



NORTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

P.O. Box 185 · Grafton, ND 58237

Phone: (701) 213-0476 · Fax: (855) 450-2153 · Email: contact@ndsbce.org · Web: www.ndsbce.org

APPLICATION FOR CHIROPRACTIC LICENSURE

All licenses expire on September 1st of each year. Licenses granted on or 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/semester 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 or money order 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 prefer to pay by credit card, you will be required to complete the online application.
2. You will select if you are applying as a New Applicant or if you are applying for License Transfer (Reciprocity/Endorsement).
 - a. Select License Transfer if you have been licensed to practice in another state or jurisdiction for at least the preceding two (2) years.
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 (this is often included with the transcript).
 - 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 each 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 Verification of Licensure form found on the website under Forms & Resources or the state(s) may send a generic letter. Please check with those licensing boards as there may be a fee to complete the verification.
6. Other application item that you will need to prepare to include with the application:
- a. Photograph of yourself:
 - i. The photo should be a reasonable size (passport size preferred), but does not have to be professional quality;
 - ii. Taken within the last 6 months
 - b. Proof of Active Military Status (if applicable).
7. Once your application is submitted and processed, you will be required to complete:
- a. Criminal History Record Check;
 - b. Online Jurisprudence Examination; and
 - c. Jurisprudence Affidavit.

You will be mailed a packet, that will include the instructions and paperwork for completing all of the items above 7.(a-c). On average, the processing time for the Criminal History Record check is two – four weeks. It is advised you complete this paperwork in a timely manner and return it to the board office as the processing time can be slow.

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.

APPLICATION CHECKLISTS:

TO BE INCLUDED WITH THIS PAGE:

- \$300.00 Application Fee
- Photo
- Proof of military status (if applicable)

TO BE SENT DIRECTLY TO THE BOARD FROM SOURCE:

- National Board of Chiropractic Examiners Test 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: _____