be processed in the most efficient manner. **Your email address will not be shared with any third party.**

**Physical Address** \_\_\_\_\_  
 Number and Street Apt. No City/State Zip  
*P.O. Box not acceptable*

**Mailing Address** \_\_\_\_\_  
 (if different) Number and Street Apt. No City/State Zip

Telephone Number Day \_\_\_\_\_ Telephone Number Evening \_\_\_\_\_

(\*Please note that once you begin working, or practice is established, you must notify the Board of your practice address. \*\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. §§ 19-11-1, 20-3-295, 42 U.S.C.A. § 551 and 20 U.S.C.A. § 1001. )

**BACKGROUND INFORMATION**

1. Have you ever been the subject of any academic disciplinary action involving moral turpitude at any chiropractic school or college you attended? ( ) Yes ( ) No If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.
2. Have you ever been arrested, convicted, sentenced, pled guilty, or given first offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DWI or DUI's are NOT minor traffic violations) ( ) Yes ( ) No If yes, please attach an explanation and have the official documents **for all issues** sent to the Georgia Board of Chiropractic Examiners.
3. Have you ever undergone treatment for drug or alcohol use or abuse? ( ) Yes ( ) No If yes, please attach a detailed letter of explanation.

4. Have you ever failed or been denied an examination by any State Board of Chiropractic? ( ) **Yes** ( ) **No**  
If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

5. Have you ever had a license revoked, suspended, or otherwise sanctioned by any board or agency in Georgia or in any other State, or under any type of investigation? ( ) **Yes** ( ) **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

6. Have you ever been denied issuance of, or pursuant to disciplinary proceedings, refused renewal of a license by any board or agency in Georgia or any other State? ( ) **Yes** ( ) **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

7. Have you ever had any restrictions as a Medicaid or Medicare provider? ( ) **Yes** ( ) **No** If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.

**PROFESSIONAL INFORMATION**

7. Please list any state(s) or country that you are licensed as a chiropractor, and have each Board send an official license certification to the Georgia Board: **If not applicable check here: ( ) n/a and intital**

State where initially licensed: \_\_\_\_\_ Status: \_\_\_\_\_ Active practice within last 3 years?  **Yes**  **No**

State: \_\_\_\_\_ Status: \_\_\_\_\_ Active practice within last 3 years?  **Yes**  **No**

State: \_\_\_\_\_ Status: \_\_\_\_\_ Active practice within last 3 years?  **Yes**  **No**

**EMPLOYMENT HISTORY**

8. Please List places of employment (Indicate most recent first).

A. Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

B. Employer Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Job Title: \_\_\_\_\_

**PROFESSIONAL EDUCATION**

9. UNDERGRADUATE COLLEGE TRAINING:

Name of School: \_\_\_\_\_

Name of School: \_\_\_\_\_

Location: \_\_\_\_\_  
(City and State)

Location: \_\_\_\_\_  
(City and State)

CHIROPRACTIC GRADUATE EDUCATION:

Name of School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Location: \_\_\_\_\_  
(City and State)

Degree Awarded: \_\_\_\_\_

Have you successfully passed the National Board of Chiropractic Examination?  **Yes**  **No**



**CERTIFICATION OF THERAPEUTIC MODALITIES**

This is to certify that \_\_\_\_\_  
Name of Applicant

Pursuant to Georgia 43-9-16 and Rule 100-9-.01, the above listed applicant has obtained at least 120 hours of instruction in the proper utilization of those procedures in accordance with the guidelines set forth by the Council on Chiropractic Education (CCE) or its successor, the Georgia Chiropractic Association, or the Georgia Chiropractic Council and so certified in that proper utilization.

Official copies of transcript(s) in sealed envelope **must** be attached to this form for evaluation of educational requirements for licensure in Georgia.

\_\_\_\_\_  
Signature & Title

Seal of College/Organization

Date \_\_\_\_\_

Georgia Bureau of Investigation  
Georgia Crime Information Center (GCIC)

**Consent Form**

I hereby authorize the Georgia Board of Chiropractic Examiners to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local justice agency in Georgia.

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Full Name (Print)

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Address

---

Sex

---

Race

---

Date of Birth

---

Social Security Number

By signing this form, I acknowledge that I have been informed of the Non-Criminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534) and affirm that I have retained a copy (attachments A and B) for my records.

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Signature

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Date

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Special employment provisions (check if applicable):

Employment with mentally disabled (Purpose Code "M")

Employment with elder care (Purpose code "N")

Employment with children (Purpose code "W")

**One of the following must be checked:**

This authorization is valid for 90 / 180 / \_\_\_\_\_ (circle or enter) days from date of signature.

I, \_\_\_\_\_  
give consent to the above named to perform periodic criminal background checks for the duration of my licensure with this state.

## Attachment A

### NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant that is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history record check for a non-criminal justice purpose (such as an application for a job or license, immigration or naturalization, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- If your fingerprints/biometrics are used to conduct a FBI national criminal history check, you are provided a copy of the Privacy Act Statement that would normally appear on the FBI fingerprint card.
- If you have a criminal history record, the agency making a determination of your suitability for the job, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The agency must advise you of the procedures for changing, correcting, or updating your criminal history record as set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a Georgia or FBI criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the agency denies you the job, license or other benefit based on information in the criminal history record.
- In the event an adverse employment or licensing decision is made, you must be informed of all information pertinent to that decision to include the contents of the record and the effect the record had upon the decision. Failure to provide all such information to the person subject to the adverse decision shall be a misdemeanor [O.C.G.A. § 35-3-34(b) and §35-3-35(b)].

You have the right to expect the agency receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of state and/or federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

If the employment/licensing agency policy permits, the agency may provide you with a copy of your Georgia or FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, information regarding how to obtain a copy of your Georgia, FBI or other state criminal history may be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

If you decide to challenge the accuracy or completeness of your Georgia or FBI criminal history record, you should send your challenge to the agency that contributed the questioned information. Alternatively, you may send your challenge directly to GCIC provided the disputed arrest occurred in Georgia. Instructions to dispute the accuracy of your criminal history can be obtained at the GBI website (<http://gbi.georgia.gov/obtaining-criminal-history-record-information>).

## Attachment B

### PRIVACY ACT STATEMENT

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

**Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

**APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS.  
RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.**

LICENSE/APPLICATION NO: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2 Issued  
July 10, 2013 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIRA"), as amended by Senate Bill 160, signed into law as Act No. 27, (2013), provides that "[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law's website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General." O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

\_\_\_\_\_ An unexpired United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A unexpired tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ An unexpired Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_ A unexpired passport issued by a foreign government, provided that such passport is accompanied by a United States Department of Homeland Security (DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law<sup>1</sup> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An unexpired Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_An unexpired Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

\_\_\_\_\_An unexpired driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

\_\_\_\_\_A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_Certification of Report of Birth issued by the United States Department of State (Form DS-1350) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_Certification of Birth Abroad issued by the United States Department of State (Form FS-545) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_Consular Report of Birth Abroad issued by the United States Department of State (Form FS-240) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

\_\_\_\_\_An original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

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<sup>1</sup> Senate Bill 160 (Act No. 27), effective July 1, 2013, limited the use of passports issued by foreign nations to satisfy the requirements for submission of secure and verifiable documents to only those passports submitted in conjunction with a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an individual's lawful immigration status or other proof of lawful presence under federal immigration law.