KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS
NEW LICENSEE APPLICATION

GENERAL APPLICANT INFORMATION

MANDATORY PHOTOGRAPH REQUIREMENT

Each applicant must paste a 2" X 2" photograph of themselves to their application. Polaroid photographs will not be accepted. Photographs may be in black and white or color, must include a full-face view from the shoulders up, and must contain no images of other persons. Photographs must have been taken within six months of application.

Paste 2" x 2" Photo Here

Please type or print the following information:
(All boxes must be answered or marked as "not applicable." Unanswered questions will result in the application being returned to you and will delay processing.)

1. Last Name	2.First Name	3. Full Middle Name	4. Suffix (e.g., JR, SR, etc.)

5. Current Address (If PO Box, must provide street address as well as city, county, state, zip code and country)

6. Permanent Mailing Address including zip code (If different from current address listed above) (Must provide street address, city, county, state, zip code and country)

7. Maiden Name, Surname, or Any Other Names or Aliases You Have Been Known By

8. Place of Birth (List city, county, jurisdiction, zip code and country)	9. Age	10. Date of Birth MM/DD/YYYY	11. Gender q Male q Female

12. Contact Information

(a) Telephone Numbers (including area code)

Work: **Cell:**

Home (optional):

(b) E-mail Address

(c) Fax Number (optional)

13. Social Security Number

14. Colleges Attended Other Than Chiropractic (Attach additional page(s) if necessary)				
COLLEGE OR UNIVERSITY NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE EARNED Total Hours
		FROM (Month/Year)	TO (Month/Year)	

15. Chiropractic College Information (Attach additional page(s) if necessary)				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE EARNED
		FROM (Month/Year)	TO (Month/Year)	

16. SPECIALIZED TRAINING (Professional Training, Vocation Training, Practical or Clinical Training) (Attach additional page(s) if necessary):				
INSTITUTION NAME	LOCATION (City and State or Country)	DATES OF ATTENDANCE		DEGREE OR CERTIFICATION EARNED
		FROM (Month/Year)	TO (Month/Year)	

17. Name state(s) in which you hold/held a chiropractic license, length of time, and current standing (active, inactive or other) in each state (attach additional page(s) if necessary):			
State	License Number	Years of Licensure	Current Standing
		To	
		To	

18. For the last five years please list any and all practice address(es):				
NAME	LOCATION	CONTACT INFORMATION	PERIOD OF PRACTICE	
Practice, Clinic or Institution	PO Box, Street Address City, State, Zip, Country	Area Code and Telephone Number	From (Month/Year)	To (Month/Year)

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HISTORICAL PROFESSIONAL / CHIROPRACTIC INFORMATION

- **Please answer each of the following questions by putting a check (a) in the appropriate box on the right.**
- **You must answer each question with a "Yes" or "No" or "Not Applicable" ("N/A") if this option is provided. No other response is acceptable.**
- **All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.**
- **Applicants should be aware that answering "Yes" to some questions may necessitate special screening procedures by the board.**
- **Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.**

	QUESTION	POSSIBLE ANSWERS
19.	Have you ever had any application for any professional license denied by any licensing authority?	YES q NO q
20.	Have you ever been denied the privilege of taking an examination required for any professional licensure?	YES q NO q
21.	Have you ever been dropped, suspended, placed on probation, expelled, or requested to resign from any post secondary educational program in which you were enrolled, for reasons in whole or in part, unrelated to grades?	YES q NO q
22.	Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training, for reasons in whole or in part, unrelated to grades?	YES q NO q
23.	Have you ever violated or been formally charged with a violation of the honor code of any educational facility?	YES q NO q
24.	Have you ever voluntarily surrendered your chiropractic license, allowed it to lapse, or had a limited license issued by any chiropractic licensing authority? *	YES q NO q
25.	Have you ever voluntarily surrendered any other health professional license or registration, allowed it to lapse, or had a limited license or registration issued by any health licensing authority?*	YES q NO q
26.	Has your chiropractic license ever been revoked or have you ever been the subject of disciplinary action, or sanctioned by any chiropractic licensing authority, including but not limited to suspended, conditioned, limited, restricted or qualified in any way?	YES q NO q
27.	Have you ever had any other professional license revoked or have you ever been the subject of disciplinary action by any health professional licensing agency, including the refusal to grant, or had action to revoke, suspend, condition, limit, restrict or qualify a professional license in any way?	YES q NO q
28.	To your knowledge have any complaints ever been filed against you with any health care licensing agency, which remain unresolved or pending?	YES q NO q
29.	Have you ever been convicted, pled guilty, or pled nolo contendre (no contest) to a felony (or any criminal) conviction?	YES q NO q
30.	Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice) which has not been previously reported to the board?	YES q NO q

* This does not apply to a license which is voluntarily retired under normal circumstances, and which was not done under threat of, or to avoid, investigation or disciplinary action.

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31.	**Do you have a health related condition that in any way may impair or limit your ability to practice chiropractic with reasonable skill and safety?**	**YES** q **NO** q
32.	**If you use chemical substance(s) does it in any way impair or limit your ability to practice chiropractic with reasonable skill and safety?**	**YES** q **NO** q
33.	**If you answered yes to either question number 31 above or 32 above, are the limitations or impairments caused by your ongoing health related condition reduced or improved because you receive ongoing treatment (with or without medications)?**	**YES** q **NO** q **N/A** q
34.	**If you answered yes to either question number 31 above or 32 above, are the limitations or impairments caused by your ongoing health related condition reduced or improved because of the field of practice, the setting or the manner in which you have chosen to practice?**	**YES** q **NO** q **N/A** q
35.	**Do you participate in any professional program designed to monitor or assist in the management related to a chemical, physical, psychological or emotional impairment?**	**YES** q **NO** q **N/A** q
36.	**Within the last ten years, have you suffered from, been diagnosed with or been treated for bipolar disorder, schizophrenia, delusional disorder (paranoia), or any other psychotic disorder?**	**YES** q **NO** q
37.	**Within the last ten years, have you suffered from, been diagnosed with or been treated for any physical condition (e.g., stroke, head injury, dementia, brain tumor, heart disease) that has resulted in significant memory loss, significant loss of consciousness or significant confusion?**	**YES** q **NO** q
38.	**At any time in the last five years have you on a regular or occasional basis engaged in the illegal use of any controlled substance?**	**YES** q **NO** q
39.	**If yes to the question immediately above, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally engaging in the use of controlled substances?**	**YES** q **NO** q **N/A** q
40.	**Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?**	**YES** q **NO** q
41.	**Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?**	**YES** q **NO** q
42.	**Do you currently have any disease or condition that interferes with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a chiropractor?**	**YES** q **NO** q
43.	**Within the past five years, have you ever raised the issue of consumption of drugs or alcohol or the issue of mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination or suspension by an educational institution, employer, government agency, professional organization, or licensing authority?**	**YES** q **NO** q
44.	**Do you currently have any other condition or impairment, not reported in any question in this application, which in any way affects, or if left untreated might affect, your ability to practice chiropractic in a competent and professional manner?**	**YES** q **NO** q

WAIVER

I, _____, authorize any and all post-secondary educational institutions, chiropractic colleges, police departments, courts or other entities maintaining records on myself, to provide said records to the Kentucky Board of Chiropractic Examiners (KBCE) upon their request. I hereby absolve said post-secondary educational institutions, chiropractic colleges, police departments, or other entities of any and all liabilities for providing said records pursuant to this request.

_____ _____

Signature of Applicant Date

AFFIDAVIT

By completing this application I hereby request that the Kentucky Board of Chiropractic Examiners approve my application for licensure and consider the information provided herein as evidence of qualification for Kentucky licensure.

I agree that while my application is pending, should any situation arise that might contradict or alter any of the answers to the questions, listed requirements or affirmations contained in this application, I will, within five working days of such knowledge, notify the Kentucky Board of Chiropractic Examiners of that change.

I agree that I will cooperate with any necessary investigation or inquiry initiated by the Kentucky Board, prior to licensure. I agree that the Kentucky Board may assess reasonable costs for any such investigation or inquiry, and acknowledge that I must remit such assessment(s) prior to the granting of a Kentucky license.

Further, I, the undersigned, being duly sworn, do state upon oath that the answers given in the application submitted herewith are true and correct, and agree, if issued a license, to abide by the laws of the state of Kentucky concerning the practice of chiropractic.

I affirm that I:

(1) Am not the subject of any current complaints or investigations in any other state or jurisdiction in which I have held a license to practice or that if I have been the subject of complaints or investigations in another state or jurisdiction I have provided all details regarding such complaint(s) or investigations to the KBCE. I understand that existence of such complaints or discipline matters may increase the time it takes for approval of this application.

(2) Have attached a copy of any order for discipline that precedes this application by five years or more.

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Additionally, by completing and signing this form I further acknowledge that I have read and understand the Kentucky statutes and administrative regulations governing chiropractic in Kentucky and agree to abide by same. Furthermore, if granted a license I hereby agree to keep the Executive Secretary fully advised as to my latest address; to give such assistance as the law may require to aid in the prosecution of violations of the laws pertaining to the practice of Chiropractic.

_____ _____
Signature of Applicant Date

Subscribed and sworn to before me

This _____ day of ____ _____, 20____

_____
Signature of Notary (SEAL)

(This page must be signed, notarized and returned with your application.)

FOR BOARD USE ONLY:

Form Related Information	**Payment Information**	**Received Stamp**
Incomplete Form Returned To Licensee	**Check #**	
Date Re-received Form	**Amount**	
Staff Initials	**Date/Initials**	
CINBAD Check Results:		

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Please provide Verification of Licensure directly from each state that you currently hold, or have ever held a license to practice chiropractic in.

Please provide "Official" transcripts, directly from each undergraduate college and chiropractic college that you have attended, as well as an official transcript from the National Board of Chiropractic Examiners, Parts I, II, III and IV.

Please provide the Board with a letter from each of three individuals, not necessarily chiropractors, who are personally acquainted with the applicant, stating that, to their knowledge the applicant is not addicted to intoxicants or drugs, has not had previous license(s) suspended or cancelled, has never been convicted of a felony or any other violation of federal, state or local laws, has no prosecution or complaints to a state board responsible for the licensing of chiropractors pending and is a person of good moral character and reputation and is worthy of professional recognition and confidence. The letters should include the individual's address, phone number and occupation.

TO BE COMPLETED BY CHIROPRACTIC COLLEGE ONLY!
(Please send to your chiropractic college for completion)

CHIROPRACTIC COLLEGE CERTIFICATION

Name of Applicant _____

Address _____

_____
City State Zip

Name of College _____

Address _____

_____
City State Zip

Date of Matriculation _____

Date of Graduation _____

Total number of months _____ hours _____ in chiropractic college attendance.

Do you affirm that the above named applicant has satisfactorily completed not less than sixty (60) semester hours of pre-professional study (see page 7 for specific courses) from a college or university accredited by the Southern Association of Colleges and Schools or other regional accrediting agencies as recognized by the United States Department of Education and the Council on Higher Education or their successors?
Yes _____ No _____

Do you affirm that the Chiropractic College of which the above named applicant is a graduate was fully accredited by CCE or their successors at the time of the applicant's graduation?
Yes _____ No _____

Comments: _____

_____

_____
Signature of Registrar

Date _____

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BOARD OF CHIROPRACTIC (MEDICAL, ETC.) EXAMINERS

SCHOOL LOGO
ADDRESS

State _____

Address _____

_____

Phone (_) _____

CHIROPRACTIC COLLEGE CERTIFICATION

A. CERTIFICATION OF PRE-CHIROPRACTIC EDUCATION

The admissions requirements are established in cooperation with the United States Council on Chiropractic Education (CCE).

The candidate for admission must be a high school graduate (or present evidence of equivalency) and have completed at least 60 semester hours (or 90 quarter hours) leading to a baccalaureate degree. Pre-chiropractic credits must be earned at institutions listed in the United States Department of Education Higher Education Directory, unless described below:

COMMENTS:

B. CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that _____ entered _____ on the _____ day of _____ , _____ and graduated on the _____ day of _____ , _____ , receiving the degree Doctor of Chiropractic. S/he completed _____ school terms of _____ months each, totaling _____ hours of _____ minutes each which includes transfer hours. The classroom and laboratory instruction in subjects and hours attended and completed are certified by the attachment of official chiropractic college transcripts.

_____ Chiropractic College has professional accreditation by the United States Council on Chiropractic Education, granted on _____.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

_____ _____
Signature Date

_____
Typed or printed name and title

_____
College Name

_____ College Seal
City State ZIP

This document is null and void unless received directly from the chiropractic institution named above.

8/05

Important Information To Know & Remember

Common Advertising Violations

(1) Any time you use "Dr.", you must designate the type of doctor you are by using "D.C." or "Chiropractor". Refer to KRS 311.375

(2) You CANNOT use the term(s) "Certified", "Advanced" "Specialty" or "Specialize" in any advertisement, etc. unless you have been certified by the Board in one of the following specialties: Radiology, Rehabilitation Board of Diplomate, Clinical Nutrition Diplomate, Neurology Diplomate, Chiropractic Neurology Diplomate, Functional Neurology Fellow, Vestibular Rehabilitation Fellow, Neurochemistry & Nutrition Fellow, Sports Physicians Diplomate, Sports Physician, Occupational Health Diplimate and Chirpractic Pediatrics. Refer to 201 KAR 21:0452.

(3) You CANNOT call your chiropractic facility a "CLINIC" unless your facility has been certified as a "Clinic" by the Board. Refer to 201 KAR 21:060.

(4) You CANNOT advertise "Physical Therapy" unless you have a licensed Physical Therapist working in your office. KRS 312.015 defines chiropractic, in part, as "...using methods of treatment designed to augment those adjustments..." Advertising "Physical Therapy" is in violation of KRS 327.020 (1), (3) which governs the practice of physical therapy in Kentucky. It is recommended that you not use therapies, physiotherapy, or any terminology that makes reference to Physical Therapy.

(5) Any advertisement of FREE or DISCOUNTED services MUST include a "Notice of Right of Rescission". This includes FREE consultations, services not normally charged for but advertised as FREE, or ANY service that you advertise FREE or at a REDUCED RATE. This law applies to any advertisement or solicitation whether it be in print, radio, television, telephone, in person (like at a mall or fair), Internet website, etc. The notice of right of rescission must be *CONSPICUOUS*, *10PT FONT* and must be *COMPLETE*. Refer to 201 KAR 21:065 for the proper wording.

PLEASE RETURN ALL THREE (3) PAGES

PLEASE KEEP A COPY OF THIS INFORMATION FOR FUTURE REFERENCE

Common Questions Regarding Continuing Education

(Please read before calling the Board office)

(1) 12 hours of Continuing Education credit MUST be obtained before March 1 of each year with 6 hours having been taking in Kentucky.

(2) In order to meet the requirements for approval, a course must be on a post graduate level, must be either at or sponsored by an ACCREDITED chiropractic college, or sponsored by ANY state or national chartered organization of chiropractors, and approval must be requested at least 60 days prior to the date of the program. At this time Kentucky does not accept/approve on-line continuing education courses.

(3) Non-Resident licensees are ONLY required to meet the C.E. requirements in the state in which they practice. However, if you renew your license as a non-resident and decide to practice in Kentucky during the renewal period, you will be required to provide a current certificate of 12 hours of continuing education, and a certificate of HIV/AIDS education totaling two hours and pay an additional renewal fee.

(4) Are first year licensees required to meet the continuing education requirements? If you graduated during 2009 you will not be required to obtain the twelve hours of continuing education for 2010 license renewal. If you graduated prior to January 1, 2009, you will be required to provide proof of 12 hours of approved continuing education obtained during the period January 1, 2009 through February 2010, prior to March 1, 2010.

ANY LICENSEE WHO DOES NOT MEET THE REQUIREMENTS FOR LICENSE RENEWAL PRIOR TO MARCH 1, 2010 WILL BE ASSESSED A $300.00 LATE FEE!!!

ABSOLUTELY NO EXCEPTIONS!!!

For Your Information. . .

(1) KRS 312 *requires* all licensees to keep the Board informed of any CHANGE OF ADDRESS.

(2) Failure to renew your license within 45 days of the mailing of a delinquent notice will result in the automatic REVOCATION of your license.

(3) Please be familiar with the minimum standards for record keeping. You are expected to adhere to these minimum standards.

(4) <u>PEER REVIEW</u>: Peer Review (paper reviews or ICEs which include paper reviews) of Kentucky chiropractic claims can ONLY be performed by Kentucky licensed chiropractors who have completed additional educational training and have registered with the Kentucky Board of Chiropractic Examiners to perform Peer Review. Please refer to 201 KAR 21:095.

(5) KRS 312.145 requires Chiropractic facilities utilizing chiropractors whose name is not used in the name of the facility to register annually with the board and provide the name and address of the owner and the name and address of all doctors practicing in the facility.

(7) KRS 422.317 requires the release of one copy of patient records (including x-rays) at no-charge, upon a patient's written request. Records must be provided within ten business days of receipt of the request and cannot be withheld due to non-payment of services rendered.

I hereby certify that I understand that the foregoing are only excerpts of certain portions of KRS 312 and the regulations promulgated thereto, and that I have read and understand the foregoing and the entire statute and regulations governing the practice of chiropractic in Kentucky and hereby agree, if licensed, to abide by the law and regulations governing the practice of chiropractic in Kentucky.

_____ _____

Signature of Applicant **Please print name**

The foregoing was acknowledged before me on this _____ day of _____ , 20 ____ by _____ .
(name of applicant)

_____

Notary Public **(Seal)**
My Commission Expires: _____