



Georgia Board of Chiropractic Examiners

237 Coliseum Drive

Macon, GA 31217

(478) 207-2440

(Fax) 866-888-1308

www.sos.ga.gov/plb/chiro

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://www.sos.ga.gov/plb/chiro>.

****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.

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.
- If you obtained the required 120 classroom hours of physiotherapy to become certified for Electrical Therapeutic Modalities, you must submit proof to the Board's office. If these hours are included in your chiropractic transcripts, no further documentation is needed.
- Modalities Certification Form:** Pursuant to Georgia law –we must receive documentation of 120 hours of physiotherapy coursework in order to issue the certification. Please have the proper authority from your chiropractic school complete the certification form which is part of the application.
- Jurisprudence Examination:** The examination must be downloaded from our website (see applications and other forms) The study materials are also on our website at www.sos.ga.gov/plb/chiro **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

www.sos.ga.gov/plb/chiro

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 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.

4. 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.

5. 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.

6. 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**

*Please check all parts passed.

Part I ____ Part II ____ Part III ____ Part IV ____

Have you completed 120 hours for Physiotherapy Certification? Yes No **If yes, please** have the proper authority from your chiropractic school complete the certification form which is part of the application. **If no, you cannot receive the physiotherapy certification in Georgia.**

AFFIDAVIT OF APPLICANT

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia Board of Chiropractic Examiners and I agree to abide by these laws and rules, as amended from time to time.

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 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.

_____ Date

_____ Signature of Applicant

AFFIDAVIT OF NOTARY PUBLIC

Personally appeared before me, the undersigned official authorized to administer oaths, came _____ who deposes and swears that he/she is the person who executed this application for a license to practice chiropractic in the state of Georgia; and that all of the statements herein contained are true to the best of his or her knowledge and belief.

Sworn to and subscribed before me this

_____ day of _____, 200__

(Notary Public)

My Commission Expires: _____

ATTACH PHOTO HERE



(Photo)

CERTIFICATION OF PHYSIOTHERAPY TRAINING

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 _____



**OFFICE OF SECRETARY OF STATE
PROFESSIONAL LICENSING BOARDS DIVISION
237 Coliseum Drive
Macon, Georgia 31217
(478) 207-2440**

CONSENT FORM

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

Full Name (Print)

Physical Address (P.O. Boxes NOT Accepted)

City, State and Zip

Sex

Race

Date of Birth

Social Security Number

One of the following must be checked:

This authorization is valid for 90/180/____ (circle one) days from date of signature.

I, _____ give consent to the Board to perform periodic criminal history background checks for the duration of my licensure with this state.

Signature of Applicant

Date

Special licensure provisions (check if applicable):

____ Working with mentally disabled

____ Working with elder care

____ Working with children

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

Name

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) 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.

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

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

_____ A 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 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 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]

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

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

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A 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]

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

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

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

_____ A 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]

_____ 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)]