



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

APPLICATION FOR A CHIROPRACTIC LICENSE
(This Form Should Not Be Used For License Renewal)

Authority: 1978 PA 368

Print or Type Clearly

Applicant's 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	
	License Number	Issue Date
Chiropractic – By Endorsement \$127.25 2301-09		
Chiropractic – By Exam \$127.25 2301-01		
Chiropractic – Relicensure \$147.25 2301-06		
Educational Limited \$ 53.00 2301-03		
Your check or money order, drawn from a U.S. financial institution and made payable to the STATE OF MICHIGAN , must accompany this request. DO NOT SEND CASH. Fees are non-refundable.		

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.

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

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***).

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 54th Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at 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 54th Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at 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 54th Avenue, Greeley, CO 80634 or (800) 964-6223 or on their website at 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