



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/term 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 of if the license status) 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 provide 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 ten days – three 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 if you do not utilize the fillable PDF. 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 5 pages – all pages must be completed!**
- The final page must be completed in front of a notary public.

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

APPLICANT INFORMATION

Type of Application: ☐ New Applicant ☐ Endorsement

APPLICANT'S FULL NAME: _____

BIRTHDATE: _____

SOCIAL SECURITY NUMBER: _____

BIRTHPLACE: _____

CITIZENTSHIP INFORMATION

USA: ☐ ; OTHER: ☐ _____
If other, please indicate current citizenship.

US ACTIVE MILITARY OR MILITARY SPOUSE INFORMATION

ARE YOU AN ACTIVE MEMBER OF THE U.S. MILITARY OR A SPOUSE OF AN ACTIVE U.S. MILITARY MEMBER? ☐ YES ☐ NO

**If you have responded "YES" to this question, you will be required to submit proof of active member status. Some forms of proof are a military issued ID noting relationship to the military member, and the orders of the active military member spouse.*

CONTACT INFORMATION

HOME ADDRESS: _____ ADDRESS LINE 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CONTACT PHONE NUMBER:

CONTACT EMAIL:

BUSINESS INFORMATION

BUSINESS NAME:

PHYSICAL ADDRESS:

PHYSICAL ADDRESS LINE 2:

MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS):

CITY:

STATE:

ZIP CODE:

PHONE:

FAX:

CLINIC WEBSITE:

MAILING ADDRESS PREFERENCE, select one.

I prefer to have mail from the Board sent to my business address.

I prefer to have mail from the Board sent to my home address.

COLLEGE INFORMATION

NAME OF INSTITUTION ATTENDED

GRADUATION DATE (mm/yyyy)

You must have an official final transcript provided to the board office. We will accept electronic transcripts directly from the institution. These may be emailed to contact@ndsbce.org.

OTHER STATE LICENSURE

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN LICENSED IN ANY OTHER STATE OR JURISDICTION?

YES

NO

If you answer yes to this question, please list the states or jurisdictions:

You must have a license verification letter (or letter of good standing) provided to the board office from each state/jurisdiction that you are currently or have ever been licensed in. We will accept these letters electronically directly from the other jurisdiction. They can be emailed to: contact@ndsbce.org.

PERSONAL QUESTIONS

If any of the questions below are answered “yes”, you will be required to provide full details.

- | | | |
|---|-----|----|
| 1) Have you ever had an application for a professional license denied? | YES | NO |
| 2) Have you ever been investigated and/or disciplined by any licensing board or agency? | YES | NO |
| 3) Have you ever been subject to informal or formal proceedings by any licensing board or agency to revoke, suspend, restrict, deny, or limit a professional license? | YES | NO |
| 4) Do you have any pending, undecided, or unresolved disciplinary complaints filed against you in any other state or jurisdiction? | YES | NO |
| 5) Have you ever been cited, arrested, charged, or convicted of any violation of any law, other than minor traffic citations? (You must answer “yes” even if the matter was dismissed, expunged, subject to a diversion or deferred prosecution program, or otherwise set aside.) | YES | NO |
| 6) Do you currently have any condition for which you are not being treated that impairs your ability to practice your profession in a competent, ethical, and professional manner? | YES | NO |

EXPLANATION:

On the next page, please provide details to explain each question that you responded to with a “yes” response. You may also attach any supplemental information along with this application. If further information is required, you will be notified.

PHOTOGRAPH

You are required to submit/attach a recent photograph with this application. The photograph must be:

- A close-up front view of head and shoulders (not a profile).
- A passport-like photo of an individual (no group photos will be accepted).
- Taken within 6 months prior to filing this application.

APPLICATION CHECKLIST:

TO BE INCLUDED WITH THIS PAGE:

- \$300.00 Application Fee (payable to the ND Board of Chiropractic Examiners)
- Photo
- Proof of military status (if applicable)

TO BE PROVIDED DIRECTLY TO THE BOARD FROM SOURCE:

- National Board of Chiropractic Examiners Test Scores/Transcript
- Chiropractic College Transcript
- Verification of Licensure from other states/jurisdictions (if applicable)

This section must be completed in the presence of a notary public.

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) 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: _____