



Georgia Board of Chiropractic Examiners

237 Coliseum Drive

Macon, GA 31217

(404) 424-9966

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

****Important****

The Board cannot process incomplete applications. If any item is missing, incomplete, incorrect or you do not submit the most current forms, your application will **not** 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 9X12 (or larger) envelope with pages unfolded and unstapled.

Incomplete applications will **not** be processed 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. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20. Please use the checklist below to ensure that you submit a **COMPLETE** application.

- ☐ **NOTARIZED APPLICATION:** The two-page application must be mailed to the Board's office at the address listed above, along with your **FEES** 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). Any graduate between January 1, 1988 and January 1, 1998, are required to have passed Parts I, II, and III. Applicants who graduated prior to January 1, 1988, are required to have passed Parts I and II. 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.

Verification other State licenses: If you are or have ever been licensed in another state(s), please have that/those State(s) verify that license using the form in the application. Have the other State Board send the verification to you in a sealed envelop.

Name Change: If your name has changed since you attended school, please note on the application advising of your former name(s)

Modalities Certification Form: The Board 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. If these hours are included in your chiropractic transcripts, no further documentation is needed.

Jurisprudence Examination: The examination is part of the application. The study materials are also on our website at: <http://www.sos.ga.gov/index.php/licensing/plb/14>. **A score of 75+ is considered a passing score.**

PROOF OF ACTIVE DUTY STATUS (if applicable): If you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) and you wish to qualify for expedited processing you must meet the requirements of O.C.G.A. § 43-1-34.

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 • (404) 424-9966

www.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

PERSONAL INFORMATION

Name as Desired on License		
First	Middle	Last

Name as shown on exam records or transcripts (if different)

Prefix	First	Middle	Last	Suffix
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Social Security Number** _____ **Date of Birth** _____

(Required for identification, law enforcement, statistical and administrative purposes. Also, social security information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 and O.C.G.A. § 20-3-295, 42 U.S.C.A. § 551, and 20 U.S.C.A. §1001. It may also be disclosed to the National Practitioner's Databank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.)

Physical Address (P.O. Box not acceptable)

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

Number and Street	Apt. No	City/State	Zip
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(If you are granted a license, your name, mailing address and license number are public information. Your physical address is required, if different than the mailing address. You must immediately notify the Board in writing of an address change. Please note that once you begin working, or practice is established, you must notify the Board of your practice address.)

DAYTIME PHONE				-				-				OTHER PHONE				-				-			
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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.**

☐ Please check this box if you are a military spouse or a transitioning service member of the United States Armed Forces (including the National Guard) as defined in O.C.G.A. § 43-1-34.

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? *If yes, please attach a detailed letter of explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners from the school or college.*

() Yes () No

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.) *If yes, please attach a detailed letter of explanation and have the official documents for all issues sent to the Georgia Board of Chiropractic Examiners along with certified copies of the final disposition of each case. If the case has not yet been adjudicated in court, submit a certified copy of the arrest/incident report from the police department.*

() Yes () No

3. Have you ever failed or been denied an examination by any State Board of Chiropractic? *If yes, please attach a detailed letter of explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners.*

() Yes () No

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? *If yes, please attach an explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners from the board or agency that issued the action.*

() Yes () No

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? *If yes, please attach a detailed letter of explanation and have the official documents sent to the Georgia Board of Chiropractic Examiners from the board or agency involved.*

() Yes () No

6. Have you ever had any restrictions as a Medicaid or Medicare provider? *If yes, please attach a detailed letter of explanation and have the official documents detailing the restrictions sent to the Georgia Board of Chiropractic Examiners.*

() Yes () No

PROFESSIONAL INFORMATION

7. Please list any state(s) or country/countries where you hold a license as a chiropractor, and have each Board send an official verification of licensure to the Georgia Board of Chiropractic Examiners. **If not applicable check here & initial: ()** _____

State where initially licensed: _____ License Status: _____ Active practice within last 3 years? ☐ Yes ☐ No

Additional Licenses:

State: _____ License Status: _____ Active practice within last 3 years? ☐ Yes ☐ No

State: _____ License Status: _____ Active practice within last 3 years? ☐ Yes ☐ No

State: _____ License 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 within the application and submit it to the Board office. If you do not have the documentation to reflect that you have completed the hours or do not wish to receive modalities in Georgia at this time, check "no." Please note that you may apply for modalities certification at a later date.

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 _____, 20__

(Notary Public)

My Commission Expires: _____

ATTACH PHOTO HERE



(Photo)

CERTIFICATION OF PHYSIOTHERAPY TRAINING

Name of Applicant

This is to certify that pursuant to O.C.G.A. §43-9-16(b) and Board Rule 100-9-.01, the above listed applicant has obtained at least 120 hours of instruction in the proper utilization of therapeutic modalities 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 the 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 of Authorized Personnel

Seal of College/Organization

Date _____



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ 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)

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).

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')

Select the number of days for authorization:

This authorization is valid for

____ 90

____ 180

____ days from date of signature

I, _____ give consent to the above named to perform periodic criminal background checks for the duration of my employment with this company.

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.**

Name _____

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2
Issued October 28, 2016, by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 ("IIREA"), 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(g). 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]¹

_____ 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]

_____ An 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 law² [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.