



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

STATE OF DELAWARE  
**BOARD OF CHIROPRACTIC**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR LICENSURE AS A CHIROPRACTOR INSTRUCTION SHEET

### Requirements for All Applicants

- Submit a completed, signed and notarized [Application for Licensure as a Chiropractor](#).
- Enclose the non-refundable [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.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
- 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 a verification of licensure from *each* jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- If examinations were available when you graduated from chiropractic college, 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 [Send Scores to a State Board](#) on the NBCE website.
  - For information on the score requirements you must meet, see the **Score Requirements** section below.
- If **no** examinations were available when you graduated from a chiropractic college, arrange for the Board office to receive a *Verification of Chiropractic Practice* form(s) (included with this application) verifying that you actively practiced in another jurisdiction for the five years before filing this application.
  - A licensed chiropractor or other professional peer must complete the form, sign it in front of a notary and submit it *directly* to the Board office.
  - Do *not* submit this form if examinations were available when you graduated.
- Request a self-query from the [National Practition Data Bank \(NPDB\)](#). 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 Requirements

Unless **no** examinations were available when you graduated from a school of chiropractic, you must meet one of the following score requirements:

- If you do **not** hold a **current** license in any other jurisdiction, your NCBE score transcript must show that you passed all the parts of the National Examination.

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

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

- 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 currently licensed **only** in jurisdictions that do **not** have substantially similar licensure requirements, the score requirement depends on when you graduated from an accredited or Board-approved chiropractic college, as shown in this table.

| IF you graduated...                          | THEN the NBCE score transcript 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 based on your graduation date in the table above, submit proof of passing the examinations that were available at the time that you graduated and applied for original licensure.



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## APPLICATION FOR LICENSURE AS A CHIROPRACTOR

### 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: None  \_\_\_\_\_  
(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: None  \_\_\_\_\_  
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 HISTORY**

9. Check the statement that applies to you:

I have passed the following National Board of Chiropractic Examiners (NBCE) exams. After checking all exams you have passed, skip to the **LICENSURE HISTORY** section:

- Part I     Part II     Part III     Part IV     SPEC     Physiotherapy

**Arrange for the Board office to receive an official score transcript from sent directly from NBCE to the Board office. Refer to the Instruction Sheet for information on the score requirement you must meet.**

I passed other examinations that were available at the time that I graduated from chiropractic college and applied for original licensure. Skip to the **LICENSURE HISTORY** section.

**Submit proof of passing these examinations.**

**No** examinations were available when I graduated from chiropractic college. Continue to the next question.

10. Have you actively practiced in another jurisdiction for the five years before filing this application? Yes  No  **If yes, arrange for the Board office to receive a *Verification of Chiropractic Practice* form(s).**

**LICENSURE HISTORY**

11. 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. 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, submit a statement explaining fully. Include any relevant documents.**

14. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes  No  **If yes, submit a statement explaining fully. Include any relevant documents.**

15. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes  No  **If yes, submit a statement explaining fully. Include any relevant documents.**

**Request a self-query from the National Practitioner Data Bank (NPDB). When you receive the report, mail the original report to the Board office.**

**DUTY TO REPORT**

16. 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

17. 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 12 months of filing may be considered abandoned and discarded. 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 \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

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

# Instructions for Requesting a Criminal Background Check

**Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.**

## Applicant Notification

Your fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI). You have the opportunity to challenge the accuracy of the information contained in the FBI identification record. See [Title 28, CFR 16.34](#) for the procedure to obtain a change, correction or update in the FBI record.

## Locations

### **Kent County – Primary Facility**

State Bureau of Identification  
Blue Hen Mall & Corporate Center  
655 S. Bay Rd. Suite 1B  
Dover, DE 19901

**Walk-ins accepted:** Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm  
Customer Service: (302) 739-2134

### **New Castle County - Satellite Facility**

State Police Troop Two  
100 LaGrange Ave  
Newark, DE 19702  
(between Rts. 72 and 896 on Rt. 40)

#### ***By appointment only***

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

### **Sussex County – Satellite Facility**

Thurman Adams State Service Center  
546 S. Bedford Street, Rm. 202  
Georgetown DE 19947  
(across from DeIDOT & Troop 4)

#### ***By appointment only***

Scheduling: (302) 739-2528 (local)  
(800) 464-4357 (toll free)

## Applicants in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$65.00, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

## Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the FBI website at [www.fbi.gov](http://www.fbi.gov) – click *Services*, then *Identity History Summary Checks*, then scroll down to Option 1, Step 2, and click the link for *standard fingerprint form (FD-258)*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$65.00 made payable to “Delaware State Police” to:

**Delaware State Police  
State Bureau of Identification (SBI)  
PO Box 430  
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.**

**DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

**⇒ ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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**AUTHORIZATION FOR RELEASE OF INFORMATION**  
**CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS**

*Please print or type all information in black ink.*

**Check the type of license for which you are applying:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult Entertainment   | <input type="checkbox"/> Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)                              | <input type="checkbox"/> Physical Therapy/Athletic Trainer                             |
| <input type="checkbox"/> Charitable Gaming Vendor  | <input type="checkbox"/> Nursing (RN, LPN, APRN)   | <input type="checkbox"/> Podiatry  |
| <input type="checkbox"/> Chiropractic  | <input type="checkbox"/> Nursing Home Administrator  | <input type="checkbox"/> Psychology  |
| <input type="checkbox"/> Dental  | <input type="checkbox"/> Occupational Therapy  | <input type="checkbox"/> Real Estate Appraiser (includes Appraisal Management Company) |
| <input type="checkbox"/> Funeral   | <input type="checkbox"/> Optometry   | <input type="checkbox"/> Speech/Hearing  |
| <input type="checkbox"/> Massage   | <input type="checkbox"/> Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy) | <input type="checkbox"/> Social Work   |
| <input type="checkbox"/> Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Eastern Medicine Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM)) |  | <input type="checkbox"/> Texas Hold'em Individual                                      |

**Print your current full name:**

|           |            |                |                         |
|-----------|------------|----------------|-------------------------|
| _____     | _____      | _____          | _____                   |
| Last Name | First Name | Middle Initial | Suffix (e.g., Jr., Sr.) |

**Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

**SIGNATURE OF PERSON PRINTED:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

**Mail the results of my criminal history request to:**

**Division of Professional Regulation**  
**861 Silver Lake Boulevard, Suite 203**  
**Dover DE 19904**  
**SLC D420A**

**USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.**



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## VERIFICATION OF CHIROPRACTIC PRACTICE

### INSTRUCTIONS

The applicant named below has filed an application for Delaware Chiropractic licensure. The purpose of this form is to verify that the applicant actively practiced as a chiropractor in another jurisdiction for the five years before filing his/her Delaware application. The form is required **only if no examinations were available** when the applicant graduated from chiropractic college.

### APPLICANT INFORMATION – To be completed by applicant

1. Applicant Name: \_\_\_\_\_  
Last/Family First Middle

### INFORMATION ABOUT LICENSED PROFESSIONAL PEER – To be completed by licensed professional peer.

2. Your Name: \_\_\_\_\_  
Last/Family First Middle

3. Enter the following information about your license:

Type of License:  Chiropractor  Other – specify: \_\_\_\_\_

License Number: \_\_\_\_\_ Jurisdiction: \_\_\_\_\_

### VERIFICATION OF PRACTICE – To be completed by licensed professional peer.

4. Enter the following information about the practice where the applicant actively practiced as a chiropractor:

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

Practice Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

5. When did the applicant practice at the practice above? From: \_\_\_\_\_ To: \_\_\_\_\_ Total: \_\_\_\_\_  
month/day/year month/day/year

### AFFIDAVIT

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

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

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**Mail the completed, signed, notarized form *directly* to Board at the address above.  
Forms submitted by the applicant cannot be accepted.**