

**INFORMATION FOR COMPLETING CHIROPRACTIC LICENSURE APPLICATION**

**18 VAC 85-20-121(C).**

For licensure in chiropractic.

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.

**18 VAC 85-20-140 (D)**

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.

Certain forms may be faxed to 804-527-4426. The phone number to the Virginia Board of Medicine is 804-367-4600. The Board's email address is [medbd@dhp.virginia.gov](mailto:medbd@dhp.virginia.gov)

**Mailing Address**

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

- Application and Fee** – Complete the online application form which includes payment of the required fee of \$277.00. Application fees may only be paid using Visa, MasterCard, American Express or Discover. Application fees are non-refundable.

- 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. Your request should be directed to the NBCE, 901 54<sup>th</sup> Avenue, Greeley, CO 80634, (970) 356-9100. There may be a fee for obtaining these grades. Please contact the National Board of Chiropractic Examiners.
- Transcripts** – Transcripts must be official. Transcripts will be accepted if they come directly from the school to the Board or if sent to us by the applicant in a sealed envelope with the school’s seal. This document **should not** be faxed.
- Claims History** - If you have had malpractice cases brought against you (pending or closed), please provide supporting court documentation, including final disposition or settlement. You should also provide a detailed narrative about each case on a separate piece of paper. This documentation **may** be faxed, mailed, or emailed to the Board.
- School Transcripts** – Contact your school of professional education and request that transcripts be sent directly to the Virginia Board of Medicine. Transcripts must be official, with the school seal. Transcripts will be accepted if they come directly from the school to the Board or if sent to the Board by the applicant in the original sealed envelope. Faxed transcripts are not accepted. The Board accepts transcripts sent electronically from various repositories contracted through the schools.
- Employment Activity** – List activities on the chronological page of the application, (Page 2) to include all activities since graduation from your professional school to present. **CV’S ARE NOT ACCEPTABLE. IF SUBMITTED IN LIEU OF PAGE 2, YOUR APPLICATION WILL BE RETURNED FOR NON-COMPLETION.**

**If engaged in private practice, list all of your clinic and hospital affiliations. If no employment activity, please explain.**

If you need additional space to record your activities, follow this link to obtain and submit a supplemental form with your application:

**Supplemental Form:** <https://www.dhp.virginia.gov/media/dhpweb/docs/med/forms/SupplementalForm.pdf>

- Jurisdiction Clearance – License Verification.** Verification of medical licenses from all jurisdictions within the United States, its territories and possessions or Canada 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 medicine 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](mailto:medbd@dhp.virginia.gov), faxed to (804) 527-4426 or mailed.
- NPDB Self Query – Complete the online Place a Self-Query Order form at <https://www.npdb.hrsa.gov/>.** Be ready to provide:
  - o Identifying information such as name, date of birth, Social Security number
  - o State health care license information (if you are licensed)
  - o Credit or debit card information for the \$4.00 fee (charged for each copy you request)

**Verify your identity.** This can be done electronically as part of your order or by completing a paper form and having it notarized. You will receive full instructions as you complete your order.

**Wait for your response.** Once your identity is verified, the NPDB will process your order. A paper copy of your response will be sent the next business day by regular U.S. mail.

When you receive your report in the mail from NPDB, **DO NOT OPEN IT.** Place your unopened NPDB report in an oversized envelope and forward it to the Virginia Board of Medicine. The Board recommends using Fed EX or UPS for tracking purposes.

The Board of Medicine is unable to track any mail or other package that is sent via the United States Postal Service.

Any NPDB report received for an application not completed within 3 months of receipt of the NPDB report will have to be resubmitted.

**PLEASE NOTE:**

\*Please be aware that consistent with Virginia law and the mission of the Department of Health Professions, addresses on file with the Board of Medicine are made available to the public. This has been the policy and the practice of the Commonwealth for many years. However, with the application of new technology, which makes this information more accessible, there has been growing concern of those licensees who supply their residence address for mailing purposes. This notice is to reiterate that the Board of Medicine maintains only one address for each licensee and will allow the address of record to be a Post Office Box or practice location.

**\*Applications not completed within 12 months will be purged without notice from the board.**

**\*Additional information may be requested after the Executive Director has reviewed the file.**

**\*Do not begin practice until you have been notified of approval. 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.**

**\*Certain forms may be faxed to 804. 527-4426**

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**No application will be considered by the board until the entire file is complete. Therefore, you should not make any firm commitment to begin working until you have received notification of licensure from this office.**

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