

Colorado Division of Registrations
Office of Licensing—Chiropractic
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800
FAX: (303) 894-7693
www.dora.state.co.us/registrations

APPLICATION FOR ORIGINAL LICENSE—CHIROPRACTOR

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Chiropractor in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-33-101, and the Board's Rules and Regulations. These documents are available online at www.dora.state.co.us/chiropractic.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, licensees are required to complete an online Healthcare Professions Profile on our website at www.dora.state.co.us/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records. Failure to complete the application thoroughly or to submit all supporting documents may delay processing.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process, including initial exam, within one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that an affidavit be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Registrations Online Services at www.doradls.state.co.us.

License Expiration Grace Period for New Applicants. All new applicants who are issued a license within 120 days of the upcoming renewal expiration date will be issued a license with the subsequent expiration date. For example, licenses issued between July 1, 2011 and October 31, 2011 will reflect a license expiration date of October 31, 2013. Licenses issued prior to July 1, 2011 will reflect an expiration date of October 31, 2011 and must renew in the upcoming renewal period.

- ▶ All Chiropractor licenses expire on October 31 of odd-numbered years and must be renewed to continue practicing.

Checking Your Application Status. Visit Registrations Online Services at www.doradls.state.co.us to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply for a Chiropractor license:

- Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.
- Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*. All fees are non-refundable and subject to change every July 1.
- Complete and return the attached Affidavit of Eligibility form.** Pursuant to C.R.S. 24-34-107, all applicants for licensure are required to complete and sign an Affidavit of Eligibility, and may also be required to provide a copy of a secure and verifiable document.
- Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).
- Request an official transcript from a chiropractic college approved by the Council on Chiropractic Education (CCE)** indicating receipt of D.C. degree and date degree was conferred. Submit the transcript in its ORIGINAL SEALED ENVELOPE from the college as part of your application package.
- Request verification of all chiropractic licenses ever held in any jurisdiction,** regardless of license status. You must submit the verification even if the license is expired or lapsed. Submit the verification(s) in their ORIGINAL SEALED ENVELOPE(S) from each jurisdiction as part of your application package. Photocopies of the attached Verification of License Form—Chiropractor may be made as needed. Contact the jurisdiction to determine their fee, if any, for license verification.
- Submit verification of EITHER:**
 - A passing score on all four parts of the National Board of Chiropractic Examiners (NBCE) exam.** The NBCE may decline to release your scores directly to you, and may instead prefer to mail these scores directly to the Office of Licensing. National Board scores must be received in our office prior to your application being considered. Contact the National Board of Chiropractic Examiners at: 901 54th Avenue Place, Greeley, CO 80634, (970) 356-9100, or online at www.nbce.org; **OR**
 - A passing score on Parts I and II of the National Board of Chiropractors (NBCE) exam.** Obtain scores from NBCE as instructed above; **AND**
 - Verification of a passing score on a state practical examination, or Part IV of the National Boards, or the SPEC examination offered by the NBCE.** The state exam can be verified by following instructions on the attached Verification of License Form—Chiropractic. Submit the verification in its OFFICIAL SEALED ENVELOPE from the state as part of your application package.
- Complete a Healthcare Professions Profile.** In compliance with the Michael Skolnik Medical Transparency Act of 2010, you are required to complete an online profile on our website at www.dora.state.co.us/hppp. You cannot start your profile until the Division of Registrations receives your application and enters it into our database. Allow 10 days from the date your application was mailed before accessing the website. If you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at hppp@dora.state.co.us or (303) 894-5942.

To apply for additional authorities:

- Electrotherapy/Physiotherapy authority, submit EITHER:**
 - Verification of completion of 120 hours in the study of electrotherapy/physiotherapy.** Submit official transcripts verifying the hours in OFFICIAL SEALED ENVELOPE(S); **OR**
 - Proof of passing a nationally-recognized electrotherapy/physiotherapy examination** from the NBCE.

APPLICANT CHECKLIST (Continued)

- Acupuncture authority, submit BOTH:**
 - Verification of completion of a minimum of 100 hours of theoretical study and supervised clinical instruction**, or the equivalent hours of study and clinical supervision obtained from an instructor approved by the Board pursuant to [Board Rule 17](#). Submit official transcripts in OFFICIAL SEALED ENVELOPE(S) from a Council on Chiropractic Education (CCE)-approved college where acupuncture occurred; **AND**
 - Proof of passing a nationally-recognized acupuncture exam** from the NBCE.

- Animal Chiropractic authority**, provide verification of educational qualifications pursuant to [C.R.S. 12-33-127\(4\)](#). Submit official transcripts in OFFICIAL SEALED ENVELOPE(S) verifying completion of a minimum of 210 hours of instruction and clinical experience, culminating in the passage of a proficiency examination, from one of the following Board-approved programs:
 - Basic Animal Chiropractic course from **Options for Animals College of Animal Chiropractic** at: 4267 Virginia Rd, Wellsville, KS 66092; (309) 658-2920, or online at www.animalchiro.com.
 - Chiropractic For Animals program from **Parker College of Chiropractic** at: 2500 Walnut Hill Ln, Dallas, TX, 75229, (214) 902-3455, or online at www.parkercc.edu.
 - Veterinary Spinal Manipulative Therapy program from **The Healing Oasis Wellness Center** at: 2555 Wisconsin St, Sturtevant, WI, 53177, (262) 898-1680, or online at www.healingoasis.edu.
 - Certified Veterinary Chiropractitioner (CVCP) program from **VOM Technology**, online at www.vomtech.com.

Return your completed application packet and all supporting documentation to:

Division of Registrations
Office of Licensing—Chiropractic
1560 Broadway, Suite 1350
Denver, CO 80202



IMPORTANT NOTICE

TO: All Applicants

FROM: Rosemary McCool, Director, Division of Registrations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Registrations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Registrations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the [website](#) of the appropriate board or program.*



Colorado Department of Regulatory Agencies
 Division of Registrations
 1560 Broadway, Suite 1350
 Denver, CO 80202

Licensee/Applicant Full Legal Name

Last	First	Middle	Suffix

Colorado Professional or Occupational License/Certification/Registration Number: _____
 (if already licensed)

Professional or Occupational License/Certification/Registration type applying for: _____

AFFIDAVIT OF ELIGIBILITY

Pursuant to H.B. 06S-1009, C.R.S. 24-34-107, ALL applicants for original licensure* or licensees renewing or reinstating a current Colorado license after January 1, 2007 are required to complete and sign this Affidavit of Eligibility.

**The word "licensure" is used as a general term. While most of the professions and occupations are licensed, others may be certified, registered, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

Section A: LAWFUL PRESENCE in the United States

1. I am a U.S. citizen. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
2. I am not a U.S. citizen, but I am lawfully present in the U.S. and authorized by the Department of Homeland Security to be employed in the U.S. Check one of the acceptable secure and verifiable documents in Section B that applies and fully complete the information requested. Complete documentation must be provided upon request.
3. I am not physically present in the U.S. under 8 U.S.C. sec. 1621 (c)(2)(c) or employed in the U.S. pursuant to 8 U.S.C. sec. 1621 (c)(2)(a). Check one option, a or b below, then skip to Section C. (Do not complete Section B.)
 - a. I am a U.S. citizen, not physically present or employed in the United States.
 - b. I am a Foreign National, not physically present or employed in the United States.

Section B: SECURE AND VERIFIABLE DOCUMENTS
 Select ONE document in this section if you checked 1 or 2 in Section A.

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)
<input type="checkbox"/> Driver's license or permit				
<input type="checkbox"/> Government issued ID card				
<input type="checkbox"/> Valid U.S. military ID/common access card				
<input type="checkbox"/> Colorado Department of Corrections inmate ID				
<input type="checkbox"/> Tribal ID card				
<input type="checkbox"/> U.S. passport				
<input type="checkbox"/> Certificate of Naturalization				

Section B: SECURE AND VERIFIABLE DOCUMENTS (continued)

Government Issued Identification	Name of state agency or federal agency that issued the document	Full name as shown on driver's license or state/federal issued ID	License/ID Number	Expiration Date (mm/dd/yyyy)	
<input type="checkbox"/> Certificate of (U.S.) Citizenship					
<input type="checkbox"/> Valid Temporary Resident card					
<input type="checkbox"/> Valid I-94 issued by Canadian government					
<input type="checkbox"/> Valid I-94 with refugee/asylum stamp					
<input type="checkbox"/> Valid I-766 (Employment Authorization Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Card Number	Valid from (mm/dd/yyyy)	Expires (mm/dd/yyyy)	
<input type="checkbox"/> Valid I-551 (Resident Alien or Permanent Resident Card)			Issuing federal agency:		
Name on card	Alien Number (A#)	Country of birth	Card expires (mm/dd/yyyy)	Resident since (mm/dd/yyyy)	
<input type="checkbox"/> Valid foreign passport with an unexpired visa with proper classification for work authorization, and an unexpired I-94					
Issuing foreign country	Passport Number	Visa Number	Visa Class (ex.: J-1, P-1, H-1B, etc.)	Date of entry (mm/dd/yyyy)	Until date (mm/dd/yyyy)
<input type="checkbox"/> Valid foreign passport bearing an unexpired "Processed for I-551" stamp or with an attached unexpired "Temporary I-551" visa					
Issuing foreign country:			Passport Number:		

Section C: ATTESTATION

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States when asked as well as submission of a secure and verifiable document. I may also be required to provide proof of lawful presence.
- I understand that in accordance with sections 18-8-503 and 18-8-501(2)(a)(I), C.R.S., false statements made herein are punishable by law. I state under penalty of perjury in the second degree, as defined in 18-8-503, C.R.S. that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under Colorado law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Regulatory Agencies upon request and is subject to verification.

Print Full Legal Name

Signature (Full Name)

Date

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

- License Method:** **EXAMINATION** (if you have never held a chiropractor license or registration in another state or U.S. territory, or if your license or registration in another state or U.S. territory is not active)
- ENDORSEMENT** (if you hold a chiropractor license or registration in good standing in another state or U.S. territory)

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> <i>Male</i> <input type="checkbox"/> <i>Female</i>	
Place of Birth (city and state, or foreign country):			
Mailing Address:		PO Box, Street:	
<i>This is a</i> <input type="checkbox"/> <i>Home</i> <input type="checkbox"/> <i>Business</i>		City, State, Zip:	
Daytime Telephone Number: ()		E-mail Address:	
		<i>Preferred method for communication:</i> <input type="checkbox"/> <i>Mail</i> <input type="checkbox"/> <i>E-mail</i>	

PART 2—EDUCATION / EXAMINATION

Name of Chiropractic School Graduated:	Graduation Date: (mm/yyyy)
School Location (city and state, or foreign country):	
Indicate the parts of the National Board of Chiropractic Examiners exam for which you will provide verification of passing:	
<input type="checkbox"/> <i>PART I</i>	<input type="checkbox"/> <i>PART II</i>
<input type="checkbox"/> <i>PART III</i>	<input type="checkbox"/> <i>PART IV</i>

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in Title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's Social Security Number. Disclosure of your Social Security Number is mandatory for purposes of establishing, modifying, or enforcing child support under Section 14-14-113 and Section 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by Section 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR Sections 61.1 *et seq.* Failure to provide your Social Security Number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your Social Security Number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your Social Security Number will not be released for any other purpose unless provided for by law.

PART 3—AUTHORITIES (Submit required documentation from Applicant Checklist)

Do you wish to practice electrotherapy/physiotherapy? YES NO

Do you wish to practice acupuncture? YES NO

By checking **YES**, you certify that you are in compliance with the rules and regulations promulgated by the Colorado Department of Public Health and Environment regarding the regulation of acupuncture. (Contact the Colorado Department of Public Health and Environment at (303) 692-2000 for more information.)

- ▶ If **YES**, list the college where you completed a minimum of 100 hours of theoretical study and supervised clinical instruction in acupuncture.

College where acupuncture occurred:

Completion Date:
(mm/yyyy)

School Location (city and state, or foreign country)

Do you wish to practice animal (equine/canine) chiropractic? YES NO

- ▶ If **YES**, list the Board-approved program in which you completed 210 hours of instruction and clinical experience in animal chiropractic, culminating in the passage of a proficiency examination.

Name of Animal Chiropractic Program:

Completion Date:
(mm/yyyy)

School Location (city and state, or foreign country)

PART 4—LICENSE INFORMATION

List below each jurisdiction, other than Colorado, in which you are or have been licensed as a Chiropractor (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State or Jurisdiction	Date licensed	License Number	By examination or reciprocity?	Number of years of practice in jurisdiction	Disciplinary action against license?	Is this license current/active?
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

PART 5—ENDORSEMENT INFORMATION (Complete **ONLY** if you are applying for a chiropractor license by endorsement)

By checking the box(es) below, I attest to at least **ONE** of the following requirements for licensure by endorsement:

- I have been in full time practice as a chiropractor for three of the last five years; **OR**
- I have been teaching full time general chiropractic subjects at an accredited school of chiropractic for three of the last five years; **OR**
- I can demonstrate competency as a chiropractor as determined by the Board.

PART 6—SCREENING QUESTIONS

You must provide the following for each “YES” response to the questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
 - Date(s) of event/offense
 - Description of event/offense
 - Location/court
 - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

- | | |
|--|--|
| 1. Have you ever been convicted of a crime? Conviction includes the acceptance of a guilty plea, a plea of <i>nolo contendere</i> , or the imposition of a deferred sentence. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2. Are you currently on probation or parole, or under court supervision pursuant to a deferred judgment, sentence or prosecution? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 3. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a chiropractor safely and competently? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 4. Have you ever had a judgment entered against you in a civil malpractice suit or agreed to an out-of-court settlement? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 5. Have you ever had a disciplinary action filed against you by any state agency (chiropractic licensing board, attorney general's office, etc.)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 6. Have you ever been denied a license, permission to practice chiropractic or any other healing art, or permission to take an examination in any state, country, or U.S. federal jurisdiction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 7. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing arts in any other state? This does not include allowing your license to lapse solely due to non-payment of the renewal fee. | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| 8. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a chiropractor safely and competently, such as bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PART 6—INSURANCE REQUIREMENTS

Check the appropriate box:

- I attest that I carry professional liability insurance in an amount of not less than \$300,000 per claim with an aggregate liability limit for all claims during the year of \$1,000,000 as required by C.R.S. 12-33-116.5.
- I attest that I am exempt from the professional liability requirements because I qualify for one of the following categories as outlined in C.R.S. 12-33-116.5:
 - 1) A chiropractor who performs chiropractic services exclusively as an employee of the United States government
 - 2) A chiropractor who holds an inactive license
 - 3) A chiropractor who provides uncompensated chiropractic care and who does not otherwise engage in any compensated patient care whatsoever
 - 4) A chiropractor who holds an active license and does not engage in any patient care whatsoever in the state of Colorado
 - 5) A chiropractor who provides services for the Olympic Training Center, as long as the chiropractor is covered under professional liability required by the Olympic Training Center with the minimal amounts required for a chiropractor licensed in Colorado.
- I attest that I am exempt from the professional liability requirements because I am a graduate student not yet licensed in any jurisdiction. Upon licensure, and before I begin practicing, I will obtain professional liability insurance as required by statute.

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature

Date

Colorado Division of Registrations
Office of Licensing—Chiropractic
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / FAX: (303) 894-7693

VERIFICATION OF LICENSE FORM—Chiropractor

APPLICANT: Please complete the top portion of this form and forward entire form to each jurisdiction in which you have ever held a chiropractor license and ask them to return it to you in an official sealed envelope. Contact the jurisdiction to determine their fee, if any, for license verification.

SECTION 1: To be completed by the Applicant

Last Name	First Name	Middle Name	Previous Name(s)
Social Security Number	Date of Birth	License #	
Mailing Address (PO Box, Street, City, State, ZIP)			

SECTION 2: To be completed by the State Licensing Board

LICENSING BOARD: Please complete the following information and return the form to the applicant in a sealed envelope.

Licensee Name			
License #	Status	Date Issued	Expiration Date
1. Has this licensee ever been disciplined by your board?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
▶ If YES , please send official copies of documentation.			
2. Are any complaints pending against this license?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Was license granted by exam?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
▶ If YES , what type of exam was administered?	<input type="checkbox"/> Hands on Practical	<input type="checkbox"/> Part IV	<input type="checkbox"/> Written
▶ If WRITTEN , did licensee pass a written exam in the following subjects?			
Orthopedic/Neurology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Physical Diagnosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Technique & Principles	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
X-ray	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Anatomy	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Bacteriology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Chemistry	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Pathology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Physiology	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Print Name _____ Title _____

Signature _____ Date _____

(seal)

Name of State Board _____