



APPLICATION FOR CHIROPRACTIC REINSTATEMENT/REACTIVATION

GEORGIA BOARD OF CHIROPRACTIC EXAMINERS

237 Coliseum Drive
Macon, Georgia 31217
Phone (478) 207-2440
(866) 888-1308 FAX

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

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.

Please mail your application in a 9 X 12, or larger, envelope with pages unstapled and unfolded.

Incomplete applications result in delayed processing.

Incomplete applications are void after one year. Application fees are non-refundable.

Application Checklist

The following checklist is an important part of your application.

Please use this checklist to ensure that you submit a **COMPLETE** application.

The **non-refundable** application fees payable to **Georgia Board of Chiropractic Examiners** must be included with application.

REINSTATEMENT due to non-renewal \$750.00 fee

REACTIVATION due to written request for inactive status \$250.00 fee

The fee for checks returned due to non-sufficient funds is \$40.00.

- NOTARIZED APPLICATION:** The 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. 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.
- Resume or Curriculum Vitae-** List chronologically all employment, specialty training and all other experiences in the practice of chiropractic. Include names, beginning and ending dates, and locations, where applicable. Explain any intervals where you were not in training or practicing chiropractic.

- ❑ **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 you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must submit proof to the Board office by causing your school or organization to submit the Certification of Electrical Therapeutic Modalities Form included in this application and copies of the transcripts. **Please note that regardless of whether or not you had the designation on your license before, it will not appear on the license if the required documentation is not submitted by an official representative of the school or organization with their signature and the seal affixed.**
- ❑ **Jurisprudence Examination:** The examination must be downloaded from our website (see applications and other forms). 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.**
- ❑ **Continuing Education:** You must have twenty (20) hours per year totaling forty (40) hours that were acquired in the last two years preceding the date of your application. The hours used for reinstatement **cannot** be used to meet any continuing education requirements for renewal of the license.

LICENSEE INFORMATION

| | | |
|---|--------------------------------|----------------------------|
| YOUR NAME (FIRST, MIDDLE INITIAL, LAST) | TELEPHONE (BUSINESS) () | TELEPHONE (HOME) () |
|---|--------------------------------|----------------------------|

ADDRESS (STREET, CITY, STATE, ZIP CODE)*

| | | |
|---------------------------------|--------------------|----------------|
| GEORGIA CHIROPRACTIC LICENSE #: | SOCIAL SECURITY #: | DATE OF BIRTH: |
|---------------------------------|--------------------|----------------|

*NOTE: ALL OF YOUR LICENSING INFORMATION WILL SHOW THIS ADDRESS, AND ALL CORRESPONDENCE FROM THE BOARD WILL BE MAILED TO THIS ADDRESS UNTIL YOU NOTIFY US OF A CHANGE.

HAVE YOU EVER BEEN KNOWN UNDER ANOTHER NAME? YES NO (IF YES, LIST BELOW)

OTHER STATE LICENSE(S)

IF YOU HAVE EVER BEEN ISSUED A LICENSE BY ANY OTHER STATE, YOU MUST CONTACT THAT STATE BOARD AND HAVE VERIFICATION MAILED DIRECTLY TO THE ADDRESS LISTED ABOVE, AND COMPLETE THIS SECTION. **IF LICENSE HAS EVER BEEN DISCIPLINED, ATTACH COPY OF DOCUMENTS.**

| STATE | PROFESSION | YEAR ISSUED | CURRENT STATUS | DISCIPLINARY ACTION? |
|-------|------------|-------------|----------------|---|
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PROFESSIONAL EXPERIENCE (FROM DATE OF LICENSE EXPIRATION TO PRESENT)

| TYPE OF PRACTICE/EXPERIENCE AND LOCATION | DATES | |
|--|--------------|------------|
| | FROM (MO/YR) | TO (MO/YR) |
| | | |
| | | |
| | | |
| | | |

HAVE YOU PRACTICED IN GEORGIA SINCE YOUR LICENSE EXPIRED ON 12/31/____? YES NO

CONTINUING EDUCATION

| | |
|----------------------|--|
| APPLICANT'S INITIALS | I ATTEST THAT I HAVE COMPLETED/MET ALL OF CONTINUING EDUCATION REQUIREMENTS FOR THE PAST TWO YEARS, AS REQUIRED IN THE BOARD'S RULES. I AM ENCLOSING COPIES OF C.E. CERTIFICATES FOR THE APPROPRIATE NUMBER OF HOURS. |
| | |

--OR--

| | |
|----------------------|--|
| APPLICANT'S INITIALS | I ATTEST THAT I DID NOT MEET THE CONTINUING EDUCATION REQUIREMENTS FOR THE PAST TWO YEARS (20 HRS. PER YEAR), AND THAT I HAVE NOW OBTAINED THE DELINQUENT HOURS. I UNDERSTAND THAT THESE HOURS CANNOT BE USED FOR THE CURRENT BIENNIUM RENEWAL. I AM ENCLOSING COPIES OF THESE CERTIFICATES. |
| | |

DISCIPLINARY ACTION

| | |
|-----------------------------|--|
| APPLICANT'S INITIALS | I ATTEST THAT I HAVE NEVER HAD MY LICENSE REVOKED, REPRIMANDED, FINED, INVESTIGATED, SUSPENDED, VOLUNTARILY SURRENDERED OR OTHERWISE SANCTIONED BY ANY BOARD OR AGENCY IN THIS OR ANY OTHER STATE. I FURTHER ATTEST THAT TO MY KNOWLEDGE, I AM NOT CURRENTLY, OR HAVE NEVER BEEN THE SUBJECT OF AN INVESTIGATION BY ANY LICENSING BOARD OR AGENCY. |
| | |

CRIMINAL HISTORY

| | |
|-----------------------------|---|
| APPLICANT'S INITIALS | I ATTEST THAT I HAVE NEVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED, SENTENCED, ENTERED A PLEA OR GIVEN FIRST OFFENDER STATUS FOR A FELONY OR MISDEMEANOR. (IF YOU HAVE BEEN ARRESTED OR CONVICTED OF FELONY OR MISDEMEANOR, YOU MUST SUBMIT COPIES OF ARREST AND/OR COURT DOCUMENTATION.) |
| | |

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APPLICANT AFFIDAVIT

BY SIGNING BELOW, I CERTIFY THAT I HAVE ANSWERED ALL QUESTIONS TRUTHFULLY. I FURTHER CERTIFY THAT THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS MAY REQUIRE ADDITIONAL INFORMATION PRIOR TO MAKING A DETERMINATION REGARDING MY APPLICATION FOR REINSTATEMENT/REACTIVATION.

I HEREBY AUTHORIZE ANY LOCAL, STATE, OR FEDERAL AGENCY TO RELEASE TO THE BOARD ANY INFORMATION THEY MAY NEED IN CONNECTION WITH PROCESSING THIS APPLICATION.

I HEREBY AUTHORIZE THE GEORGIA BOARD OF CHIROPRACTIC EXAMINERS TO RECEIVE ANY CRIMINAL HISTORY RECORD PERTAINING TO ME, WHICH MAY BE IN THE FILES OF ANY STATE OR LOCAL CRIMINAL JUSTICE AGENCY IN GEORGIA, OR ANY OTHER STATE OR TERRITORY.

I FURTHER CERTIFY THAT I HAVE READ AND UNDERSTAND THE GEORGIA BOARD OF CHIROPRACTIC RULES AND LAWS, AS FOUND ON THE BOARD'S WEBSITE AT www.sos.ga.gov/plb/chiro.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 8 & 9 of this application.**

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia Board of Chiropractic Examiners and/or criminal prosecution.

I, the undersigned, do hereby affirm under penalty of perjury that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. Further, I consent to a thorough investigation of my employment record and other information that may be necessary to verify my qualifications to practice. I understand that any final disciplinary action that may ever be taken against my license, if it is granted, would be provided to a national disciplinary reporting system and that my Social Security number would be a part of that report.

APPLICANT'S SIGNATURE

DATE

Sworn to and subscribed before me this _____ day of

_____ 20 _____

My Commission Expires _____

(Notary Public (seal)

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.

Full Name (Print)

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.

Signature

Date

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 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 law¹ [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)]

¹ 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.

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 _____