Ohio State Chiropractic Board
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Columbus, Ohio 43215
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Certified check or money order payable to:
Treasurer, State of Ohio or pay via VISA/MasterCard

See instructions for fee explanation

Inactive $500_____ $250_____
Forfeited $650_____ $400_____

VISA#_____

MasterCard#_____

Expiration Date_____

APPLICATION FOR REINSTATEMENT OF LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF OHIO

Full Name: _____ OH License # _____
First *Middle* *Last*

*Social Security Number: _____ Date of birth: _____/_____/_____
Month Day Year

* The Board is required to collect your social security number to facilitate reporting to the federal Healthcare Integrity and Protection Data Bank (42 U.S.C. § 1320a-7e(b), 5 U.S.C. § 552a, and 45 C.F.R. pt.61) for accurate identification under the federal and state child support enforcement law (42 U.S.C. Section 666 and applicable state law). It may also be used for other investigative/enforcement purposes in compliance with state laws or as otherwise required.

Residence Address: _____

City: _____ State: _____Zip:_____County_____

Phone: ( )_____ Email: _____

Identify the dba (business name), legal name and address of all facilities that provide or administrate health related services in which you are employed, own, operate, manage or otherwise have any ownership or fiduciary interest within the state of Ohio. If you do not own or have a fiduciary interest in any facility in the state of Ohio, identify your out of state clinic information. If you have more than one address to disclose, provide the requested information on Form A.

Current Employer _____

Position _____ Date of Hire _____

Employment Address _____

City _____ State _____ Zip _____

Telephone Number ( ) _____ Fax Number ( ) _____

Proposed Ohio Practice Address _____

City _____ State _____ Zip _____

Telephone Number ( ) _____ Fax Number ( ) _____

Email _____ Web Address _____

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1. List every state, foreign country or other jurisdiction to which you have ever submitted an application to be licensed for the practice of chiropractic. Provide an explanation of the circumstances surrounding the reason for any withdrawals of applications or failures to be licensed on Form A*.

   State/Foreign Country _____ Date license issued _____

   What is the status of this license? ❑ Current ❑ Inactive ❑ Other (explain on Form A)

   State/Foreign Country _____ Date license issued _____

   What is the status of this license? ❑ Current ❑ Inactive ❑ Other (explain on Form A)
   *If additional space is needed, please provide the requested information on Form A.

2. Do you now, or have you ever held any other type of professional license in any jurisdiction? This includes temporary, trainee, or apprenticeship licenses or permits. ❑Yes* ❑No
   *If yes, provide the following information on Form A: State, date issued, license no., type of license, and status of license.

3. Have any of the aforementioned chiropractic or professional licenses ever been limited, censured, forfeited, voluntarily or involuntarily surrendered, put on probation, reprimanded, revoked, suspended, allowed to lapse, or disciplined for any reason? ❑Yes* ❑No
   *If yes, provide the following information on Form A: Name of regulatory agency, street address, state, zip code, type of license, agency action, action date, and explanation of circumstances.

4. Are there any past or pending complaints, or grievances, formal or informal, concerning your conduct as a chiropractic physician? *If yes, please explain on Form A ❑Yes* ❑No

5. Have you ever been notified of any investigation, charges, allegations, or complaints filed against you or concerning you by any health care board, government agency, or other body, including those in Ohio, with respect to a professional license, certificate or registration?
   If yes, please explain on Form A ❑Yes ❑No

6. Have you ever been requested to appear before any health care board, government agency or other body, including those in Ohio, concerning allegations against you?
   If yes, please explain on Form A ❑Yes ❑No

7. Have you ever entered into an agreement of any kind, oral or written, with respect to a professional license, certificate or registration, in lieu of formal disciplinary action with any health care board, government agency, or other body, including those in Ohio?
   If yes, please explain on Form A ❑Yes ❑No

8. Have you ever entered into a private or confidential agreement with any licensing authority?
   If yes, please explain on Form A ❑Yes ❑No

9. Have you ever voluntarily surrendered any professional license or allowed a license to lapse that was issued by any professional licensing authority? ❑Yes* ❑No
   *If yes, please explain on Form A

10. Have your privileges ever been restricted or terminated by any health care facility, or staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such facility to avoid imposition of such measures? ❑Yes* ❑No
*If yes, please explain on Form A

11. Have you ever been requested to resign, withdraw, or be involuntarily terminated from your position with a health care partnership, professional association, corporation, health maintenance organization, or other health care practice organization, either private or public? *If yes, please explain on Form A ❑Yes* ❑No

12. Have you at any time practiced chiropractic without a license, other than through a Board-approved preceptorship program through your chiropractic educational institution?
If yes, please explain on Form A ❑Yes ❑No

13. List every job you have held since your Ohio chiropractic license became inactive or forfeited. Include self-employment, temporary or part-time employment and military service. Account for any period of time when you were unemployed for more than four months. If additional space is needed, provide the requested information below on Form A.

EMPLOYMENT HISTORY

From Mo/Yr_____ To PRESENT Position _____

Employer _____

City _____ State _____ Zip _____ Telephone ( )_____

Reason for employment termination/resignation _____

From Mo/Yr_____ To Mo/Yr _____Position _____

Employer _____

City _____ State _____ Zip _____ Telephone ( )_____

Reason for employment termination/resignation _____

From Mo/Yr_____ To Mo/Yr _____Position _____

Employer _____

City _____ State _____ Zip _____ Telephone ( )_____

Reason for employment termination/resignation _____

14. Have you ever been terminated, suspended, disciplined or permitted to resign in lieu of termination by any employer? ❑Yes* ❑No
*If yes, provide the following information on Form A for each occurrence: Name of employer, dates of employment and explanation of circumstances.

15. Have you ever been terminated from a city, county, state, or federal government position? ❑Yes* ❑No
*If yes, provide the following information on Form A: Name of employer, dates of employment and explanation of circumstances.

16. Are you currently a defendant in a legal action involving professional liability, including malpractice? *If yes, complete Form 2 ❑Yes* ❑No

17. Have you ever had a professional liability claim paid on your behalf, or paid such a claim yourself? ❑Yes* ❑No
*If yes, please provide an explanation on Form A

18. Have you ever been removed from participation in any third party reimbursement program, whether governmental or private, or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, been requested to appear before, or fined?
If yes, please explain on Form A ❑Yes ❑No

19. Have you ever pled guilty, no contest, nolo contendre, or been found guilty for any violation of any law (except minor traffic) in any jurisdiction? ❑Yes* ❑No
*If yes, complete Form 1

If you are unsure what does and does not constitute a minor traffic violation, consult with legal counsel. Driving under the influence violations are <u>not</u> minor traffic violations and therefore must be reported.

20. Have you ever been pardoned from a criminal conviction? ❑Yes* ❑No
*If yes, please provide an explanation on Form A

21. Have you ever had a record expunged from a criminal conviction? ❑Yes* ❑No
*If yes, please provide an explanation on Form A

22. Have you ever had a driver's license cancelled, suspended, or revoked? ❑Yes* ❑No
*If yes, provide the following details on Form A: State, effective date(s), explanation of circumstances.

23. Have you ever been a named party to any civil action or had a claim made against you with regard to the practice of chiropractic or any other profession? ❑Yes* ❑No
*If yes, complete Form 2

24. Do you have a current, pending or unresolved complaint filed against you in any administrative, civil, or criminal forum? ❑Yes* ❑No
*If yes, complete Form 1 and/or 2

25. Are you delinquent in complying with a child support order? ❑Yes* ❑No
*If yes, provide the following details on Form A: Jurisdiction and explanation of circumstances.

26. Have you ever filed a petition for bankruptcy? ❑Yes* ❑No
*If yes, complete Form 6

27. Are you currently in default on any student loan? ❑Yes* ❑No
*If yes, provide the following on Form A: Name of entity that extended credit and current status of debt.

Applicant Name:_____ Date: _____

28. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance? ❑Yes* ❑No
*If yes, provide an explanation of circumstances on Form A

29. Within the past ten years, have you been diagnosed with or have you been treated for bi-polar disorder, schizophrenia, paranoia, or any other psychotic disorder? ❑Yes* ❑No
*If yes, complete Forms 3 and 4

30. Have you ever been diagnosed with or have you been treated for pedophilia, exhibitionism, or voyeurism? ❑Yes* ❑No
*If yes, complete Forms 3 and 4

31. Do you currently have any condition or impairment, including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition, which in any way currently affects, or if untreated could affect, your ability to practice chiropractic in a competent, safe and skillful manner? ❑Yes* ❑No
*If yes, complete Forms 3 and 4

32. If your answer to Question 29 is yes, are the limitations or impairments caused by your mental health condition or substance abuse problem reduced or ameliorated because you receive ongoing treatment (with or without medication) or because you participate in a monitoring program? ❑Yes* ❑No
*If yes, complete Form 4

33. Within the past ten years, have you ever raised the issue of consumption of drugs or alcohol or the issue of a mental, emotional, nervous, or behavioral disorder or condition as a defense, mitigation or explanation for your actions in the course of any administrative or judicial proceeding or investigation; any inquiry or other proceeding; or any proposed termination by an educational institution, employer, government agency, professional organization, or licensing authority?
❑Yes* ❑No
*If yes provide the following on Form A: Name and entity before which the issue was raised (i.e., court, agency, etc.) street address, city, state, zip code, telephone number, name of proceeding, and an explanation of the circumstances.

Affidavit and Authorization for Release of Information

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are true and accurate in every aspect.

I acknowledge that I have read and understand the Application for Reinstatement and have answered all questions contained in the application and associated forms truthfully and completely. I further acknowledge that failure on my part to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of my application or disciplinary action against me.

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

I hereby release, discharge and exonerate the Board, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of an investigation made by the Board.

I shall immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application and associated forms if such a change occurs at any time prior to a license to practice chiropractic is granted to me by the Board.

I understand that my failure to answer all questions contained in this application truthfully and completely may lead to denial of my application or disciplinary action against me. I attest that all answers, information, and statements I have provided are true and accurate to the best of my knowledge.

_____ Date _____
Signature of Applicant (must be signed in the presence of a notary public)

_____
Applicant's printed name

NOTARY

State of_____County of_____

Subscribed and sworn to before me this _____ day of _____20_____.

My commission expires:_____

Dated_____Signed_____

Notary Seal

Applicant Name:_____ Date: _____