



STATE OF MISSOURI
Division of Professional Registration

MISSOURI STATE BOARD OF CHIROPRACTIC EXAMINERS
PO BOX 672
3605 MISSOURI BLVD
JEFFERSON CITY, MO 65102
Telephone (573) 751-2104 Fax 573/751-0735

APPLICATION FOR CHIROPRACTIC LICENSE

Examination Reciprocity

1. Please read the enclosed instructions in order to complete the application correctly. **ALL FEES ARE NONREFUNDABLE**
2. All information must be typewritten or printed in black ink. If the writing is not in black ink or illegible the application will be returned.
3. Pursuant to § 620.127, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.

A. GENERAL INFORMATION

1. Last Name	First Name	Middle Name	(Maiden Name if applicable)	Social Security Number (Required – See Attached Sheet)
2. Birthplace (City/State)			3. Date of Birth	4. Telephone Number ()
5. Present Mailing Address (Street, City, State, Zip)				6. E-mail address

5a. If present mailing address is a post office box, please indicate street address, city, state and zip

7. Business Address (Street, City, State, Zip)

8. Race	9. Ethnicity	10. Gender
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11. Please list any state a chiropractic license has been issued

STATE	DATE LICENSED	BOARD NAME <small>(Please check either examination or reciprocity)</small>	Examination	Reciprocity	Expiration Date

12. IF A “YES” RESPONSE IS LISTED FOR QUESTIONS 12a THROUGH 12i, APPLICANT MUST PROVIDE A WRITTEN EXPLANATION ON SEPARATE SHEET OF PAPER WITH THE APPLICANT’S SIGNATURE NOTARIZED.

a. Have you, or any license or right to practice held by you, been restricted or disciplined, such disciplinary action to include, but not be limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US state, territory, federal agency, Canadian province or foreign country?	Yes	No
b. Have you ever taken an examination or been licensed by another professional licensing board? If yes, please list the board name, state and license number.	<input type="checkbox"/>	<input type="checkbox"/>
c. Have you been ever arrested, charged, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed, including suspension imposition of sentence or suspended execution of sentence?	<input type="checkbox"/>	<input type="checkbox"/>
d. Have you ever been charged with or convicted of a violation of any federal or state drug laws or rules whether or not sentence was imposed or suspended?	<input type="checkbox"/>	<input type="checkbox"/>
e. Are you now or have you in the last five years been addicted to or used in excess, alcohol or any prescription drugs or illegal chemical substances?	<input type="checkbox"/>	<input type="checkbox"/>
f. Are you now being treated or have you in the last five years been treated through a drug or alcohol rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>
g. Have you ever been convicted, arrested, charged, indicted, found guilty by a court, pled guilty or pled nolo contendere to any traffic offense resulting from or related to the use of drugs or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
h. Have you ever had a judgement rendered against you based upon fraud, misrepresentation, or deception related to your practice as a chiropractic physician?	<input type="checkbox"/>	<input type="checkbox"/>
i. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?	<input type="checkbox"/>	<input type="checkbox"/>
j. Will your practice include x-ray equipment? If yes, you must register any x-ray equipment with the Department of Health and Senior Services. The address is the Bureau of Radiological Health, Missouri Department of Health, PO Box 570, Jefferson City, Missouri 65102.	<input type="checkbox"/>	<input type="checkbox"/>
k. Do you qualify to perform meridian therapy/acupressure/acupuncture according to 20 CSR 70-2.031 of the Missouri chiropractic regulations? If so, a separate application is required.	<input type="checkbox"/>	<input type="checkbox"/>
l. Do you qualify to be certified as an insurance consultant according to 20 CSR 70-4.010 of the Missouri chiropractic regulations? If so, a separate application is required..	<input type="checkbox"/>	<input type="checkbox"/>

m. Do you qualify to perform manipulation under anesthesia according to 20 CSR 70-2.033 of the Missouri chiropractic regulations?

13. PRACTICE EXPERIENCE – List practical experience in chiropractic below.

EMPLOYER NAME	ADDRESS	DATES	
		From	To
		From	To
		From	To

14. EDUCATION – (OFFICIAL TRANSCRIPTS MUST BE FORWARDED TO THE BOARD OFFICE)

14a. Pre-professional College(s)

College Name	Location (City/State)	Degree	

14b. Chiropractic College(s)

Address	Hours	Degree

15. EXAMINATION INFORMATION

Applicants for licensure by examination must pass Parts I, II, III (the Written Clinical Competency Examination) and the elective section on Physiotherapy administered by the National Board of Chiropractic Examiners (N.B.C.E.). Additionally, all applicants must pass the regional/national practical examination (Part IV) administered by the N.B.C.E. and an examination over the Missouri statutes, rules and regulations (jurisprudence examination). The applicant must authorize NBCE to forward the scores to the Board office.

APPLICANT'S OATH

State/Providence _____ County/Parish of _____

I, _____, hereby certify under oath that I am the person named in this application for a license to practice chiropractic in the State of Missouri; that all statements I have made herein are true; that all documents submitted with this application or as part of the application process are original or duplicated copies of the originals have not been altered in any fashion whatsoever, that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application.

I further state that by filing this application for license to practice chiropractic in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of chiropractic, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information which may be required in reference to my past record.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution, or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri State Board of Chiropractic Examiners any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Chiropractic Examiners or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant's Signature →
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Notary Public Embossing Seal	State	County
	Subscribed and sworn before me this Day of Year	
	Notary Public Signature	My Commission Expires
	Notary Public Name (Typed or Printed)	
Use Rubber Stamp in Clear Area Below.		

APPLICANTS MUST PLACE A CURRENT PHOTOGRAPH IN SPACE PROVIDED.



PHOTO

Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand that by mailing your fingerprints to the Missouri State Highway Patrol or to Cogent, the Missouri Fingerprint Services vendor, you hereby agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol (MSHP) and/or the Federal Bureau of Investigation (FBI).
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in MSHP and/or FBI files. For the Chiropractic Examiners the registration number is **0011**. Such data will be subject to comparisons against other submissions received by the MSHP and/or the FBI and to further disseminations by the MSHP or the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)) or Missouri Revised Statutes.
- Any future updates made to your arrest record may also be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

Questions about this notice may be directed to the Missouri State Highway Patrol Criminal Justice Information Services Division at 573-526-6153 or machs@mshp.dps.mo.gov <https://www.machs.mo.gov/MACHSFP/home.html>

AGENCY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as a job or license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notice and other information and that the results of the check are handled in a manner that protects the applicant's privacy.

- Officials must provide to the applicant written notice¹ that his/her fingerprints will be used to check the criminal history records of the FBI.
- Officials using the FBI criminal history record (if one exists) to make a determination of the applicant's suitability for the job, license, or other benefit must provide the applicant the opportunity to complete or challenge the accuracy of the information in the record.
- Officials must advise the applicant that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- Officials should not deny the job, license, or other benefit based on information in the criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the criminal history record solely for the purpose requested and cannot disseminate the record outside the receiving department, related agency, or other authorized entity.²

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant notice, what constitutes "a reasonable time" for the applicant to correct or complete the record, and any applicant appeal process that is afforded the applicant. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of criminal history records for noncriminal justice purposes.

If you need additional information or assistance, contact the CJIS Audit Unit, Missouri State Highway Patrol CJIS Division, at (573) 526-6153 extensions 2630, 2625 or 2655.

¹ Written notification includes electronic notification, but excludes oral notification.

² See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history record of the FBI.
- If you have a criminal history record, the officials 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 officials must advise you that the procedures for obtaining a change, correction, or updating of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a 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 officials deny you the job, license, or other benefit based on information in the criminal history record.²

You have the right to expect that officials 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 federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.machs.mo.gov/MACHSFP/home.html>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

¹ Written notification includes electronic notification, but excludes oral notification.

² See 28 CFR 50.12(b).

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).