



**APPLICATION FOR LICENSURE AS A CHIROPRACTOR**

Attachment A

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: 8/3/2016

(Please print or type application)

**SECTION A - Personal Information:** (All applicants for registration must complete this section.) **This section is public information and will be displayed on the INTERNET <http://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
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4	Check the Appropriate Box(s):	<input type="checkbox"/> Social Security Number (SSN); <input type="checkbox"/> Alien Registration Number ("A#");	SSN#  A#
If you have both a SSN and an A#, you must report both. <b><a href="#">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.</a></b>			

5	Phone #: (Optional)	Fax #: (Optional)	E-Mail: (Optional)
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If you provide us with the optional information, we can expedite your credential request if there is a problem with your application.

**SECTION B – License Fees:** The fee for initial licensure is **\$144**. If your license is issued within 180 days of the expiration date the fee for initial licensure is **\$36**.

Year	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
<b>Even</b>	\$144	\$36	\$36	\$36	\$36	\$36	\$36	\$144	\$144	\$144	\$144	\$144
<b>Odd</b>	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144	\$144

Make check payable to "Licensure Unit"

**All licenses expire August 1 of even-numbered years.**

The applicant must answer the following questions. If the answer is yes, the applicant must submit an explanation for each affirmative answer.	<b>Yes</b>	<b>No</b>
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?		
Are you being treated or have you been treated, in the last five (5) years, for drug or alcohol addiction or participated in rehabilitation?		
Have you ever been disciplined for practicing as a chiropractor when your physical or mental abilities were impaired by the use of controlled substances or other habit forming drugs, chemicals, or alcohol or by other causes?		

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?		
Are you being treated or have you been treated in the last five (5) years, for any disease or condition that interfered with your ability to competently and safely perform the essential functions of a chiropractor, including any disease or condition generally regarded as chronic and/or infectious by the medical community?		
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>
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Have you passed the National Board of Chiropractic Examiners (NBCE) Part IV examination? Date test was taken _____	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)
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APPROVED CHIROPRACTIC COLLEGE	Name:	
	Location:	
	Date of Graduation:	

**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:

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

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

- Course outline; and
- Course brochure; and
- 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)				<input type="checkbox"/> Yes	<input type="checkbox"/> 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"/>			
If you answered YES to the question above, you must submit the following documents with your application: <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?	<input type="checkbox"/>	<input type="checkbox"/>	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; **OR**
- I am a qualified alien under the Federal Immigration and Nationality Act; **OR**
- I am a nonimmigrant lawfully present in the United States; **OR**
- Check this box if you are **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 renewal application or have had the renewal application read to me; and
2. All statements on this renewal application are true and complete.

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

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

**NOTE:** The applicant **must submit** the following documentation:

1. **Age:** Evidence of at least 19 years of age (i.e.: driver's license, birth certificate, marriage license, school transcript, US State ID card, Military ID, or similar documentation);
2. **Other Credentialing Info:** If you hold or have held a credential to provide health services, health-related services, or environmental services in Nebraska or in another jurisdiction, you must have the licensing agency submit to the Department a certification of your credential;
3. **Disciplinary Action:** If you have had any disciplinary actions taken against your credential, you must submit a copy of the disciplinary action(s), including charges and disposition;
4. **Conviction Information:** If you have been convicted of a felony or misdemeanor, you must submit:
  - (a) A copy of the court record, which includes charges and disposition;
  - (b) Explanation from the applicant of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the convictions;
  - (c) All addiction/mental health evaluations and proof of treatment, if the conviction involved a drug and/or alcohol related offense and if treatment was obtained and/or required; and
  - (d) A letter from the probation officer addressing probationary conditions and current status, if you are currently on probation;
5. **Documents Accepted for Citizenship/Lawful Presence**

**U.S. Citizen**, a photocopy of one of the following:

1. Birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal (**Hospital issued keepsake birth certificates cannot be accepted**);
2. U.S. Passport (unexpired or expired);
3. American Indian Card (I-872); the I-872 card is only issued to members of the Texas Band of Kickapoos;
4. Certificate of Naturalization (N-550 or N-570);
5. Certificate of Citizenship (N-560 or N-561);
6. Certification of Report of Birth (DS-1350);
7. Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240);
8. Certification of Birth Abroad (FS-545 or DS-1350);
9. United States Citizen Identification Card (I-197 or I-179); or
10. Northern Mariana Card (I-873).

**Qualified Alien or a Non-Immigrant** under the Federal Immigration and Nationality Act, a photocopy of one of the following:

1. Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
2. An unexpired foreign passport with an unexpired Temporary I-551 stamp bearing the same name as the passport; or
3. Form I-94 (Arrival-Departure Record) AND an unexpired foreign passport with a valid unexpired US visa.

**NOT a U.S. Citizen nor a Qualified Alien** under the Federal Immigration and Nationality Act and are lawfully present in the United States, the applicant may still be eligible for a license if s/he provides a photocopy of their unexpired Employment Authorization Document (EAD) and evidence of one of the following documents under the Federal REAL ID Act:

Employment Authorization Card **AND**

1. An approved deferred action status (DACA);
2. A pending application for asylum in the United States;
3. A pending or approved application for temporary protected status in the United States; or
4. A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence; or 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

6. **Education:** An official college transcript from an accredited college of chiropractic;
7. **Examination:** Official documentation of the scores obtained on the NBCE examinations;
8. **Fee:** The required fee.
9. **Continuing Education:** Documentation of continuing education, if applicable

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

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 36 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 36 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.

Licenses 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.