



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF CHIROPRACTIC

TELEPHONE: (302) 744-4500
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WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR LICENSURE AS A CHIROPRACTOR INSTRUCTION SHEET

Requirements for All Applicants

- Submit completed, signed and notarized [application](#) to the Board office.
- Enclose [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive an official transcript sent *directly* from your chiropractic college. The college must be accredited and the transcript must show that you have earned a degree of Doctor of Chiropractic degree.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive verification of licensure from *each* jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- Arrange for the Board office to receive an official score report from the National Board of Chiropractic Examiners (NBCE) sent directly from NBCE to the Board office.
 - To request a score report, go to the [NBCE website](#).
 - For information on the score requirements, see the **Score Requirements** section below.
- Request a self-query from the National Practitioner and Healthcare Integrity and Protection Data Banks (NPDB/HIPDB) website at www.npdb-hipdb.hrsa.gov. The self-query report will be mailed to your address. When you receive the report, mail (do not fax) the **original report** to the Board office.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Score Requirement

The score requirement that you must meet depends on whether you hold a *current* license in a jurisdiction where the licensure requirements are *substantially similar* to those in Delaware. The following table shows which jurisdictions have substantially similar requirements and which do not:

SUBSTANTIALLY SIMILAR		NOT SUBSTANTIALLY SIMILAR	
Alaska	Missouri	Alabama	New York
California	Montana	Arizona	North Dakota
Connecticut	Nebraska	Arkansas	Ohio
Florida	Nevada	Colorado	Oregon
Hawaii	New Mexico	District of Columbia	Pennsylvania
Idaho	North Carolina	Georgia	Puerto Rico
Iowa	Oklahoma	Illinois	Rhode Island
Louisiana	South Dakota	Indiana	South Carolina
Maine	Tennessee	Kansas	Virginia
Maryland	Texas	Kentucky	Washington
Massachusetts	Utah	Michigan	West Virginia
Minnesota	Vermont	New Hampshire	Wisconsin
Mississippi	Wyoming	New Jersey	U.S. Virgin Islands

- If you are **not** currently licensed in any other jurisdiction **OR** if you are currently licensed in any jurisdiction with substantially similar licensure requirements, your NCBE score transcript must show that you passed all the parts of the National Examination.
- If you are licensed **only** in jurisdictions that do **not** have substantially similar licensure requirements, the score requirement depends on when you graduated as shown in this table.

IF you graduated...	THEN the score report must show that you passed these exam Parts:
On or after July 1, 1997	I, II, III, IV, and physiotherapy
After Jan. 31, 1991 but before July 31, 1997	I, II, III
Before Jan. 31, 1991	I, II, III or I, II, and Special Purpose Exam for Chiropractors (SPEC)

- If you do not meet the requirement in the table above, the Board may accept proof that you passed the examinations that were available at the time you graduated and were originally licensed.



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TYPE OF APPLICATION

1. Select the situation that applies to you:

- Examination – I do not hold a **current** Chiropractic license in any other jurisdiction.
 Reciprocity – I hold a **current** Chiropractic license in another jurisdiction.

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last/Family First Middle

3. Other Names Used: _____
(Include maiden, former married names and alternate spellings.)

4. Date of Birth (month/day/year): _____ Gender: Male Female

5. Have you been issued a U.S. Social Security Number? Yes No

- If **yes**, enter your SSN: _____
- If **no**, you must file a [Request for Exemption from Social Security Number Requirement](#).

6. Mailing Address: _____
City State Zip

7. Phone: _____ Email: _____
daytime evening or cell

EDUCATION

8. Enter the following information about the chiropractic college where you earned your degree:

Name: _____

Address: _____

Graduation Date: _____ Degree: _____

Arrange for the Board office to receive an official transcript sent *directly* from your chiropractic college.

EXAMINATION AND LICENSURE HISTORY

9. Check which Parts of the national examination you have passed:

- Part I Part II Part III Part IV SPEC Physiotherapy

Arrange for the Board office to receive an official score transcript from the National Board of Chiropractic Examiners (NBCE) sent directly from NBCE to the Board office.

10. Have you **ever** held a license to practice chiropractic in another jurisdiction (state, U.S. territory or District of Columbia)? Yes No If yes, List *each* jurisdiction where you have *ever* held, a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent *directly* to the Board office from *each* jurisdiction listed.

11. Enter your state of original licensure: _____ Date of original licensure: _____

12. Are you now or have you ever been licensed in any other health care profession? Yes No If yes, List *each* jurisdiction where you have *ever* held, a healthcare license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes No **If yes, submit a certified copy of your criminal history record.**
14. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**
15. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**
16. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes No **If yes, enclose a statement explaining fully. Include any relevant documents.**

Request a self-query from the National Practitioner and Healthcare Integrity and Protection Data Banks (NPDB/HIPDB). When you receive the report, mail the *original report* to the Board office.

DUTY TO REPORT

17. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 *Del. C.* §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow four weeks to receive your license.

AFFIDAVIT

I do hereby certify the statements and answers provided on this application are true and correct to the best of my knowledge and belief and understand that any untrue statement made herein shall render void any license issued through this application.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.