

INSTRUCTIONS FOR COMPLETING AN APPLICATION TO PRACTICE CHIROPRACTICE IN VIRGINIA

(This form has been designed to be used as a checklist when preparing to submit your application.)

APPLICATION FEES ARE NONREFUNDABLE

BEFORE YOU PROCEED, READ THE FOLLOWING POINTS CAREFULLY!

This is the application for a full and unrestricted Chiropractic license to practice chiropractic care in Virginia.

You should familiarize yourself with the qualifications required for a full license by reviewing the laws and regulations governing the practice of chiropractic in Virginia. They can be found at: http://www.dhp.virginia.gov/medicine/medicine_laws_regs.htm

The Board works as efficiently as possible to process applications. The time from filing an application with the Board until the issuance of a license is dependent upon entities over which the Board has no control. It is the applicant's responsibility to ensure that outside entities send the necessary documentation to the Board. You should not expect the process to take less than 3-4 months, so plan accordingly if you are pursuing a practice position in Virginia.

The Board provides an electronic checklist for your convenience in tracking your application. You should allow approximately 30 days for your application checklist be first updated on the Board's website. Supporting documentation will be added to your checklist as it is received. Processing of documents may take up to 10 business days after they are received. If you find your checklist does not exist or does not indicate necessary documents have been received, e-mail the Board at medbd@dhp.virginia.gov with "Chiropractic Application Question" in the subject line. E-mails will be answered within 2 business days.

Your application checklist may be viewed by logging into your application and clicking on the "View Checklist" link located in the Pending Licenses section. This link will not be visible for applicants who have not yet paid the application fee. If you have submitted your application and required fee online, but no longer see your checklist listed in the Pending Licensing section, your license may have been issued by the Board. Please visit <https://dhp.virginiainteractive.org/Lookup/Index> and view your newly issued license. This website is primary source license verification that meets the Joint Commission's requirements for license verification. If you need technical assistance with your checklist contact the agency's helpdesk at 804-367-4444. The helpdesk cannot provide assistance regarding information about your documents.

Supporting documentation sent to the Board when there is no application on file will be purged after six months.

NB: Virginia law considers material misrepresentation of fact in an application for licensure to be a Class 1 misdemeanor. Misrepresentation may be by commission or omission. Be sure of your

facts and provide full responses to the Board's questions.

PROCEEDING TO THE APPLICATION SIGNIFIES THAT YOU HAVE READ AND ACCEPT THE FOREGOING PRINCIPLES REGARDING THE BOARD'S PROCESSES.

Please Note:

1. If the applicant matriculated in a chiropractic college on or after July 1, 1975, he shall be a graduate of a chiropractic college accredited by the Commission on Accreditation of the Council of Chiropractic Education or any other organization approved by the board.
2. If the applicant matriculated in a chiropractic college prior to July 1, 1975, he shall be a graduate of a chiropractic college accredited by the American Chiropractic Association or the International Chiropractic Association or any other organization approved by the board.

A Doctor of Chiropractic who has met the requirements of one of the following may be accepted for licensure.

1. An applicant who graduated after January 31, 1996 shall document successful completion of Parts I, II, III, and IV of the National Board of Chiropractic Examiners examination (NBCE).
2. An applicant who graduated from January 31, 1991 to January 31, 1996 shall document successful completion of Parts I, II, and III of the National Board of Chiropractic Examiners examination (NBCE).
3. An applicant who graduated from July 1, 1965 to January 31, 1991, shall document successful completion of Parts I, II, and III of the NBCE, or Parts I and II of the NBCE and the Special Purpose Examination for Chiropractic (SPEC), and document evidence of licensure in another state for at least two years immediately preceding his application.
4. An applicant who graduated prior to July 1, 1965 shall document successful completion of the SPEC and document evidence of licensure in another state for at least two years immediately preceding his application.

INSTRUCTIONS

The applicant is responsible for forwarding all of the required forms to the appropriate institutions, states and other agencies.

1. **Complete the online application** <https://www.license.dhp.virginia.gov/apply/> which includes paying the nonrefundable application fee of \$277.00. Application fees may only be paid using Visa, MasterCard or Discover.
2. **Examination Scores** - Request the National Board of Chiropractic Examiners to submit a certified copy of your grades attained on the National Board examination or the Special Purpose Examination for Chiropractic. You may request your

examination scores on-line at <http://www.nbce.org/>

3. **Transcripts** – Transcripts must be official. Transcripts will be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in a sealed envelope with the school's seal. This document **may not** be faxed.
4. **Form B's sent to the Virginia Board of Medicine by the applicant will not be accepted.**

A completed Form B Activity Questionnaire or a letter of recommendation must be received from all locations of practice or professional employment, observerships, professional research positions or professional volunteer service listed for the past 5 years.

If engaged in private practice, have another chiropractor who is not related submit a letter attesting to your practice.

Completed Form B's may be attached as a PDF and sent to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

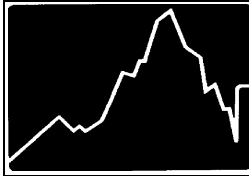
5. **Jurisdiction Clearance – License Verification:** Verifications of chiropractor licenses from all jurisdictions within the United States, its territories and possessions in which you have been issued a full license must be received by the Board. **Please contact the applicable jurisdiction where you have been issued a license to practice chiropractic to inquire about having documentation forwarded to the Virginia Board of Medicine.** Verification must come from the jurisdiction and may be sent by email to medbd@dhp.virginia.gov, faxed to (804) 527-4426 or mailed.

Please note:

Please note:

- ▶ Applications not completed within 12 months may be purged without notice from the board.
- ▶ Additional information not already listed may be requested at any time during the process.
- ▶ *Application fees are non-refundable.*
- ▶ The Board's mailing address is **The Virginia Board of Medicine**
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233
- ▶ Email inquiries are normally responded to within 2 business days. Send your email inquiries to medbd@DHP.Virginia.gov. Include Chiropractic Application in the subject line
- ▶ Submission of an application does not guarantee a license. A review of your application could result in the finding that you may not be eligible pursuant to Virginia laws and regulations.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Acupuncturist | <input type="checkbox"/> Genetic Counselor | <input type="checkbox"/> Osteopathy and Surgery | <input type="checkbox"/> Radiologic Technologist |
| <input type="checkbox"/> Athletic Trainer | <input type="checkbox"/> Medicine and Surgery | <input type="checkbox"/> Physician Assistant | <input type="checkbox"/> Radiologic Technologist - Limited |
| <input type="checkbox"/> BCaBA | <input type="checkbox"/> Midwife | <input type="checkbox"/> Podiatry | <input type="checkbox"/> Radiologist Assistant |
| <input type="checkbox"/> BCBA | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Polysomnographic Technologist | <input type="checkbox"/> Respiratory Therapist |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Occupational Therapist Assistant | | |



Rev. 7/17

Virginia Department of Health Professions

Board of Medicine
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

Phone: (804) 367-4600
Fax: (804) 527-4426
Email: medbd@dhp.virginia.gov

Please provide name and address of setting/organization exactly as it appears on your application chronology.

Clearly print/type name of applicant

Name of Setting: _____

Address: _____

Last 4 of Social Security Number XXX-XX-_____

City, State, Zip: _____

The Virginia Board of Medicine, in its consideration of an applicant for licensure, depends on information from persons and institutions regarding the applicant's employment, training, affiliations, and staff privileges. Please complete this form to the best of your ability and return it to the Board by mail, fax or email so the information you provide can be given consideration in the processing of his/her application in a timely manner. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past, and present) and governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Virginia Board of Medicine any information, files or records requested by the Board in connection with the processing of my application.

Signature of Applicant _____

1. Date and type of service: This individual served with us as _____
from _____ to _____.
(Month/Year) (Month/Year)

2. Please evaluate: (Indicate with check mark)

	Poor	Fair	Good	Superior
Professional knowledge				
Clinical judgment				
Relationship with patients				
Ethical/professional conduct				
Interest in work				
Ability to communicate				

3. Recommendation: (please indicate with check mark) Recommend highly and without reservation Recommend as qualified and competent
 Recommend with some reservation (explain) _____
 Do not recommend (explain) _____

4. Of particular value to us in evaluating any applicant are any notable strengths and weaknesses (including personal demeanor). We would appreciate such comments from you. _____

5. The above report is based on: (please indicate with check mark)
 Close personal observation General impression A composite of evaluations
 Other: _____

Date (Required): _____

Signed by: _____

Print or type name: _____

Signator Contact Number: (_____) _____

Title: _____