

# 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 two specialties - Chiropractic Orthopedics or Chiropractic Roentgenology. Refer to 201 KAR 21:045
- (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.

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**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) Two hours of HIV/AIDS education must also be obtained during calendar year 2010 and every 10th year following (ie: 2020, 2030, 2040, etc). These two hours can be included in the required 12 hours if they also meet the requirements outlined in #2. All HIV/AIDS programs MUST be approved by the Kentucky Cabinet for Health and Family Services (CHFS). **You can contact CHFS at 502/564-4990 to obtain a list of approved HIV/AIDS courses or access their website at:**

<http://chfs.ky.gov/dph/hivaids.htm> .

(4) 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.

(5) **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) **PEER REVIEW:** 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.

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*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

My Commission Expires: \_\_\_\_\_

(Seal)