

Evaluation results:

Board/Commission: Chiropractic

License Type: Chiropractor

Obtained By: Examination

CheckList Name	Instructions
Application	If the application process has not been completed within six months from the date the application was signed, the applicant will be required to resubmit the application and any supporting documentation (this does not include the record of graduation or exam scores). If the application process has not been completed within one year from the date it was received, applicants will be required to submit another application and processing fee.
Application Fee	
Child Abuse CE	All health-related licensees/certificate holders and funeral directors are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (23 P.S. § 6311). Therefore, all persons applying for issuance of an initial license or certificate from any of the health-related boards (except the State Board of Veterinary Medicine) or from the State Board of Funeral Directors are required to complete, as a condition of licensure, 3 hours of approved training by the Department of Human Services (DHS) on the topic of child abuse recognition and reporting. After you have completed the required course, the approved provider will electronically submit your name, date of attendance, etc. to the Bureau. For that reason, it is imperative that you register for the course using the information provided on your application for licensure/certification. A list of DHS-approved child abuse education providers can be found on the Department of State Website .
Criminal History Check	<p>List all of the states you have lived or worked in during the last 10 years. Provide a recent Criminal History Records Check (CHRC) from the state police or other state agency for every state in which you have lived, worked, or completed professional training/studies for the past ten (10) years. The report(s) must be dated within 180 days of the date the application is submitted.</p> <p>To obtain a Pennsylvania record check, please visit https://epatch.pa.gov. A volunteer record check will not be accepted.</p> <p>For a list of other state identification agency websites, please visit State Police Criminal Record History - Out of State List.pdf (pa.gov).</p> <p>For individuals living, working, or completing training/studies outside of Pennsylvania during the past ten (10) years, in lieu of obtaining individual state background checks, you may elect to provide BOTH a state CHRC from the state in which you currently reside, AND your FBI Identity History Summary Check, available at https://www.fbi.gov/services/cjis/identity-history-summary-checks.</p> <p>Please note: For applicants currently living, working, or completing training/studies in California, Arizona, or Ohio: Due to the laws of these states, the Board is not an eligible recipient of CHRC’s or your CHRC will not be issued to you for upload to the Board. Please obtain your Federal Bureau of Investigation (FBI) Identity History Summary Check, available at the link noted above.</p>
Databank Report	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," you will need to upload it to your online application. The report will need to be uploaded, where prompted, in order to submit your application.

CheckList Name	Instructions
Education Verification	Forward the Verification of Education form to your school/university to complete. You are only required to verify the level of education completed which qualifies you for this license. The school must return the completed verification form directly to the Board. The form will be available for download and printing when the application is submitted.
Letter of Good Standing (LOGS)	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession (whether active, inactive, expired or current) and request letters of good standing/verification of licensure in that state or jurisdiction. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board. <u>If you have never held a license, certificate, permit, registration or other authorization to practice a health-related profession, then this does not apply to you.</u>
Malpractice Insurance	Provide proof of professional liability insurance coverage for the minimum amount of \$100,000 per occurrence and \$300,000 per annual aggregate. A copy of your declarations page will be acceptable. It is sufficient for you to file a copy of a letter from your professional liability insurance carrier indicating that you will be covered against professional liability in the required amounts effective upon the issuance of your license to practice chiropractic in the Commonwealth. Upon issuance of the license, you will have 30 days to submit to the Board the certificate of insurance or copy of the policy declaration page.
National Examination	Contact the National Board of Chiropractic Examiners and request that exam scores be sent directly to the Board.