



Minimum Requirements to Obtain an Ohio Chiropractic License

- At least 21 years of age and of good moral character, as determined by the Board.
- Pre-professional education:
 - Bachelor, masters, or doctorate degree for those applicants who graduate from chiropractic college on or after June 30, 2010.
 - 90 semester hours of pre-professional education for those applicants who enrolled into a doctor of chiropractic degree program on or after January 1, 2002
 - 60 semester hours of pre-professional education for those applicants who enrolled into a doctor of chiropractic degree program prior to January 1, 2002.
- Graduate of a Board-approved chiropractic college.
- NBCE Requirements according to chiropractic college graduation:*

Date Graduated Chiropractic College	NBCE Parts Required
On or after 1/1/1970 or before 1/1/1989	I, II & PT
On or after 1/1/1989 but before 1/1/2002	I, II, III & PT
On or after 1/1/2002	I, II, III, IV & PT

*If you do not meet the above NBCE requirements based upon your graduation date, please contact the Board office to discuss your options.

Required Documents

The following documents must be received and approved by the Board prior to being authorized to take the Jurisprudence exam. You will receive an email notification once all items have been received and your file is complete.

Application and \$250 non-refundable fee.

- Made payable to *Treasurer, State of Ohio* or you may pay by VISA or MasterCard.

Official transcripts, sent directly from each of the following institutions:

- All chiropractic educational institutions attended. (A physiotherapy transcript is required from applicants who did not take physiotherapy as part of their chiropractic college core curriculum.)
- National Board of Chiropractic Examiners.
- Educational institution where bachelor, masters, or doctorate degree was earned for those applicants who graduate from chiropractic college on or after June 30, 2010.

Fingerprint Background Check Results

- All applicants for licensure are required to submit to a fingerprint criminal background check. Fingerprint results expire six months from the date of receipt. Please refer to the attached Criminal Records Check instructions for more detailed information.

Verification of licensure

- Sent from each state in which a chiropractic license was ever issued regardless of current status. Such verification must be sent directly to the board office by the issuing licensing authority.

Photograph

- A passport type photograph taken within the preceding six months. All photographs shall be no smaller than 2"x 2" and no larger than 3"x 5."

Application Instructions

The application for a license to practice chiropractic in the state of Ohio consists of an Application and Blank Forms. Answer all questions on the application. Only complete a form if you have answered a question that relates to that form. Your application is NOT considered complete until it is filed with the Board and all supporting forms, documents and fees have been received.

You must provide one email address to be considered your email of record. This email address must also be used to set up your user account for the online Jurisprudence exam. Email is the Board's preferred method of contact and all exam information and your Jurisprudence exam transcript will be sent to your email address.

You must immediately notify the Board in writing of any changes to the answers to any of the questions contained in the application and associated forms if such a change occurs at any time prior to licensure.

You must answer all questions contained in the application and associated forms truthfully and accurately to the best of your knowledge. Failure to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of your application or disciplinary action.

If applicable, you must disclose any and all information requested pertaining to your criminal history. Relying on the results of your fingerprint background check is not a defense for failing to disclose your criminal history.

If you have more than one incident to disclose on any form, you must copy the form and provide a completed form for each incident. You may not provide information pertaining to multiple incidents on one form. (Example: Form 1 must be copied and completed for each criminal case.)

You may be charged for any fee the Board incurs for obtaining records to confirm information you disclose on your application.

Approval to take the online Jurisprudence Examination may be delayed until all information disclosed is collected, verified, and reviewed by the Board.

Your application will be processed only after you provide all necessary information. To avoid delays, be sure to:

1. Type or print your answers clearly and legibly.
2. Answer every question.
3. Complete all forms required.
4. Sign and date the bottom of each page of the application.
5. Thoroughly read the Affidavit and Authorization for Release of Information. Sign the page in your own handwriting and have it acknowledged before a notary public.
6. If you are not sure of dates, places, or other information requested, **it is your responsibility** to consult with the entity involved to obtain accurate and complete information.
7. Where indicated, check the box in front of the word "yes" or "no" to designate your answer. You must answer each question with a "yes" or "no" response.

FAILING TO PROVIDE OR TO ACCURATELY PROVIDE THE REQUESTED INFORMATION ON YOUR APPLICATION AND FORMS AND/OR MAKING A FALSE, FRAUDULENT, OR DECEITFUL STATEMENT ON YOUR APPLICATION AND FORMS MAY RESULT IN THE BOARD REFUSING TO ISSUE A LICENSE TO PRACTICE CHIROPRACTIC OR IMPOSING DISCIPLINARY ACTION.

Test Preparation & Results

- The Board's Jurisprudence examination is given online. There is no filing deadline for the exam. Once your application is complete and has been approved by the Board you will receive notification via email stating that your file is complete and that you may proceed with taking the online Jurisprudence Examination. This email will be sent to your email address of record and will provide specific instructions on how to access and take the online Jurisprudence Examination.
- If your application is refused or denied by the Board, you will be afforded an opportunity for hearing on the matter.
- The Jurisprudence exam will test you on your knowledge of the Board's laws and rules which can be accessed on the Board's website at www.chirobd.ohio.gov under the Laws and Rules tab. You must study both the Ohio Revised Code Chapter 4734 and the Ohio Administrative Code Chapter 4734.
- A minimum score of 75% is required to pass the Jurisprudence exam. Once you complete the exam you will see your score and a transcript will be sent to you and to the Board. It may take up to five business days for the Board to process your license once your passing exam transcript is received. Please only contact the Board office regarding your license after the exam if you have not received your official notification of licensure *after 5 business days*. You may not begin practicing until you receive a letter from the Board verifying your passing score and license number.
- If you fail the Jurisprudence exam, you must retake it until you pass.

Helpful Hints and Suggestions

1. Do not make commitments on loans or practice start dates.
2. Make sure all application materials and fees are sent to the Board in accordance with the directions set forth in the instructions.
3. If there are items on the application about which the Board requires additional information, or if there is any derogatory information that comes to light, the review process may take longer. If the Board is unable to obtain records or verify information, the Board may hold your application until such time as all information is verified. This may result in your inability to take the online Jurisprudence Examination at the desired time.
4. The Board is prohibited by law from issuing a license to any applicant until the results of the fingerprint background check is received. You may submit to the background check up to six months preceding your date of application for licensure. Fingerprint results expire six months from date they are received by the Board. Should you wish to take the exam beyond six months from the date of receipt you will be required to resubmit to another fingerprint background check.
5. It may take several weeks for your criminal records check results to be sent to the Board office. You will not be permitted to take the online Jurisprudence Examination until the results of the background check, along with all other required documents, are received.

If you have any further questions about this application or filing procedures please contact the Ohio State Chiropractic Board at oscb.chirobd@chr.state.oh.us.



Ohio State Chiropractic Board

77 S. High Street, 16th Floor ♦ Columbus, OH 43215

Phone: (614) 644-7032 ♦ Fax: (614) 752-2539

Website: www.chirobd.ohio.gov ♦ Email: oscb.chirobd@chr.state.oh.us

Criminal Records Check Instructions

Ohio Revised Code § 4734.202 requires all individuals applying for a license to submit fingerprints for a criminal records check completed by the Ohio Bureau of Criminal Identification & Investigation (BCI&I) and the Federal Bureau of Investigation (FBI).

Manual fingerprint checks are taking approximately 90-120 days to process. The Board strongly suggests that you submit your fingerprints through a WebCheck vendor which are only located in Ohio. WebCheck results are processed in approximately 7-10 days.

You will not be authorized to take the online Jurisprudence Examination until the results of your fingerprint background check are received and reviewed by the Board. Fingerprint results expire six months from the date of receipt. You must take the exam before your fingerprint results expire or you will be required to resubmit to another fingerprint background check.

The cost of the fingerprint background check is \$46. (BCI&I = \$22/FBI = \$24) Only certified checks, business checks or money orders made payable to "Ohio Treasurer" are accepted. **Some entities may charge an additional fee.**

The results of your criminal records check is not a public record and will only be made available to the Board. Only the license applicant or the applicant's authorized representative may request a copy of the results of a criminal records check from the Board. If you wish to receive a copy of your background check results, you must indicate this on your license application and the Board will mail you a copy upon receipt.

*****DO NOT SEND FINGERPRINT CARDS OR FEES TO THE BOARD OFFICE*****

There are two ways to complete your criminal records check:

- 1.) Electronically: You may visit a "National WebCheck" vendor in the state of Ohio to have your fingerprints submitted electronically (Results to the Board within 7-10 business days).
- 2.) Manually: You may take fingerprint cards obtained from the Board to a county sheriff's office, a municipal police department, or any other entity with the ability to make fingerprint impressions and have your fingerprint impressions put on both cards (Results to the Board will take several weeks).

The instructions for each method are listed below.

Electronically - National WebCheck

In order to have your background check completed electronically through National WebCheck, you must visit a National WebCheck vendor. The Sheriff's Offices in all 88 Ohio counties participate in National WebCheck. A list of other WebCheck vendors in Ohio is available online at:

www.ohioattorneygeneral.gov/Services/Business/WebCheck/Webcheck-Community-Listing

- 1.) Contact the National WebCheck vendor to make an appointment to have your fingerprint impressions taken. Verify the fees you will be required to pay and the acceptable form of payment. (The vendor may also charge an additional fee to take and/or process your fingerprints.)
- 2.) Go to the National WebCheck vendor to have your fingerprint impressions taken and pay the vendor the appropriate fees in the requested form of payment.

3.) Complete both sides of the fingerprint card legibly. The following must be listed on the card:

Agency Code: 1AB002

Reason for fingerprinting: Required for licensure per ORC 4734.202

Send background results to:

Ohio State Chiropractic Board

77 S. High Street, 16th Floor

Columbus, OH 43215

4.) The WebCheck vendor will submit your fingerprints electronically to BCI&I. Your criminal background results will be reported to the Board within 7-10 business days.

Manual Fingerprinting

Request fingerprint cards from the Board. You will receive a BCI&I fingerprint card and an FBI fingerprint card. These cards have specific information documented on them so that they will be processed correctly. If you utilize fingerprint cards that have not been obtained from the Board, you must make absolutely certain that the following information is documented on the fingerprint cards:

Agency Code: 1AB002

Reason for fingerprinting: Required for licensure per ORC 4734.202

Results are to be mailed directly to:

Ohio State Chiropractic Board

77 S. High Street, 16th Floor

Columbus, OH 43215

Mail cards and fee directly to:

Bureau of Criminal Identification & Investigation

P.O. Box 365

London, OH 43140

- 1.) Take the BCI&I fingerprint card and the FBI fingerprint card to a county sheriff's office, a municipal police department, or any other entity with the ability to make fingerprint impressions and have your fingerprint impressions put on both cards. The entity may charge you a fee for taking your fingerprint impressions.
- 2.) Make sure both sides of the card are completed. The agency code and reason for fingerprinting is already documented on the card along with the option to send the results directly to the Board.
- 3.) Mail the BCI&I fingerprint card, the FBI fingerprint card and the \$46 fee to BCI&I using the label the Board provided with your cards. Please note that some entities may charge an additional fee.
- 4.) Your criminal records check results will be mailed directly to the Board office in several weeks.

*****DO NOT SEND FINGERPRINT CARDS OR FEES TO THE BOARD OFFICE*****

Adverse Criminal Background Results

All applicants for licensure are required to truthfully and accurately complete their application for a chiropractic license, which includes disclosing all requested information regarding criminal arrests, charges, convictions, etc. Therefore, results of your criminal background check should merely confirm criminal conduct that you have disclosed on your application. If the results of your criminal background check reveal information that you did not disclose on your application, you may be denied licensure.

Disclosing a criminal record, or any other adverse information on your application for a license, does not necessarily result in automatic denial of your application. The information you disclose will be carefully considered by the Board. Please refer to Board Rule 4734-6-09 for factors the Board will utilize when considering your character and fitness to receive a chiropractic license. If the Board proposes to deny your application, you will be afforded an opportunity to have a hearing before the Board.

Affix
Photo
Here



Certified Check/Money Order Payable to: *Treasurer, State of Ohio* or Pay via Visa/MasterCard
CHECK # _____
VISA# _____
MasterCard# _____
Expiration Date: _____

APPLICATION FOR LICENSE TO PRACTICE CHIROPRACTIC IN THE STATE OF OHIO

Full Name: _____
First Middle Last Suffix

*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.

Please provide your email address. This will be the official email address of record for your online Jurisprudence exam, and all other email correspondence from the Board.

*Email: _____

*This email address must be used to set up your account for the online exam.

List below all other names you have used or have been known by and describe when, how, and why your name was changed (i.e., marriage or divorce, legal name change, other). If additional space is needed please provide the information requested on Form A.

First, Middle, Last Name	Used from	Used to	Description
_____	Year	Year	_____

Residence Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone: _____ Website: _____

Do you have any additional home or business addresses to report? Yes* No

*If yes, please provide the above requested information on Form A

Applicant Name _____

Date _____

Are you requesting special accommodations for taking the examination under the American with Disabilities Act? Yes* No

*If yes, please explain on Form A

Are you a United States Citizen? Yes No*

*If no, country of citizenship: _____

Do you currently hold a valid driver's license? Yes* No

*If yes, list jurisdiction and license number: _____

1. List the name of the high school from which you graduated, its location and the year of graduation.

High School _____ City _____ State _____

Date of Graduation GED (please check one): _____

2. List below the names of **all** colleges and universities other than the chiropractic educational institution(s) that you attended, the location (including the name of the campus if the school had more than one), dates attended, and degree received. Mark N/A if you did not receive a degree. List schools beginning with the most recent attended. If additional space is needed, please provide the requested information on Form A.

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

College _____ City _____ State _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

3. List the name of the chiropractic educational institution(s) that you attended, its location, the dates attended and the degree received.

Chiropractic Institution _____

From Mo/Yr: _____ To Mo/Yr: _____ Degree _____

Is this the only chiropractic institution you have attended? Yes No*

*If no, provide the following information on Form A: Name of the chiropractic institution, location, dates attended and reason for leaving.

Applicant Name _____

Date _____

4. Have you ever been dropped, suspended, warned, placed on scholastic or disciplinary probation, expelled or requested to resign in lieu of discipline from any college, institution or university, or otherwise subject to discipline by any such institution or requested or advised by any such institution to discontinue your studies therein?

Yes* No

*If yes, provide the following information on Form A: Name of the institution, date of the action or incident, and an explanation of the circumstances surrounding the action or incident.

5. Which of the following parts of the National Board of Chiropractic Examiners have you taken?

- | | |
|-----------------------------------------------------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Chiropractic College Assessment Test | <input type="checkbox"/> Part IV |
| <input type="checkbox"/> Part I | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Part II | <input type="checkbox"/> Acupuncture |
| <input type="checkbox"/> Part III | |
| <input type="checkbox"/> Ethics and Boundaries - indicate reason for taking: _____ | |
| <input type="checkbox"/> Special Purposes Examination for Chiropractic- indicate reason for taking: _____ | |
-

6. Do you hold Diplomate status or other specialized certifications? Yes* No

*If yes, provide the specialization and issuing entity: _____

7. 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.

8. 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.

9. Have any of the aforementioned chiropractic or professional licenses ever been limited, censured, forfeited, voluntarily or involuntarily surrendered, put on probation, reprimanded, fined, revoked, suspended, allowed to lapse, or disciplined for any reason?

Yes* No

*If yes, please explain on Form A

Applicant Name _____

Date _____

10. Are there any past or pending complaints or grievances, formal or informal, concerning your conduct as a chiropractic physician? Yes* No

*If yes, please explain on Form A

11. 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? Yes* No

*If yes, please explain on Form A

12. 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? Yes* No

*If yes, please explain on Form A

13. Have you ever entered into an oral or written agreement of any kind 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? Yes* No

*If yes, please explain on Form A

14. Have you ever entered into a private or confidential agreement with any licensing authority? Yes* No

*If yes, please explain on Form A

15. 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

16. 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

17. 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? Yes* No

*If yes, please explain on Form A

18. Have you at any time practiced chiropractic without a license, other than through an approved preceptorship program through your chiropractic educational institution? Yes* No

*If yes, please provide an explanation on Form A

19. Have you ever been a member of the Armed Forces of the United States, its Reserve components or the National Guard? Yes* No

*If yes, complete Form 5

Applicant Name _____

Date _____

20. List every job you have held since graduating from a chiropractic educational institution, beginning with your current job. 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 (i.e., in school, seeking employment, etc.) If additional space is needed, please 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 _____

21. 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.

22. 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.

23. Are you currently a defendant in a legal action involving professional liability, including malpractice?

If yes, complete Form 2 Yes No

24. Have you ever had a professional liability claim paid on your behalf, or paid such a claim yourself?

If yes, please provide an explanation on Form A Yes No

Applicant Name _____

Date _____

25. 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 provide an explanation on Form A.

Yes* No

26. Have you ever pled guilty, no contest, nolo contendere, or been found guilty for any violation of any law (except minor traffic) in any jurisdiction?

*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 not minor traffic violations and must be reported.

27. Have you ever been pardoned from a criminal conviction?

*If yes, please provide an explanation on Form A

Yes* No

28. Have you ever had a record expunged from a criminal conviction?

*If yes, please provide an explanation on Form A

Yes* No

29. List all Driver's Licenses you have held:

State _____ State _____ State _____

30. Have you ever had a driver's license cancelled, suspended, or revoked?

*If yes, provide the following details on Form A: State, effective date(s), explanation of circumstances.

Yes* No

31. 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?

*If yes, complete Form 2

Yes* No

32. Do you have a current, pending or unresolved complaint filed against you in any administrative, civil, or criminal forum?

*If yes, complete Form 1 and/or 2

Yes* No

33. Are you delinquent in complying with a child support order?

*If yes, provide the following details on Form A: Jurisdiction and explanation of circumstances.

Yes* No

34. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance?

*If yes, provide an explanation of circumstances on Form A

Yes* No

35. Within the past ten years, have you been diagnosed with or have you been treated for bipolar disorder, schizophrenia, paranoia, or any other psychotic disorder?

*If yes, complete Forms 3 and 4

Yes* No

36. Have you ever been diagnosed with or have you been treated for pedophilia, exhibitionism, or voyeurism?

*If yes, complete Forms 3 and 4

Yes* No

Applicant Name _____

Date _____

37. 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

38. If your answer to Question 37 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

39. 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.

40. Do you want a copy of the results of your criminal background check mailed to you? Yes No*

*Results will be destroyed after review. If you reply no, you will not be able to obtain a copy at a later date.

Applicant Name _____

Date _____

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 License to Practice Chiropractic in the State of Ohio 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.

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

Applicant's printed name

NOTARY

State of _____ County _____

Subscribed and sworn to before me this _____ day of _____ 20____

My commission expires: _____

Dated _____ Signed _____

Notary Seal

FORM A

To be used for questions requiring additional answer space. This form may be duplicated as necessary.

Question # _____

Question # _____

Question # _____

Question # _____

FORM 3
AUTHORIZATION TO RELEASE MEDICAL RECORDS

This form may be duplicated as necessary

Upon presentation of the original or a photocopy of this signed authorization, I _____ hereby authorize:

Name of Institution or Doctor _____

Address _____

City _____ State _____ Zip _____

To provide information, written or verbal, including copies of medical records, concerning advice, care, or treatment provided to me without limitation relating to mental illness and/or use of drugs or alcohol, including, but not limited to, drug screens, treatment plans, aftercare plans, discharge summaries, progress reports, outpatient therapy, aftercare or other counseling to representatives or agents of:

Ohio State Chiropractic Board
77 South High Street, 16th Floor
Columbus, OH 43215

I hereby release, discharge and exonerate the Ohio State Chiropractic Board, its agents and representatives and its agents and representatives so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information or the investigation made by the Ohio State Chiropractic Board.

Information received by the Board pursuant to an investigation is confidential and not subject to discovery in any civil action, except that for good cause, the board or its executive director may disclose or authorize disclosure of information gathered pursuant to an investigation. ORC § 4734.45

Signed this _____ day of _____, 20_____.

Name of Licensee

(This form must be either witnessed OR notarized)

WITNESS Date

WITNESS Date

Or

Sworn to and subscribed before me this _____ day of _____, 20_____.

SEAL

NOTARY PUBLIC

