



Bureau of Professional Licensing  
 PO Box 30670 • Lansing, MI 48909  
 Telephone: (517) 241-0199  
[www.michigan.gov/bpl](http://www.michigan.gov/bpl)  
[BPLHelp@michigan.gov](mailto:BPLHelp@michigan.gov)

**APPLICATION FOR A CHIROPRACTIC LICENSE**  
 Authority: 1978 PA 368  
**(This Form Should Not Be Used For License Renewal)**

**Print or Type Clearly**

Applicant's Legal Name (First, Middle, Last)		10-Digit MI Permanent ID/License Number <i>(If Applicable)</i>	
U.S. Social Security # <i>(New Applicants Only)</i>		Date of Birth <i>(New Applicants Only)</i>	
Address			
City	State	Zip Code	Country
Telephone Number		Email Address	

List any other name or alias by which you have ever been known, including maiden name, if applicable:  
 \_\_\_\_\_

If applying for Educational Limited License, enter start date: \_\_\_\_\_

CHECK THE LICENSE/OBTAINED BY METHOD		FOR OFFICE USE ONLY	
Chiropractic – By Endorsement	<b>\$129.75</b> 2301-09	License Number	Issue Date
Chiropractic – By Exam	<b>\$129.75</b> 2301-01		
Chiropractic – Relicensure	<b>\$149.75</b> 2301-06		
Educational Limited	<b>\$54.00</b> 2301-05		
Your check or money order, drawn from a U.S. financial institution and made payable to the <b>STATE OF MICHIGAN</b> , must accompany this request. <b>DO NOT SEND CASH.</b> Fees are non-refundable.			

LARA/BPL-CHIROAPP (5/21)

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability, or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Professional Education**  
(Attach additional sheets if necessary)

Name of School	Name of Degree Granted

**License(s) in Other State(s) and/or Country**

List each state or country where you have ever held a chiropractic profession license, the license or registration number, the date issued, how the license was obtained, and whether sanctions have ever been imposed against that license or registration. (Attach additional sheets if necessary.)

If you indicate there have been sanctions imposed against a license or registration, you must submit documentation that sanctions are not in force at the time of this application.

State/Country	Permanent License/Registration Number	Date of Issuance	How Obtained (Examination/Endorsement)	Have You Ever Had Sanctions Imposed Against this License/Registration?

**Good Moral Character Questions**

If you answer “yes” to either of the next two questions, you must submit a written explanation as to what took place including date(s) of occurrence(s), court documents, documentation which shows at the current time you have the ability to, and are likely to, serve the public in a fair, honest, and open manner, that you are rehabilitated, or that the substance of the former offense is not reasonably related to the occupation or profession for which you are seeking a license.

Answering “yes” to the following question may not automatically prevent you from obtaining a license. In evaluating your good moral character, the department will consider whether the substance of your former offense is reasonably related to the profession to which you are seeking a license. Also, please know that you may request a preliminary determination from the Department concerning whether any court judgments against you would likely result in a denial of a license for failing to meet the good moral character requirement. More information about requesting a preliminary determination can be found at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of two years or a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance?  Yes  No

Have you completed the one-time training for identifying victims of human trafficking pursuant to Section 16148 of the Public Health Code, 1978 PA 368 and of the administrative rules for your licensed profession?  Yes  No

## **Required Additional Documents:**

### **All Applicants**

- Upon review of your application, you will be mailed an Application Confirmation letter containing instructions to complete the Criminal Background Check (***except those applicants seeking relicensure, if the license expired within the last three years***).
- An applicant must demonstrate a working knowledge of the English language. Pursuant to Rule 338.7002b to demonstrate a working knowledge of the English language, the applicant must establish that he or she meets 1 of the following:
  - a) The applicant's health professional educational program was taught in English.
  - b) The applicant supplies transcripts establishing that he or she earned not less than 60 college level credits from an English-speaking undergraduate or graduate school.
  - c) The applicant obtained a passing score of 650 or higher on the Examination for the Certificate of Competency in English (ECCE) test developed by Michigan Language Assessment, as demonstrated by a certificate of competency or certificate of competency with honors.
  - d) The applicant obtained a passing score of 650 or higher on the Examination for the Certificate of Proficiency in English (ECPE) test developed by Michigan Language Assessment, as demonstrated by a certificate of proficiency or certificate of proficiency with honors.
  - e) The applicant obtained a total score of not less than 6.5 on the International English Language Testing System (IELTS) Academic test.
  - f) The applicant obtained a total score of not less than 55 on the Michigan English Test (MET) developed by Michigan Language Assessment.
  - g) The applicant obtained a total score of not less than 80 on the Test of English as a Foreign Language Internet-Based Test (TOEFL-IBT) administered by the Educational Testing Service.
- Human Trafficking –Individuals seeking licensure must have completed training in identifying victims of human trafficking that meets the standards in Administrative Rule 338.12031 prior to being issued a license. The training must only be completed one time.

### **Chiropractor License by Endorsement**

**Applicants for licensure by endorsement who have been licensed in another state of the United States for 5 years or more immediately preceding the date of application must submit the following:**

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license as a chiropractor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

**Applicants for licensure by endorsement who have been licensed in another state of the United States for less than 5 years immediately preceding the date of application must submit the following:**

- Certification of your examination scores submitted directly to this office from the examination agency. Contact the National Board of Chiropractic Examiners (NBCE) to have the results of Parts I, II, III and IV of the national board examination sent directly to this office. Contact the NBCE at 901 54<sup>th</sup> Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at [www.nbce.org](http://www.nbce.org).
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license as a chiropractor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

### **Chiropractor License by Exam**

- Official final transcripts confirming having received a degree in chiropractic submitted directly to this office from a chiropractic educational program accredited by the Council on Chiropractic Education.
- Certification of your examination scores submitted directly to this office from the examination agency. Contact the National Board of Chiropractic Examiners (NBCE) to have the results of Parts I, II, III and IV of the national board examination sent directly to this office. Contact the NBCE at 901 54<sup>th</sup> Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at [www.nbce.org](http://www.nbce.org).

- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license as a chiropractor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

**Educational Limited License (Non-renewable - issued for one 6-month period)**

The educational limited license is issued for one 6-month period and can be issued only for the purpose of supervised practice as part of your chiropractic education. If you have graduated from your chiropractic educational program, you are NOT eligible for this license.

- Certification of Chiropractic Education form AND official transcripts submitted to this office directly from your educational institution. You must have successfully completed at least 2 years of education in a college of arts and sciences AND at least 1 of the following: 2 years, or four semesters, or six-quarter terms in an approved chiropractic educational program accredited by the Council on Chiropractic Education.
- Supervision Confirmation Form. Forward the form to the supervisor of your education training for completion. It must be submitted directly to this office by your supervisor.

**Relicensure**

**Applicants for relicensure whose license has lapsed for less than 3 years preceding the date of application must complete the following:**

- Submit proof of completing 45 hours of board-approved continuing education within the three years immediately preceding the date of this application. At least 1 hour in pain and symptom management; 1 hour in sexual boundaries; 1 hour of ethics; 2 live, in-person, hours in physical measures; and 2 live, in-person, hours in the area of performing and ordering tests. Not more than 15 continuing education hours may be in board-approved distance learning programs.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license as a chiropractor. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending disciplinary action imposed.

**Applicants for relicensure whose license has lapsed for 3 years or more preceding the date of application must complete the following:**

- Submit proof of completing 45 hours of board-approved continuing education within the three years immediately preceding the date of this application which includes the following: 24 live, in-person, board-approved continuing education hours on chiropractic adjusting techniques. At least 1 hour in pain and symptom management; 1 hour in sexual boundaries; 1 hour of ethics; 2 live, in-person, hours in physical measures; and 2 live, in-person, hours in the area of performing and ordering tests. Not more than 15 continuing education hours may be in board-approved distance learning programs.
- Verification/certification of license to be submitted directly to this office by the licensing agency of any state of the United States in which you hold a current license or ever held a license to practice chiropractic. Verification includes, but is not limited to, showing proof of any disciplinary action taken or pending action imposed.
- Satisfy either of the following:
  - Submit verification that you have held a license to practice chiropractic in another state within 3 years immediately preceding the application for relicensure.

**OR**

- Have successfully passed the special purposes exam for chiropractic (SPEC) of the National Board of Chiropractic Examiners (NBCE). Provide certification of your passing examination scores submitted directly to this office from the examination agency. The applicant shall request written authorization from the Bureau of Professional Licensing (BPL) to take the exam and must pass the exam within 6 months after BPL issues an authorization to test. Contact the NBCE to have the results the examination sent directly to this office. Contact the NBCE at 901 54<sup>th</sup> Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at [www.nbce.org](http://www.nbce.org).

### **CERTIFICATION AND SIGNATURE**

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Federal Bureau of Investigation, Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization. I consent to the release of information regarding a disciplinary investigation conducted by a similar licensure, registration, or specialty licensure or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

I certify that the statements in this application are true and complete. I understand that any omitted statement, misrepresentation, or fraud may be cause for denial of my application, disciplinary action, or may be punishable by law. I further attest that I have a written policy for protecting, maintaining, and providing access to my medical records in accordance with Section 16213 of the Public Health Code, 1978 PA 368, MCL 333.16213, and for complying with Section 16213 in the event that I sell or close my practice, retire from practice, or otherwise cease to practice under Article 15 of the Public Health Code, 1978 PA 368, MCL 333.16101 to 333.18838.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date