

Application for Volunteer Chiropractic Licensure

Enclosed is the application for Georgia Volunteer chiropractic licensure. **Please read all supporting documents below before completing the attached application.** NOTE: **No FEE.** The licensure process could take up to a minimum of 30 days after submission of a completed application. Plan your application time accordingly.

All questions on the application must be answered.

ATTENTION: ALL SUPPORTING DOCUMENTS MUST BE MAILED WITH COMPLETED APPLICATION IN ONE PACKAGE TO THE BOARD OFFICE.

In order to verify your compliance with licensure requirements submit:

1. **Completed application form.** If licensure is granted, the license will be required to be renewed by the last day of December in EVEN numbered years, regardless of when you were originally licensed.
2. **Official letter(s) of licensure verification for every** chiropractic license ever held. Each letter must indicate the date of licensure, the licensure status (active, inactive, expired, revoked, etc.) standing of license, any disciplinary charges made against you by the licensing board or by any other state agency, and the result of these actions. The applicant must provide a copy of the formal complaint/pleading, outcomes, and a personal written explanation for each instance of discipline. You should call each state board about fees for these services. The letter(s) must be submitted with your application **IN THE ORIGINAL SEALED ENVELOPE FROM THE BOARD OF EACH LICENSING STATE**, and must be dated within four months of Board receipt of your complete application packet.
3. **A Chiropractic Information Network Board Databank (CIN-BAD) certified** report of any pending or final disciplinary actions or malpractice actions against any license ever held by the applicant in any state. **All applicants must submit a CIN-BAD report along with a completed application.** (CIN-BAD must dated within four months). The **ONLY** applicants exempted from the requirement of CIN-BAD report submission are those applicants within 6 months of chiropractic school graduation who have never been issued a chiropractic license in any state or U.S. territory. The CIN-BAD report **must** be received in the **ORIGINAL SEALED ENVELOPE FROM CIN-BAD.** Those applications which have any disciplinary or malpractice case(s) (open & closed) will be considered for licensure on a case by case basis, after receipt of all required application materials. For each case, the applicant must submit: 1) a copy of the formal complaint pleadings filed by the plaintiff/complainant or State Regulatory Agency, 2) a copy of the final action, disposition, or settlement, 3) a personal explanation of the disciplinary action or the malpractice claim, and 4) any further information requested by the Board in separate communications. To obtain information (self-query) from the CIN-BAD, please visit www.fclb.org, scroll to the right side of the home page, and click **HOW CAN I QUERY CIN-BAD?** The self-query is \$26.00, payable by credit card (VISA, or MasterCard).

4. **Copy of Court Document or Affidavit** explaining any discrepancies of the applicant's name if documents submitted bear different name(s).[i.e. marriage certificate, divorce decree, legal name change]
5. **Current** CPR certification (photocopy)
6. **Letter from Employing Department Head** at which the applicant is seeking employment and a copy of the employment contract.
7. **Physicians statement of mental and physical competency** verifying that the applicant is able to practice chiropractic with reasonable skill and safety to patient.

AFTER YOU HAVE RECEIVED A TEMPORARY VOLUNTEER CHIROPRACTIC LICENSE YOU MUST SUBMIT THE FOLLOWING:

8. **Forty (40) hours of Continuing Education Credits** must be completed and submitted to the Board office within 6 months of date your temporary volunteer chiropractic license is issued. Only courses that are sponsored or approved by those organizations and associations listed in Board Rules (100-5-.02) are eligible for continuing education credits. A minimum of thirty (30) hours shall be clinical courses in the actual delivery of chiropractic services to the patient or to the community.

Relocation: If you relocate during the time that your application is being processed, you **must** notify the Board of your new address in writing by fax (866) 888-1308 or mail. This will enable you to receive Board correspondence.

SUBMIT YOUR COMPLETED APPLICATION PACKET TO

**Georgia Board of Chiropractic Examiners
237 Coliseum Drive
Macon, Georgia 31217**

Georgia Board of Chiropractic Examiners

237 Coliseum Drive
Macon, Georgia 31217-3858
(844) 753-7825

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

<p>Official Use Only License Approved _____ Date _____ Ga. Volunteer License No. _____ Date Issued _____ GBOC Authorization _____ Date _____</p>
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Georgia Volunteers in Chiropractic License Application

Part I

1. Legal Name (no initials) _____
Last First Middle Maiden
2. Other Names Previously Used _____
3. Date of Birth _____ SSN _____ / _____ / _____ *
(Mandatory)
4. Place of Birth _____

_____ I am a U.S. citizen _____ **I am not a U. S. citizen** but am a qualified alien under the federal Immigration and Naturalization Act and I am lawfully present in the United States ** **Submit attached checklist with documentation**

5. Address _____
Number & Street Apt No. City State Zip Code

Mailing Address (if different from street address)

_____ **If you are granted a license, your name, mailing address and license number are public information**

6. Telephone Number(s): Home _____ Work _____
7. Chiropractic Education _____ / _____ School
Month Year Graduation
8. Chiropractic Post-Graduate Education _____
Type of Training _____
Address City State Zip

*This 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 Chiropractic Information Network Board Action Databank (CIN-BAD) and the Healthcare Integrity and Protection Data Bank (HIPDB) or other licensing boards, or other regulatory agencies for license tracking purposes.

9. Employing Agency, Institution, Corporation, or Association

A notarized statement from the Director of the Department must be submitted to the Board

Part II

10. Have you ever held a license to practice chiropractic in any state(s)? List all states which you have been issued a license to practice chiropractic : (active, inactive, revoked, suspended, expired, lapsed, etc.) You should have each state listed send an official letter of licensure verification/certification. See **instruction sheet for details.** **No** **Yes**

If so, has it been within the past five (5) years? **Yes** **No**

<u>STATE</u>	<u>DATE OF LICENSURE</u>	<u>LICENSE STATUS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

If licensed in the State of Georgia please list your chiropractic license number _____

11. I have obtained 40 hours of continuing education. **Yes** **No**

If no, a non-renewable temporary license to practice for six months may be issued, provided you are otherwise qualified for such license. During such time you must comply with the CE requirements set forth in Rule 100-5-.02 and submit documentation of compliance.

12. I have current certification in CPR through a Board approved provider. **Yes** **No (Please enclose copy)**

13. Board Disciplinary Actions/Legal Convictions: **(Answer BOTH Questions):**

A. Has any license issued to you ever been encumbered by any board or agency in Georgia or any other state? (Denied renewal or reinstatement, revoked, suspended, surrendered, restricted, placed on probation, etc.) **Yes** **No**

If yes, please request the agency or state board to send a certified copy of the Hearing Notice (if applicable) and Final Order to this office. Additionally, you must provide the Georgia Board of Chiropractic Examiners with the name of the agency or board in the space provided.

(Name of Agency or Board)

B. Have you been arrested, indicted, convicted, sentenced, pled guilty to, plead nolo contendere, or given first offender status for the commission of a felony, misdemeanor, or any offense other than a minor traffic violation? (DWI & DUI are not considered by the Georgia Board of Chiropractic to be a minor traffic violation.) **Yes** **No**

Please explain a "yes" response and request the court to send a certified copy of the record to this office, including the final disposition of the case(s).

(Name of Court or County where violation occurred)

14. The Georgia Board of Chiropractic requires all candidates for licensure to query the Chiropractic Information Network Board Action Databank (CIN-BAD) before licensure will be granted. You may receive the form by downloading at: www.fclb.org or by writing to:

Federation of Chiropractic Licensing Boards
5401 W. 10th Street . Suite 101

- 15. Have you within the past five (5) years personally used narcotics or alcohol excessively or have you ever received treatment for addiction to alcohol or other drugs? **Yes No If yes, attach an explanation.**
- 16. Have you ever voluntarily surrendered a chiropractic license? **Yes No If yes, attach an explanation.**
- 17. Are there any other facts not disclosed by your answers which may have a bearing on your fitness or eligibility to practice chiropractic in Georgia and which should be placed at the disposal or brought to the attention of the State Board of Chiropractic? **Yes No If yes, attach an explanation.**
- 18. Do you presently have any contagious or infectious disease? **Yes No If yes, attach an explanation.**
- 19. Are you retired from the practice of chiropractic and not currently engaged in practice either full time or part time and have prior to retirement, maintained full licensure in good standing in chiropractic in any state? **Yes No If no, you are ineligible for a volunteer license**

20. Photograph:

Provide one 2 X 2 head or shoulder passport-type photograph taken within the last six (6) months. Sign the front of the photograph.

ATTACH PHOTO HERE

Part III

Affidavit of Applicant

20. I hereby attest that I will be providing professional chiropractic services for the agency identified in question (9) and that the clients/ patients meet the statutory requirements (i.e. indigent patients in underserved areas or critical need population areas of the state), and that will I not receive compensation at any time for the professional services I will be providing.

Signature of applicant

The facts set forth in this application are true and complete to the best of my knowledge. I understand false statements on this application may be considered sufficient cause for denial of licensure and/or authorization. The Georgia Board of Chiropractic Examiners is hereby authorized to request any information necessary to process my application.

Date

Signature of applicant

County _____ State _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

**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 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

_____ 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)]

¹Senate 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.



**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.