



## Chiropractic License Instructions

Please read these instructions carefully prior to completing your application for licensure. Failure to do so could result in delay of your application. If you have questions contact our office by e-mail: [DHHS.RehabOffice@nebraska.gov](mailto:DHHS.RehabOffice@nebraska.gov) or phone: 402-471-2299.

- Submit a Complete Application** with all required documentation. An incomplete application will be returned to you.
- Licensure Fee.** Make check or money order payment to DHHS-Licensure Unit. The fee for initial licensure is **\$144**. If your license is issued within **180 days** (between February 1<sup>st</sup> and July 31<sup>st</sup> of even years) of the expiration date the fee for initial licensure is **\$36**. **All Chiropractic licenses will expire August 1<sup>st</sup> of even-numbered years.**

**LICENSE FEE WAIVER:** Starting January 1, 2020, if you meet one of the following waiver options, your initial license fee **is waived**.

1. **Young Worker:** You are between the ages of 18 and 25 (under the age of 26)
2. **Low-Income Individual:** You are enrolled in a state or federal public assistance program **such as** the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program (SNAP), or the federal Temporary Assistance for Needy Families (TANF) program, **OR** your household adjusted gross income is below 130% of the federal income poverty guideline.
  - If you live in Nebraska and are enrolled in a state or federal public assistance program, no further documentation is required to be submitted
  - If you live in a state other than Nebraska and are enrolled in a state or federal public assistance program, submit a copy of a document showing current enrollment.
  - If your household adjusted gross income is at 130% of the Federal Income Poverty Guideline or below, click this link to see the current income guidelines, <https://dhhs.ne.gov/licensure/documents/LowIncomeFeeWaiverTable.pdf>. To be eligible for this waiver, you must submit a copy of your most recent tax return.
3. **Military Family:** You are an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States. To be eligible for this waiver, you must submit a copy of your ID card, discharge paperwork, or similar document that shows you are a military family member as described above

**MILITARY:** To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>

- Proof that you are at least 19 years old.** Include with your application a copy of your driver's license, state identification card, birth certificate, or other acceptable government-issued identification.
- Proof of US Citizenship or lawful presence in the United States.**
  - **U.S. Citizens-** a **PHOTOCOPY** of one of the following:
    - Birth Certificate (Hospital issued keepsake birth certificates cannot be accepted);
    - U.S. Passport (unexpired or expired);
    - Certificate of Naturalization; or
    - Other documents that show U.S. Citizenship.
  - **NOT a U.S. Citizen,** a **PHOTOCOPY** of one of the following:
    - Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
    - Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
    - Employment Authorization Card **AND**
      - An approved deferred action status (DACA);
      - A pending application for asylum in the United States;
      - A pending or approved application for temporary protected status in the United States; or
      - A pending application for adjustment of status to that of an alien lawfully admitted for permanent Residence in the United States or conditional permanent resident status in the United States.

\* **NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4 – 6 weeks.

**License Requirements:**

- Examination:** Official documentation of scores on the NBCE examination.
- Transcript:** Submit an official college/university transcript sent directly from the education institution to the Department.
  - **Information Relating to Military Education, Training, or Service:**  
If you have completed education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.
- License in another jurisdiction (state):** If you hold or have held a license to practice Chiropractic or any other health related profession in another jurisdiction(s), you must have the licensing agency for all jurisdictions complete the Certification of Chiropractic License (Attachment A2) and return directly to our office.
- Conviction Information:** If you have **EVER** received a ticket from law enforcement or animal control, check the court system to see if the ticket is on your record as a misdemeanor or felony conviction. Speeding tickets are not misdemeanors or felonies. You are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanor/felony convictions.

**If you have convictions, you must submit:**

- (i) A copy of the court record related to all misdemeanor and felony convictions, that includes the statement of charges and final disposition, if the conviction(s) occurred in a state other than Nebraska;
- (ii) An explanation of the events leading to the conviction (what, when, where, why) and a summary of actions that the applicant has taken to address the behaviors or actions related to the conviction; and
- (iii) A letter from the applicant's probation officer addressing the terms and current status of the probation, if the applicant is currently on probation.

**If you had an alcohol and drug evaluation and/or completed treatment**, to assist the Board and Department in review of any drug and/or alcohol conviction(s), we encourage you to request that the treatment provider submit all evaluations and discharge summaries directly to the Department.

<b>The following provides <u>SOME</u> examples of convictions; this is <b>NOT</b> a complete list</b>	
<ul style="list-style-type: none"><li>• MIP/ Tobacco Use by Minor</li><li>• DUI / DWI / Open Container</li><li>• Controlled Substance</li><li>• Shoplifting / Theft / Burglary</li><li>• Unauthorized use of a Financial Transaction</li><li>• Disturbing the Peace</li><li>• Assault / Prostitution</li><li>• Disorderly Conduct / Disorderly House</li><li>• Fail to Appear in Court</li></ul>	<ul style="list-style-type: none"><li>• Driving under Suspension / Revocation</li><li>• License Vehicle without Liability Insurance</li><li>• False Information or Reporting</li><li>• Reckless Driving / Leave the Scene of an Accident</li><li>• Operator not Carrying License</li><li>• Unlawful Display of Plates/Renewal tabs</li><li>• Park Rule Violation / Curfew Violation</li><li>• Dog at Large / Fail to Vaccinate Animal</li><li>• Littering / Fireworks / Bad Check</li></ul>

**NOTE:** If you have **any criminal charges or license disciplinary actions pending that result in a conviction** or license discipline, you are required to report such action to the Investigative Unit **within 30 days of the conviction or disciplinary action**. Reporting forms can be obtained at the following website: <https://dhhs.ne.gov/Pages/Investigations.aspx> or by phone 402-471-0175.

**Application Review:** All applications are reviewed in date order received.

- If your application **is missing information**, you will be contacted **by e-mail** within approximately 10 days; the e-mail will list the information that is required to complete your application. You have 90 days to complete your application; if not completed within this 90 days, your application will be closed and all documents destroyed. A new application will then be required.
- If your application **is complete**, you will receive **by e-mail** that your license has been issued.

**Records Retention Schedule:** When your license is issued, your application and documents will be kept by the Department for 5 years; then all documents will be destroyed. We encourage you to keep a copy of your application for your records.

**Mail application and supporting documents to:**

DHHS Licensure Unit  
Attention: Chiropractic  
PO Box 94986  
Lincoln, NE 68509-4989

**Contact Information:** Licensure Unit, Phone: 402-471-2299 / FAX: 402-742-1152 / E-Mail: [DHHS.RehabOffice@nebraska.gov](mailto:DHHS.RehabOffice@nebraska.gov)

**APPLICATION FOR LICENSURE AS A CHIROPRACTOR**

Department of Health and Human Services  
 Division of Public Health - Licensure Unit  
 P.O. Box 94986 - Lincoln, Nebraska 68509-4986  
 Telephone #: 402-471-2299

Revised: 10/25/2022

(Please print or type application)

Check here if you are the spouse of an active duty member of the U.S. Armed Forces stationed in Nebraska

**LICENSE FEES:**

**A. Fee Waiver:**

If you meet one of the following fee waivers, your initial license fee **is waived**. **Check only one box:**

- Young Worker:** I am under 26 years old.
- Low-income Individual:**
  - I am enrolled in a state or federal public assistance program, including, but not limited to, the medical assistance program established pursuant to the Medical Assistance Act, the federal Supplemental Nutrition Assistance Program, or the federal Temporary Assistance for Needy Families program; OR
  - My household adjusted gross income is below 130% of the federal income poverty guideline.
- Military Family:** I am an active duty service member in the armed services of the United States, a military spouse, honorably discharged veteran of the armed services of the United States, spouse of such honorably discharged veteran, and un-remarried surviving spouses of deceased service members of the armed services of the United States.

**B. Fee Required if YOU DO NOT qualify for one of the above fee waivers:**

Review the following chart to determine the fee required based on the month and year in which your license **will be issued**:

YEAR	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even Number Year	\$144	\$36	\$36	\$36	\$36	\$36	\$36	\$144	\$144	\$144	\$144	\$144
Odd Numbered Year	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144

Chiropractic licenses expire August 1st of even-numbered years. Pay by check or money order to: Licensure Unit. Your cancelled check is your proof of payment. Payment is processed upon receipt. Debit or credit card is not accepted.

**SECTION A - Personal Information:** (All applicants for registration must complete this section.) **This section is public information and will be displayed on the INTERNET <https://www.nebraska.gov/LISSearch/search.cgi>**

**NOTE: All mailings from this office will be sent to the address you indicate below – If you change your address, you must advise this office.**

1	Legal Name:	First:	Middle/MI:	Last:
	Maiden Name	Name:	Other names you are known as (AKA)	
2	Present Address	Street/Box/Route:		
		City:	State:	Zip:

Additional information requested: **(This information is not displayed on the internet) Submit evidence of age, i.e.;** driver's license, U.S. birth certificate, marriage license, school transcript, U.S. State ID card, Military ID, or similar documentation. A birth certificate or U.S. passport will satisfy the requirement for proof of age and proof of U.S. citizenship.

3	Date of Birth:	Month/Day/Year	Place of Birth: City and State or Country
4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN);	SSN#
		<input type="checkbox"/> Alien Registration Number ("A#");	A#

If you have both a SSN and an A#, you must report both. <b>Neb. Rev. Stat. § 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue.</b>			
5	Phone #:	Fax #:	E-Mail:
*phone number and e-mail is optional, but providing this information will speed up communication with you			
Have you ever been denied the right to take a license examination in any State? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			

The applicant must answer the following questions. If the answer is yes, the applicant must submit an explanation for each affirmative answer.	Yes	No
Have you ever had any application for any professional license refused or denied by any licensing authority?		
Have you ever been disciplined by an employer that resulted in your inability to work?		
To your knowledge have any unresolved or pending complaints ever been filed against you with any chiropractic licensing agency, professional association, licensed hospital or clinic?		
Have you ever been named as a defendant to a civil suit related to the practice of chiropractic that resulted in a settlement or judgment?		
Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?		
Have you ever been denied a license or the right to take an examination?		
Have you ever been licensed as a chiropractor in another state?		

<b>SECTION C – Examination</b>		
Have you passed the National Board of Chiropractic Examiners (NBCE) Part IV examination? Date test was taken	Yes	No
Have you passed the National Board of Chiropractic Examiners (NBCE) SPEC examination? <b>Does not apply to new graduates. May be applicable to Sections F, G and H only – please carefully read the sections below to determine if you are required to take the SPEC examination.</b> Date test was taken:	Yes	No
If no, date test will be taken:		
<b>SECTION D – Education:</b> (All applicants must complete this section and provide an official transcript from an approved college of chiropractic.)		
APPROVED CHIROPRACTIC COLLEGE	Name:	
	Location:	
	Date of Graduation:	
<b>Military:</b> Did you complete education, training, or service that you believe is substantially similar to the education required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state? If yes, include evidence with this Application.	Yes	No

**SECTION E: Passed Licensure Examination no more than three years prior to application:** An applicant who applies for licensure no more than three years after passing the examination **must** have met the requirements for licensure by passing Parts I, II, III, IV, and physiotherapy of the examination given by the National Board of Chiropractic Examiners (NBCE) with a scaled score of at least 375 in each part.

**SECTION F: Passed Licensure Examination more than three years prior to application date – Not Currently Practicing:**

An applicant who applies more than three years after passing the examination and is not practicing in another jurisdiction at the time of application **must** have met the requirements for licensure by passing Parts I, II, III, IV, and physiotherapy of the examination given by the National Board of Chiropractic Examiners (NBCE) with a scaled score of at least 375 in each part and **must** successfully pass the Special Purposes Examination for Chiropractic (SPEC) with a scaled score of at least 375 within three years of applying for licensure.

**SECTION G: Licensed in Another Jurisdiction – Not Currently Practicing:** An applicant who is applying for licensure based on a license in another jurisdiction and is not practicing at the time of application for licensure **must** have met the requirements for licensure by passing Parts I, II, III, IV, and physiotherapy of the examination given by the National Board of Chiropractic Examiners (NBCE) with a scaled score of at least 375 in each part and must have completed 36 hours of documented continuing education pursuant to 172 NAC 29-006.01, within the 24 months prior to making application; **OR**

- Passed Parts I, II and physiotherapy of the examination given by the National Board of Chiropractic Examiners with a scaled score of at least 375 in each part; and
- Passed the National Board of Chiropractic Examiners' Special Purposes Examination for Chiropractic (SPEC) with a scaled score of at least 375 within the two years immediately preceding the application; **AND**
- Completed 36 hours of continuing education pursuant to 172 NAC 29-006.01, within 24 months prior to making application. (See Attachment A3)

Documentation of continuing education must include:

- a. Signed certificate; and
- b. Course brochure or course outline; and/or
- c. Other requested documentation pursuant to 172 NAC 29-006.02B

If the applicant presented the continuing education program, documentation must include:

- a. Course outline; and
- b. Course brochure; and
- c. Statement of instructor's qualifications to teach the course, unless the qualifications are included in the brochure.

**SECTION H: Licensed in Another Jurisdiction – Currently Practicing:** An applicant who is applying for licensure based on a license in another jurisdiction and is practicing at the time of application for licensure **must** have met the requirements for licensure by passing Parts I, II, III, IV, and physiotherapy of the examination given by the National Board of Chiropractic Examiners (NBCE) with a scaled score of at least 375 in each part; **OR**

- Passed Parts I, II and physiotherapy of the examination given by the National Board of Chiropractic Examiners with a scaled score of at least 375 in each part; and
- Passed the National Board of Chiropractic Examiners' Special Purposes Examination for Chiropractic (SPEC) with a scaled score of at least 375 within the three years immediately preceding the application.

1	Name of agency issuing license			
	Address	Street/PO/Route:		
		City:	State:	Zip:
2	Date Issued:			
3	Name of written examination:			
4	Have you requested to have certification of your Chiropractic license sent to Nebraska? (Refer to Attachment A2)	Yes	No	
Have you been in the active and continuous practice of chiropractic immediately preceding the date of application for Nebraska licensure?				
Give location, address, and dates actively engaged in practice of chiropractic. (Continue on reverse side or use an additional sheet if space is inadequate.)				

Facility	Address	Dates

**SECTION I – CONVICTION AND LICENSURE INFORMATION** (all applicants must complete this section) Failure to disclose any such conviction or disciplinary action, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty.

Answer each of the following questions by placing a check mark in the appropriate box (yes or no) and completing the information requested. All **'yes'** responses **MUST** be explained in detail and you **must** submit the requested documentation.

#	Question	Yes	No	Type of Crime or Licensure Action	Date of Action	Name of Court/Entity Taking action
1	Have you ever been convicted in any jurisdiction of a misdemeanor or felony?	<input type="checkbox"/>	<input type="checkbox"/>			
	<p>If you answered YES to the question above, you must submit the following documents with your application:</p> <ul style="list-style-type: none"> <li>• Copy of the court record(s), which includes charges and disposition;</li> <li>• Written explanation of the events leading to the conviction(s) (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction(s);</li> <li>• All addiction/mental health evaluations and proof of treatment, if the conviction(s) involved a drug and/or alcohol related offense and if treatment was obtained and/or required;</li> <li>• A letter from your probation officer addressing probationary conditions and current status, if you are currently on probation.</li> </ul>					

The following questions relate to a credential that **you hold or have held** in health services, health related services or environmental services in **Nebraska or another jurisdiction**.

		Yes	No			
1	Are you credentialed in any state?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what State(s) are you credentialed in?	What type of credential do you hold?	
2	Has your credential ever been denied, refused renewal, limited, suspended, revoked or had other disciplinary measures taken against it?			Type of Credential Action	Date of Action	Name of Entity taking Action

If you answered YES to any of the questions above, you **must** request the following documents be sent directly to this office:

- Certification of your credential in another state
- Official Documents from the State Board in which the disciplinary action was taken



**SECTION J – PRACTICE PRIOR TO CREDENTIAL:** An individual who practices prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

1	Have you practiced Chiropractic in Nebraska prior to submitting this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If yes, what are the actual number of days you practiced in Nebraska and what is the business name, location and telephone number of the practice?	# of days:
		Name of business:
		City:
		Telephone #:

**SECTION K - ATTESTATION**

For the purpose of complying with Neb. Rev. Stat. §4-108 through 4-114 and 38-129 (*check **ONE** of the boxes below*):

**I attest that:**

- I am a citizen of the United States.
- I am **NOT** a citizen of the United States. I am a qualified alien under the Federal Immigration and Nationality Act or a non-immigrant lawfully present in the United States, with documentation such as a permanent resident card, I-94 document, asylum, etc.
- I am **NOT** a citizen of the United States. I have an unexpired Employment Authorization Document (EAD) and documentation listed under the Federal REAL ID act, such as DACA, pending asylum, pending refugee, etc.
- I am **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act

**NOTE:** You may still be eligible for a certificate if you provide a photocopy of your unexpired Employment Authorization Document (EAD) and evidence of meeting section 202(c)(2)(B)(i) through (ix) of the Federal REAL ID Act of 2005.

If you are **NOT a citizen of the United States**, you must submit proof of lawful presence in the U.S. Your certificate will NOT be renewed until such proof is received by our office and verified through the Department of Homeland Security (may take 4-6 weeks).

**Signature and Application Attestation: I attest that:**

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MILITARY: To view licensing services available to members of the military and their spouses, visit our website at <https://dhhs.ne.gov/licensure/Pages/Professions-and-Occupations.aspx>



FOR USE BY RECIPROCITY APPLICANTS

Attachment A2

CERTIFICATION OF CHIROPRACTIC LICENSE  
(Must be completed by initial licensing agency)

Our records certify that \_\_\_\_\_ was granted License No. \_\_\_\_\_ to  
(applicant's name)

practice Chiropractic in the State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
based on written and practical examination.

I further certify that the aforesaid completed the following examinations:

\_\_\_\_\_ National Board examinations

\_\_\_\_\_ State Board prepared written and/or practical examination

\_\_\_\_\_ Scores are recorded below

\_\_\_\_\_ Grade records on this individual are no longer available, however, I certify that it is apparent said  
applicant received a score sufficient to meet the licensure requirements of this state at that time.  
The applicant had to obtain a score of \_\_\_\_\_ or above.

Subject	Score	Subject	Score

Has the applicant's license been: (a) Suspended? Yes  No  (b) Revoked? Yes  No   
Or had other disciplinary action: Yes  No ; if yes to any of the above, please attach explanation.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Licensing Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Signature (no stamp)

(SEAL)

Return this completed form to:

Nebraska Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
PO Box 94986  
Lincoln, NE 68509-4986

**Continuing Competency Requirements for the Following Applicants:**

**Licensed in Another Jurisdiction and Is Not Currently Practicing:** An applicant who is applying for licensure based on a license in another jurisdiction and is not practicing at the time of application for licensure **must** have met the requirements for licensure by passing Parts I, II, III, IV, and physiotherapy of the examination given by the National Board of Chiropractic Examiners (NBCE) with a scaled score of at least 375 in each part and must have completed 36 hours of documented continuing education within the 24 months prior to making application; **OR**

- Passed Parts I, II and physiotherapy of the examination given by the National Board of Chiropractic Examiners with a scaled score of at least 375 in each part; and
- Passed the National Board of Chiropractic Examiners' Special Purposes Examination for Chiropractic (SPEC) with a scaled score of at least 375 within the two years immediately preceding the application; and
- Completed 36 hours of continuing education pursuant to 172 NAC 29-006.02, within the 24 months prior to making application. (Attachment A3)

The 36 hours must include **eight** mandatory hours which are:

1. **Four** hours related to technical skills in one or a combination of the following categories:
    - a. Continuing education designed to enhance the practitioner's technical and clinical skill related to x-ray physics, quality control, x-ray production, and interpretation of diagnostic imaging; and
    - b. Continuing education designed to enhance the practitioner's skill in utilizing chiropractic adjustive techniques.
- AND**
2. **Four** hours related to practice issues in one or a combination of the following categories:
    - a. Continuing education pertaining to HIV/AIDS, infectious diseases and related conditions as they relate to chiropractic;
    - b. Continuing education designed to enhance the practitioner's awareness of gender sensitivity and sexual harassment issues. These programs are commonly referred to as boundary training;
    - c. Continuing education related to the chiropractic scope of practice in the State of Nebraska. The programs must include adopted practice guidelines and practice law specific to Nebraska only;
    - d. Continuing education designed to enhance the practitioner's skill related to ordering laboratory tests and interpreting information from laboratory tests;
    - e. Continuing education designed to enhance the practitioner's skill in performing physical, neurological, and orthopedic examination procedures as they relate to chiropractic practice;
    - f. Continuing education related to prevention of fraud, system set-ups, coding, quality control, and standards of practice;
    - g. Continuing education pertaining to the provision of rehabilitative care as it relates to chiropractic practice;
    - h. Continuing education related to practice ethics as recognized by state or national associations; and
    - i. Continuing education related to the use of unlicensed personnel.

**Documentation of the 36 hours of continuing education must include:**

1. Signed certificate; **and**
2. Course brochure or course outline; and/or

If you presented the program, documentation must include:

1. Course outline; **and**
2. Course brochure; and
3. Statement of instructor's qualifications to teach the course, unless the qualifications are included in the brochure.

The remainder of the hours must be in other acceptable continuing education. The continuing education activity must relate to the practice of chiropractic. The Board does **not** pre-approve continuing education programs.

Licenseses may complete a maximum of 6 hours of continuing education by self-study each 24 month renewal period. The self-study program must have a testing mechanism scored by the provider of the self study activity. The mandatory continuing education hours **may not** be obtained by completing formal self study activities.