

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulation Administration



BOARD OF CHIROPRACTIC

**APPLICATION INSTRUCTIONS AND FORMS FOR A LICENSE
TO PRACTICE AS A CHIROPRACTOR
IN THE DISTRICT OF COLUMBIA**

We welcome your interest in becoming a licensed Chiropractor in the District of Columbia and look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read these instructions carefully. Any application not completed in accordance with these instructions will be returned without action. All fees are earned when paid and cannot be transferred or refunded.

All individuals who wish to practice as a Chiropractor in the District of Columbia must meet the general requirements of these instructions.

All applicants shall apply by examination. The District of Columbia has no standing or automatic agreement with any jurisdiction regarding reciprocity or endorsement.

WHERE TO FILE

All new license applications and documents should be sent to the following address:

Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE
First Floor
Washington, DC 20002

Checks or money orders for application and license fees should be made payable to **DC Treasurer** and submitted along with your application.

If you have any questions, call DOH/HPLA's Customer Service line at 1-888-204-6193 between 9:00 a.m. and 4:00 p.m. Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

To qualify for a license, all applicants shall sit for the **District Law Examination**, which is offered the Saturday before the second Tuesday in June and December, and may be offered at other times. Applications must be submitted ninety (90) days prior to the date of the examination. Application for re-examination must be submitted sixty (60) days prior to the date of examination.

- A. All applicants for a license to practice chiropractic in the District of Columbia shall meet the following requirements:
1. Applicant must be at least 18 years of age;

2. Applicant must not have been convicted of a crime of moral turpitude, which bears directly on the applicant's fitness to be licensed;
3. Applicant shall arrange to have submitted directly to the Board three letters from chiropractors licensed in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications to practice chiropractic.
4. Please submit two (2) identical, recent passport-size photographs (2x2 inches in size) on a plain background, which are front-view and fade-proof. The photos must be original photos and cannot be computer-generated copies or paper copies. In addition, we will not accept 3x3 or larger Polaroid - type photos. Please be sure to mail in your two photos and write on the back of the photos your full name and either your license number or Social Security Number. Photos will be placed on the pocket license.
5. You will also need to submit one (1) **clear photocopy of a government issued photo ID**, such as your valid driver's license, as proof of identity.

EDUCATION/EXPERIENCE REQUIREMENTS FOR ALL APPLICANTS

- A. All applicants shall furnish proof satisfactory to the Board that the applicant has successfully completed the following education requirements:
 1. Two years of education at the baccalaureate level at a college or university accredited at the time of the applicant's attendance by the Secretary of the United States Department of Education or the Council on Postsecondary Education; and
 2. Has graduated from an education program in the practice of chiropractic that:
 - a. Consists of four academic years of study;
 - b. Includes 500 hours of practical clinical experience under the supervision of a chiropractor; and,
 - c. Is accredited at the time of the applicant's graduation by:
 - 1) The Council on Chiropractic Education (CCE); or
 - 2) The straight Chiropractic Academic Standards Association (SCASA).
- B. Applicant shall arrange for a certified transcript of the applicant's pre-chiropractic and chiropractic education to be sent directly from the education institution to the board at the address on Page 1.

EXAMINATION REQUIREMENTS

- A. All applicants shall receive a passing score on an examination administered by the National Board of Chiropractic Examiners (NBCE). Applicant must have received a passing score on each test that forms a part of the examination as determined by the NBCE.
- B. Applicants who graduated after January 1, 1988 shall take Parts I, II, III, and IV of the NBCE. The Board shall only consider examination results after the applicant has passed all parts of the examination.
- C. Applicants shall arrange for a copy of their chiropractic board scores to be sent directly from the NBCE to the board at the address on Page 1. **The NBCE can be contacted at (970)-356-9100.**
- D. To qualify for a license to practice chiropractic, all applicants without exception shall also receive a passing score on a written examination developed by the board in the following areas:
 1. Jurisprudence (District Law and Regulations);
 2. Chiropractic philosophy;
 3. Nutritional advice;
 4. Instrumentation;

- 5. Diagnostic testing; and
 - 6. Stress management.
- E. A passing score on the District Examination shall be 75%.
 - F. An applicant shall pass all parts of the National Examination to be eligible to take the District Examination.
 - G. The District Examination may include, but is not limited to, questions on the following:
 - 1. The Health Occupations Revision Act of 1985, Amendment Act of 1994; and,
 - 2. Title 17, Chapters 40, 41 and 48, District of Columbia Municipal Regulation (DCMR).
 - H. Applicant for authorization to practice Ancillary Procedures shall achieve a passing score of 75% on a practical examination administered by the board. The exam will be offered in June and December per the general requirements on page 1.

APPLICATION SUBMISSION REQUIREMENTS FOR A CHIROPRACTIC LICENSE

A. Application Fees

All fees are earned when paid and cannot be transferred or refunded. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to **DC Treasurer** and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed. The application portion of the fee is **NOT** refundable. The license fee portion of the payment is refundable in the event of final denial of a license or a request from an applicant to close the application request. In the latter event, you will have to file all documents again, should you subsequently decide to apply for licensure.* It will take approximately six (6) weeks after denial or withdrawal for you to receive your refund. For your information, the application

BOARD	APPLICATION FEE	LICENSE FEE	EXAM FEE	AUTHORITY	TOTAL
Chiropractic	\$85	\$457			\$568
Chiropractic Re-exam	\$85		\$26		\$111
Chiropractic with Ancillary Procedures	\$85	\$186	\$26		\$297
Chiropractic Non-Invasive Ancillary Procedures	\$85		\$26		\$111

*The **Total Enclosed** amount is the fee that must be paid for your DC license to be processed. Your new license fee includes one new license print showing the new effective date and expiration date. A charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208).

- B. Applications shall be considered incomplete and returned to the applicant without action if the following items do not accompany the application:
 - 1. A complete and signed application form
 - 2. Two recent passport type photographs of the applicant's face measuring 2" x 2"; and
 - 3. A check or money order made payable to **DC Treasurer**

- C. In addition to items listed above, applicants shall also arrange for the following information to be submitted to complete their application:
1. A copy of their prechiropractic and chiropractic school transcripts to be sent directly from the educational institution to the board at the address on Page 1;
 2. Three reference letters completed in accordance with the general requirements for all applicants A, item 3 of these instructions;
 3. A copy of their NCBE examination scores to be sent directly from the NCBE to the board at the address on Page 1;
 4. Verification of Employment vouchers which verify all employment from date of graduation from chiropractic college to present date; and
 5. Applicants who hold licenses in other jurisdictions shall arrange for verification of licensure from each state in which the applicant has ever held a chiropractic license to be sent directly from each state chiropractic board.

GENERAL INFORMATION

For information concerning the application process call (888)-204-6193

For information concerning Board Meetings call (202) 724-4900

ANCILLARY PROCEDURES

- A. A chiropractor who is certified by the Board to perform ancillary procedures may perform the following activities **as long as they are preparatory or complementary to chiropractic adjustment of the spine or bodily articulations:**
- | | |
|--|--------------------------------|
| (a) Massages; | (h) Hydrotherapy; |
| (b) Hot packs; | (i) Diathermy; |
| (c) Cold packs; | (j) Traction; |
| (d) Galvanic stimulation; | (k) Exercise programs; |
| (e) Ultrasound; | (l) Muscle stimulation; and |
| (f) Doppler vascularizers; | (m) Muscle analysis machinery. |
| (g) Transcutaneous electrical nerve stimulation; | |
- B. To qualify for ancillary procedure certification, a chiropractor shall;
1. Have achieved a passing score (as recommended by the NBCE) on the physiotherapy section of the examination administered by the NBCE; and
 2. Have received a passing score of 75% on an examination administered by the Board, which test the applicant's knowledge and practical skills in physiotherapy.
- C. A chiropractor applying for ancillary procedure certification shall arrange to have their NBCE examination scores sent directly to the board at the address on Page 1.
- D. Submission requirements for ancillary procedures certification include:
1. A complete and signed application.
 2. Two recent passport photographs of the applicant's face.
 3. Examination scores as specified in B above.
 4. A check or money order made payable to **DC Treasurer** in the amount of **\$208**.

COMPLETING THE LICENSE APPLICATION

Section 1. TYPE OF LICENSE

a. Check the box next to the license description of which you are applying.

Section 2. APPLICANT NAME / DEMOGRAPHIC INFORMATION

Enter your legal name exactly as it should appear on the license. The Child Support and Welfare Reform Compliance Act of 2000, Act 13-559, requires that the Department of Health now collect and maintain social security numbers for all licensees. Your social security number will not be made available to the public, but if not provided, your application will be returned to you for completion. All applicants must be at least 18 years of age. If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents are marriage certificates, divorce decrees or court orders.

Section 3. SUPPORTING DOCUMENTS REQUIRED

Please indicate the supporting documents you have included with this package or requested to be sent to the Board of Medicine. Keep a photocopy of all supporting documents for your records.

Section 4. PREVIOUS NAME CHANGE

If your name has changed at any point since you first attended college or university, you must provide a copy of a legal name change document for EACH time that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.

Sections 5A & B. HOME ADDRESS / BUSINESS ADDRESS

Include both your home and business addresses in the sections provided. Even if you have a PO Box, a street address should also be provided.

Section 5C. PREFERRED MAILING ADDRESS

Place an "X" in the appropriate box to indicate your preferred mailing address. This will be the address to which all future licensing documents will be mailed.

Section 6A. PROFESSIONAL SCHOOLS ATTENDED

List all colleges and universities attended prior to and including medical/professional schools. List schools that you have attended in reverse chronological order, beginning with the most recent at the top.

All applicants: Certified transcripts must be from the appropriate educational institution. Transcripts may be sent directly to the Board or submitted with your application in a sealed envelope from the institution. Note that if your transcript or any other document submitted in support of your application is in a language other than English, you must provide a certified translation. Foreign transcripts need not be in

Section 6B. PROFESSIONAL TRAINING AND PRACTICE

List all experience since medical/professional school graduation. Include letters from employing facilities, internships, residencies, fellowships or employment. List experience in reverse chronological order, beginning with the most recent at the top. Note: If **other** description is selected, please attach a typed explanation to this form. If you were unemployed or self-employed for any period of two months or more

please include a statement to that effect on a separate sheet of paper. All letters attached with this application should include beginning and ending dates.

Section 6C. LICENSES IN OTHER STATES / JURISDICTIONS

List all states and jurisdictions in which you have ever held a similar professional license. You must request verification of licensure for all of these licenses, past and/or present.

Section 7. SCREENING QUESTIONS

If you answer “yes” to questions A through I, then please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

Section 8. LICENSEE AFFIDAVIT

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL APPLICATION FORMS

If you need additional copies of this application package you may visit HPLA’s website at www.hpla.doh.dc.gov or call HPLA’s Customer Service number at 1-888-204-6198. The forms that make up this package are:

- Chiropractic, New License Instructions
- Chiropractic, New License Application
- Chapter 48 Chiropractor, Municipal Regulations
- Character Reference Forms (3)

SUMMARY OF LICENSURE REQUIREMENTS

The following chart shows the licensure submission requirements for all application methods. The law governing chiropractor licensure in the District of Columbia is *D. C. Law 6-99, the Health Occupations Revision Act of 1985*. The regulations governing chiropractor are included in *DC Municipal Regulations Title 17, Chapters 48*. Any conflict between these instructions and the law and regulations is inadvertent. The law and the regulations take precedence in the event of any inadvertent conflict. Please contact the DC Boards of Medicine and Chiropractic if you have any questions regarding the interpretation of these laws as they pertain to your particular situation.

License Type	Licensing Description	Signed Application	Two 2" x 2" Photos	NBCE Exam Results	Undergraduate & Professional School Transcripts	Three Character Reference Forms	Verification of Other Licenses	Check or Money Order
CH	Chiropractor Exam	X	X	X	X	X	X	\$542
CH	Chiropractor Re-exam	X	X	O	O	O	O	\$339
CH	Ancillary Procedures Exam	X	X	X	O	O	O	\$271
CH	Ancillary Procedures Re-exam	X	X	O	O	O	O	\$119
CH	Chiropractor & Ancillary Procedures Exam	X	X	X	X	X	X	\$271

X = Required
O = Not required

An applicant must have received a passing score on an examination administered by the National Board of Chiropractic Examiners (NBCE).

A certified transcript of the Applicant's record verifying graduation submitted in a sealed envelope from the educational institution. Transcript may be sent directly from the school, but it is preferred that it accompany the application in a sealed envelope.

Three (3) Character References from licensed Chiropractors in a jurisdiction of the United States in good standing who have personal knowledge of the applicant's abilities and qualifications to practice Chiropractic.

Check or money order MUST be made payable to DC Treasurer



DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF CHIROPRACTIC

CHARACTER REFERENCE FORM

 APPLICANT'S NAME

 APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as a Chiropractor in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Board of Chiropractic when considering the applicant for licensure. The Board will consider your reply as confidential information.

Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE, First Floor
Washington, DC 20002

TO: District of Columbia, Board of Chiropractic.

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and tat to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice as a Chiropractor.

REMARKS:

 Name (Please Print or Type)

 Signature/Title

 Address



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF CHIROPRACTIC**

CHARACTER REFERENCE FORM

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as a Chiropractor in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Board of Chiropractic when considering the applicant for licensure. The Board will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE, First Floor
Washington, DC 20002**

TO: District of Columbia, Board of Chiropractic.

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and tat to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice as a Chiropractor.

REMARKS:

Name (Please Print or Type)

Signature/Title

Address



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF CHIROPRACTIC**

CHARACTER REFERENCE FORM

APPLICANT'S NAME

APPLICANT'S ADDRESS

Dear Sir/Madam

The applicant whose name and address appear above has applied for a license to practice as a Chiropractor in the District of Columbia and lists you as a reference for his/her moral character and professional experience.

Please complete and return this form to the address below. Your prompt attention to this request will greatly assist the Board of Chiropractic when considering the applicant for licensure. The Board will consider your reply as confidential information.

**Department of Health
Health Professional Licensing Administration
899 North Capitol Street, NE, First Floor
Washington, DC 20002**

TO: District of Columbia, Board of Chiropractic.

I hereby certify that since (date) _____, I have been closely associated with _____, residing in _____ as to be able to intelligently express an opinion as to his/her character, mental condition and habits, and tat to the best of my knowledge and belief, he/she is of good moral character and free from mental defects and drug habits that are liable to interfere with the proper practice as a Chiropractor.

REMARKS:

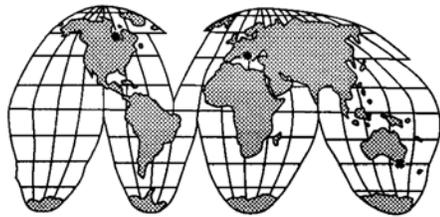
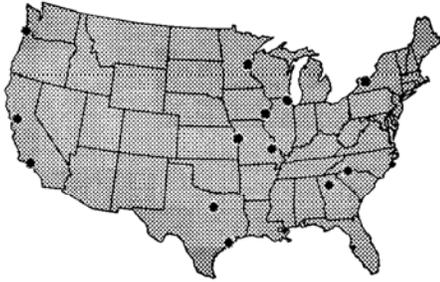
Name (Please Print or Type)

Signature/Title

Address

NATIONAL BOARD TEST

ADMINISTRATIVE SITES



Logan College of Chiropractic
1851 Schoettler Road, P.O. Box 100
Chesterfield, MO 63017
314-227-2100

The National University of Health Sciences
200 East Roosevelt Road
Lombard, IL 60148
630-629-2000

New York Chiropractic College
2360 Route 89
P.O. Box 800
Seneca Falls, NY 13148
315-568-3015

Northwestern Health Sciences University
2501 West 84th Street
Bloomington, MN 55431
612-888-4777

Palmer College of Chiropractic
1000 Brady Street
Davenport, IA 52803
319-884-5000

Palmer College of Chiropractic - West
90 East Tasman Drive
San Jose, CA 95134
408-944-6000

Parker College of Chiropractic
2500 Walnut Hill Lane
Dallas, TX 75229
214-352-7332

Royal Melbourne Institute of Technology
Department of Chiropractic, Osteopathy
and Complementary Medicine
P.O. Box 71
Bundoora, Victoria AUSTRALIA 3083
(September examinations only)
(03) 9468-2440

Sherman College of Straight Chiropractic
2020 Springfield Road
P.O. Box 1452
Spartanburg, SC 29304
864-578-8770

**Southern California University
of Health Sciences**
16200 East Amber Valley Drive
Whittier, CA 90609
562-947-8755

Texas Chiropractic College
5912 Spencer Highway
Pasadena, TX 77505
281-487-1170

**University of Bridgeport College of
Chiropractic**
75 Linden Avenue
Bridgeport, CT 06601
203-576-4279

**University of Quebec
Trois Rivières College of Chiropractic
Doctor of Chiropractic Program**
3315 Boulevard Des-Forges
P.O. Box 500
Trois Rivières, Quebec CANADA
G9A 5H7
819-376-5186

Western States Chiropractic College
2900 NE 132nd Avenue
Portland, OR 97230
503-256-3180

Anglo-European College of Chiropractic
13-15 Parkwood Road
Bournemouth, Dorset
ENGLAND, BH5 2DF
(Dependent upon number of applicants)
(011)(44)-1202-43-6200

Canadian Memorial Chiropractic College
1900 Bayview Avenue
Toronto, Ontario CANADA M4G 3F6
416-482-2340

Cleveland Chiropractic College - K.C.
6401 Rockhill Road
Kansas City, MO 64131
816-501-0100

**Institut Franco-Europeen de
Chiropratique**
24 Boulevard Paul-Vaillant Couturier
94200 IVRY SUR SEINE FRANCE
(33)(1)-45-15-89-10

Life Chiropractic College - West
25001 Industrial Boulevard
Hayward, CA 94545
510-780-4567

Life University School of Chiropractic
1269 Barclay Circle
Marietta, GA 30060
770-426-2600

NBCE EXAM-ELIGIBLE CHIROPRACTIC COLLEGES

In addition to the chiropractic colleges listed above, the students of two additional chiropractic colleges are currently eligible to take the NBCE examinations. These two colleges are **NOT** designated as NBCE test sites at this time:

Cleveland Chiropractic College - L.A.
590 North Vermont Avenue
Los Angeles, CA 90004
323-660-6166

**Macquarie University Center for
Chiropractic & Osteopathy**
P.O. Box 178
Summerhill, NSW 213
AUSTRALIA
61-02-789-7952

2006 - 2007 OFFICIAL DIRECTORY

of the FEDERATION OF CHIROPRACTIC LICENSING BOARDS

Chiropractic Licensure and Practice Statistics
Updated Binder including index tabs:
\$75 (includes Shipping/Handling Fees)

(The directory is posted in a printable form at on our website in Adobe PDF file. Updates will be posted regularly.)

ESPECIALLY FOR:

- ! Anyone considering entering chiropractic college
- ! Students enrolled in chiropractic college - selecting and applying to licensing boards
- ! Doctors seeking reciprocity or endorsement of their license in another jurisdiction
- ! Chiropractic licensing board members
- ! Insurance companies needing a summary of scope of practice laws / board contact information

INFORMATION IN THIS EDITION:

Australia, Canada, Mexico, and U.S. board addresses, staff	Continuing education requirements
Phone and FAX numbers, office hours	Recognition of NBCE exams, including WCCE (Part III), Part IV and SPEC
Application deadlines / Exam fees	Accreditation requirements for chiropractic colleges
Updated Summary of Scope of Practice laws	Intern/Extern/Preceptorship/Temporary Licenses
Student eligibility to sit for exams	Board members, addresses and terms
Initial license fees, renewal fees with term	Practice statistics, including number of active licenses, new licenses, resident/non-resident
Examinations administered by the board	
Optional licenses or certification	
Reciprocity/Endorsement requirements	

PROCEEDS FROM DIRECTORY SALES benefit the Federation's non-profit work on behalf of excellence in chiropractic licensing.

CONTACT

<p>Federation of Chiropractic Licensing Boards 5401 West 10th Street, Suite 101, Greeley, CO 80634-4400 Phone: (970) 356-3500 FAX: (970) 356-3599 E-Mail Address: info@fclb.org . Website: www.fclb.org</p>
--

Please enclose check or money order (US funds only) payable to the FCLB, or authorize charge to VISA or MasterCard. All orders shipped via Media Mail unless otherwise requested.

PLEASE rush me the latest FCLB Directory! I have enclosed check, money order, or credit card # to the Federation of Chiropractic Licensing Boards.

ORGANIZATION _____
PERSON ORDERING: _____
ADDRESS (we may use UPS MAILING ADDRESS) _____
CITY: _____ STATE: _____
E: _____ ZIP: _____
TELEPHONE NUMBER: (____) _____

VISA/MasterCard Acct. # _____ Exp. Date _____

Authorization Signature for Charge Cards:

FCLB USE ONLY:

ORDER RECEIVED: _____
FUNDS RECEIVED: _____
DATE MAILED: _____ PHONE MAIL FAX

Mail check or money order (in U.S. Funds only) to:
Federation of Chiropractic Licensing Boards
5401 W. 10th Street, Suite 101, Greeley, CO 80634-4400
Phone: 970.356.3500) FAX: 970.356.3599

