



NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (701) 352-2258 · Email: contact@ndsbce.org · Web: www.ndsbce.org

APPLICATION FOR CHIROPRACTIC LICENSURE

All licenses expire on September 1st of each year. Licenses granted after July 1st of each year will be deemed automatically renewed for an additional year without payment of an additional renewal fee.

The North Dakota Board of Chiropractic Examiners conducts a thorough evaluation of each applicant. This process takes time, depending, in large part, upon how quickly the applicant completes what is requested of them and the nature of any problems requiring closer scrutiny. Some applicants make commitments to start work at a certain time and later find that the commitment cannot be kept. Please remember that the Board will not accelerate, nor will it forego any elements of the application process. The following suggestions are offered to help those who are applying for licensure:

1. Two-months lead-time is not unreasonable. For new graduates, starting the application process as soon as you start your last trimester is encouraged.
2. Be careful when making commitments on practice start dates, leases, loans, etc. Do not set yourself up for disappointment or financial setbacks based on mere speculation.
3. Make sure all application materials are sent to the Board as quickly as possible, in accordance with the directions set forth in the application. Do not waste valuable time assuming an exception will be made or that a requirement will be waived for you.
4. If there are items on the application in which the Board requests additional information, or if there is any derogatory information that comes to light, it may take additional time to complete the application process.
5. Additional time should be considered for the administrative processing time for applications submitted by paper.

Instructions for the License Application

1. The fee for the license application is \$300.00, payable by check to the ND Board of Chiropractic Examiners. Personal checks will be accepted, but the funds should be guaranteed US Funds. The applicant will be responsible for any bank fees incurred if there are insufficient funds or improper currency, which will also delay the licensure process. If you want to pay by credit card, you will be required to complete the application online.
2. You will select if you are applying as a New Applicant or if you are applying for License Transfer (Reciprocity/Endorsement).
3. The application is 2 pages – you must complete all applicable fields on both pages.
4. You must have the application notarized prior to submitting it to the Board.
5. The following documents must be submitted directly from the source to the Board's office via the mail or electronically:
 - a. Photocopy of your diploma from a college of chiropractic accredited by the council on chiropractic education or its successor or equivalent.
 - b. Official transcript from a college of chiropractic accredited by the council on chiropractic education or its successor or equivalent.
 - c. Official examination results from the National Board of Chiropractic Examiners. Information/transcripts for the NBCE may be found on their website: www.nbce.org or calling (800) 964-6223.
 - d. If applicable, you must direct the licensing board of every state or jurisdiction where you are or have ever been licensed (regardless if the license is active, inactive, or lapsed) to provide the North Dakota Board of Chiropractic Examiners with a verification of your license. You may use the attached

Verification of License form (make additional copies if necessary) or the state(s) may send a letter. Please check with those licensing boards as there may be a fee to complete the verification.

6. Other application items that you will need to prepare to include with the application:
 - a. Photograph of yourself:
 - i. The photo should be passport size (2" x 3"), but does not have to be professional quality;
 - ii. Taken within the last 6 months.
 - b. Photocopy of your birth certificate (does not need to be a certified copy);
 - c. Current Resume or CV;
 - d. 3 Letters of Reference
 - i. The Board recommends that you collect these directly and include with your application packet, but they may be mailed, emailed, or faxed directly to the Board office as well.
 - ii. The Letters must include an actual signature – emails are not accepted. Scanned letters (with signatures) sent via email are accepted.
7. Once your application is submitted, you will be required to complete a Criminal History Record Check. You will be mailed 2 fingerprint cards and an application including the instructions for completing the Criminal History Record Check. On average, the processing time for the Criminal History Record check is two weeks.
8. Once your application is submitted and processed, you will be required to successfully complete the online Jurisprudence Examination. Instructions will be provided to you when you are eligible to complete the exam.

Additional Instructions:

- Please print legibly. Applications that are not legible, will be returned.
- All questions/fields on the application must be completed. The application will be returned if any fields are incomplete. If a field is not applicable to you, please indicate with NA.
- **Application is 2 pages – both pages must be completed!**

Please send your completed application packet to:

ND Board of Chiropractic Examiners
PO Box 185
Grafton, ND 58237

Please contact the Board office with application questions.

NORTH DAKOTA STATE BOARD OF CHIROPRACTIC EXAMINERS – APPLICATION FOR CHIROPRACTIC LICENSURE

Type of Application: New Applicant License Transfer (Reciprocity/Endorsement)

1. APPLICANT'S FULL NAME: _____

2. BIRTHDATE: _____ 3. SOCIAL SECURITY NUMBER: _____

CONTACT INFORMATION:

Please circle which mailing address you wish the Board to use for communications: HOME BUSINESS

4. HOME ADDRESS: _____

5. BUSINESS ADDRESS: _____

6. CELL/HOME PHONE: _____ 7. BUSINESS PHONE: _____

8. EMAIL ADDRESS: _____

9. CITIZENSHIP: USA: _____; OTHER: _____

10. LIST ALL STATES YOU HOLD OR HAVE HELD A CHIROPRACTIC LICENSE: _____

11. LIST WHEN & WHERE YOU HAVE EVER BEEN IN ACTUAL CHIROPRACTIC PRACTICE: _____

12. HAVE YOU EVER HAD A CHIROPRACTIC LICENSE SUSPENDED OR REVOKED? YES NO

13. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

14. ARE YOU CURRENTLY UNDER ANY INVESTIGATION? YES NO

15. ATTACH PASSPORT SIZE PHOTO:



APPLICATION CHECKLISTS:

TO BE INCLUDED WITH THIS PAGE:

- \$300.00 Application Fee
- Photocopy of Birth Certificate
- Resume/CV
- 3 Letters of Reference

TO BE SENT DIRECTLY TO THE BOARD FROM SOURCE:

- National Board Scores
- Chiropractic College Transcript & Diploma
- Verification of Licensure from other states (if applicable)

The information, statements, facts, and representation given in this application are true and correct, being aware that any misrepresentations or falsifications constitute grounds for rejection of an application or revocation of a license under Section 43-06-15(1)(d) of the North Dakota Century Code.

Signature of Applicant

Date

State of _____

County of _____

Signed and acknowledged before me this _____

day of _____, _____.

(Notary Seal/Stamp)

Signature of Notary Public

My commission expires: _____



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VERIFICATION OF LICENSURE

INSTRUCTIONS TO APPLICANT:

Print your name and license number in the space provided. Forward a copy of this form to each licensing Board in which you are, or have ever been, licensed to practice chiropractic for their completion. Make additional copies of this form as needed.

TO: _____
[State or Jurisdiction where you hold, or have held, a chiropractic license]

[Applicant's Name] [License Number]

LICENSING BOARD SECTION: The above-named applicant has applied for licensure to practice chiropractic in North Dakota. Please provide the following information and return this form to the address listed above.

License Status: _____ Active _____ Inactive _____ Lapsed _____ Other

Issue Date: _____ Expiration Date: _____

Basis for Issuance of License: (check all that apply)

_____ National Board Examination
_____ State Examination
_____ Reciprocity/Endorsement from: _____
(Name of State)

- Licensee is currently in good standing? _____ YES; _____ NO
- Has the applicant incurred any disciplinary action in your State? _____ YES; _____ NO
- Has the applicant's license ever been limited, denied, surrendered, suspended, or revoked? _____ YES; _____ NO
Please attach copies of any actions taken by your board.

I hereby certify, to the best of my knowledge, the information above is true per the records of this board.

Signed: _____

Print Name: _____

Title: _____

Date: _____

Board Seal