



Arkansas State Board of Chiropractic Examiners  
Application for Examination

Send form and related materials to:  
ASBCE  
101 E. Capitol, Ste.209  
Little Rock, AR 72201

1. Social Security Number: _____		
2. Last	First	Middle
3. Address: _____ County _____ City _____ State _____ Zip _____		
4. Home Phone: (____) _____	5. Business Phone: (____) _____	6. Fax: (____) _____
7. Date of Birth: /    /	8. Marital Status: M    S    D    W	9. Sex: F    M
10. Print name as you wish it to appear on license: (and/or Dr./ D.C.)		
11. Jurisdiction of current licensure and any other states you may have been licensed:		
12. Undergraduate College(s) attended:  Name _____ from: _____ to: _____ Degree: _____  Name _____ from: _____ to: _____ Degree: _____		
13. Chiropractic College(s) attended:  Name _____ from: _____ to: _____ Degree: _____  Name _____ from: _____ to: _____ Degree: _____		
14. Date of Chiropractic College graduation:		
15. National Board Certificate: Yes ___ No ___ Number _____		
16. Do you plan to submit the National Board of Chiropractic Examiners Part IV?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Have you ever been denied a license by any licensing authority?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. Have you ever been addicted to any chemical substance, including alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Have you ever had a malpractice action filed against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21. Have you ever been convicted or pardoned from a felony or criminal conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22. Do you currently have a pending criminal proceeding?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23. Have you ever voluntarily surrendered a professional license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Have you ever allowed a professional license to lapse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Have you ever had any disciplinary action brought against you by a state board or federal agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26. Do you currently have any disciplinary action filed by a state board or federal agency pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## Recommendation

Being personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ years, and recognizing the photograph attached hereto as one of the applicant, we, the undersigned, certify that

\_\_\_\_\_ is not addicted to intoxicants or drugs

and we recommend \_\_\_\_\_ to the Arkansas State Board of Chiropractic Examiners as a person of high moral character and worthy of professional recognition and confidence.

(Two Drs. of Chiropractic sign below)

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

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

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

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

License #: \_\_\_\_\_

License #: \_\_\_\_\_

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

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

## Affidavit of Notary Public

County of: \_\_\_\_\_

State of: \_\_\_\_\_

Before me personally appeared \_\_\_\_\_ of  
(Name of applicant)

lawful age, who signed this document of application and being by me duly sworn, on oath, states that all the statements in this application and attachments are true and correct to the best of their knowledge and belief.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Signed and sworn before me on this

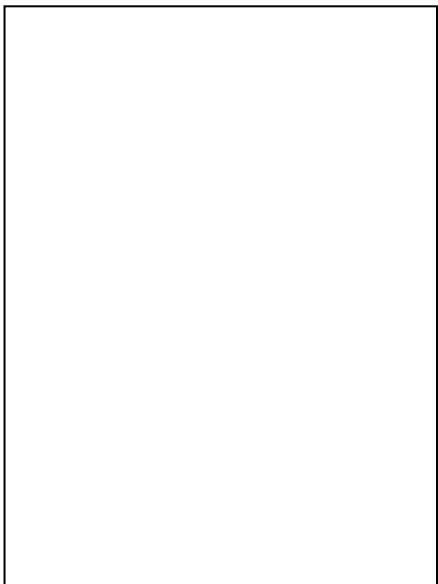
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

SEAL



**Chiropractic College Certificate**

*(This section to be mailed to and filled out by Chiropractic College representative.)*

State of \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, being duly sworn, depose and say: I am in possession and control

of the records of the student attendance of the \_\_\_\_\_,

(Name of school)

and said records disclose that \_\_\_\_\_, a resident of

(Name of applicant)

\_\_\_\_\_, entered this institution on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and

(State)

will / did graduate on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Circle one)

The classroom and laboratory instruction in subjects and hours attended and completed by

\_\_\_\_\_ are as follows:

(name of applicant)

Number of Physical Examinations \_\_\_\_\_

Number of Urinalysis \_\_\_\_\_

Number of CBC's \_\_\_\_\_

Number of Blood Chemistries \_\_\_\_\_

Number of X-ray examinations \_\_\_\_\_

Number of Patient Treatments \_\_\_\_\_

(including diagnostic, adjustive technique)

Patient Evaluations \_\_\_\_\_

Written interpretations of X-rays \_\_\_\_\_

Practical Clinical Experience Hour(s) \_\_\_\_\_

SEAL

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

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

Title: \_\_\_\_\_

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

## Out of State Certificate

*(This section to be sent to and filled out by a representative from your State Board.)*

To the Arkansas State Board of Chiropractic Examiners:

This is to certify that Dr. \_\_\_\_\_, was granted license number \_\_\_\_\_

after examination or reciprocity to practice chiropractic by the \_\_\_\_\_

State Board of Chiropractic Examiners on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

and that said license is still active and in good standing.

If applicant received license by reciprocity, please specify from which State Board: \_\_\_\_\_.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

Title: \_\_\_\_\_

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

SEAL

Certifying Statement

Practice Experience Applicants: Work History Synopsis

I have had a minimum of \_\_\_\_\_ years and/or \_\_\_\_\_ months with verifiable chiropractic practice experience. Complete, detailed information relative to this experience is as follows:

*I certify that I am the applicant whose photo appears on page 2 and mentioned in this application that all statements are true and correct to my knowledge and belief. I further certify that the photograph attached is a true likeness of myself. In addition, I certify that if granted a license to practice chiropractic in the State of Arkansas, by the State Board of Chiropractic Examiners: I do hereby agree to abide by the laws governing the practice of Chiropractic in this State, all Board Rules, Regulations and its Code of Ethics, no in force, or as may hereafter be adopted by said Board. By my signature below, I certify that I understand and shall abide by same.*

Signature of Applicant: \_\_\_\_\_

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

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



Arkansas State Board of Chiropractic Examiners  
Criminal Background Check Release

Send form and related materials to:  
ASBCE  
101 E. Capitol, Ste.209  
Little Rock, AR 72201

1. Social Security Number: _____	2. Driver's License #: _____	3. State DL Issued: _____
4. First _____ Middle _____ Last _____ Maiden/Other _____		
5. Address: _____ County _____ City _____ State _____ Zip _____		
6. Date of Birth: _____	7. State of Birth: _____	8. Race: _____
9. Sex: _____		
<p>10. I, _____, give my consent (print name) for the Arkansas State Board of Chiropractic Examiners to conduct a criminal record search on myself and allow the release of results to the Arkansas State Board of Chiropractic Examiners.</p> <p>_____ Signature</p> <p>_____ Date</p>		
<p>11. State of _____ County of _____</p> <p>Subscribed and sworn before me, a Notary Public, in and for the country and state aforesaid, this the _____ day of _____, 20_____.</p> <p>_____ Signature of Notary</p> <p>_____ Date</p> <p>My commission expires: _____</p> <p style="text-align: right;">NOTARY SEAL</p>		

Submit this completed, signed and notarized form, along with a copy of your driver's license and a check or money order in the amount of \$22.00 made payable to the Arkansas State Board of Chiropractic Examiners.

## Application Checklist

- \$150 application fee (Check or money order made payable to the ASBCE.)
- \$22.00 background check fee (Check or money order made payable to the ASBCE.)
- \$50 orientation fee (Can combine with application and background check fee for one check or money order for \$222 made payable to the ASBCE.)
- Copy of Chiropractic diploma, or date you will graduate \_\_\_\_\_
- Official Chiropractic transcript (Sent directly from college) to show 120 classroom hours of physiological therapeutics and not less than 4,400 fifty minute resident class hours or not less than 4 years of 9 academic months.
- Official Undergraduate transcript(s) (Sent directly from college)  
Applicant must have not less than a total of sixty (60) semester hour credits, of which a minimum of thirty (30) semester hour credits must be in science subjects such as biology, zoology, chemistry, math, or other like subjects, with no less than a "C" average.
- Official National Board Transcript (Sent directly from NBCE) to include scores for Part I, Part II, Part III (minimum score of 375), Part IV (optional, minimum score of 375), and Physiological Therapeutics
- Letter of recommendation (must be from a doctor of five years experience and printed on their letterhead)
- Criminal Background check (includes completed, signed, and notarized release form, a copy of your driver's license, and check or money order in the amount of \$22.00 made payable to the Arkansas State Board of Chiropractic Examiners, can be combined with other fees as listed above.)
- Verification of licensure in good standing from all other state(s) where you are licensed – if applicable.
- Jurisprudence exam – to be mailed to applicant upon receipt of completed application.

Incomplete applications are kept on file for one year. All application fees are non-refundable.

**All application materials, other than the National Board Part IV score, must be received by the Executive Director of the ASBCE with a postmark of no later than 45 days prior to the examination date. The National Board Part IV score must be in the hands of the Executive Director of the ASBCE with the postmark no later than 7 days before the examination date.**

**An approved applicant will be permitted to sit for this Board's examination provided the applicant's date of graduation from Chiropractic College precedes the date of the next regularly-scheduled examination by no more than six (6) months.**

**ACA 17-81-305 (d) – In lieu of the practical examination set out in Section 17-81-306, with the exception of subdivision (a) (1) (A) in that section, the applicant may present the board with evidence of passing the National Board Part IV with a minimum score of 375 which shall be accepted by the board as a passing grade.**

**For the Arkansas State practical exam, passed shall mean an overall average of all subjects of seventy five percent (75%) or greater with no subject grade falling below sixty percent (60%).**