



# APPLICATION TO REQUEST EVALUATION OF CRIMINAL HISTORY

Texas Board of Chiropractic Examiners

333 Guadalupe Street

Tower 3, Suite 825

Austin, TX 78701

Phone: (512) 305-6700

Website: www.tbce.state.tx.us

## INSTRUCTIONS

- If you can answer “**NO**” to **ALL** of the questions asked in the Criminal History section of this application you **DO NOT** need to complete this application.
- This application should be submitted to determine if your criminal history will allow you to be eligible for licensure as a chiropractor or registration as a chiropractic facility owner in Texas.
- If you can answer “**YES**” to **ANY** question asked in the Criminal History section of this application:
  - Mail this application to the Board at the address listed above.
  - Send your non-refundable **\$150** cashier’s check or money order made payable to the Texas Board of Chiropractic Examiners.
- Incomplete application packages will be returned to the applicant.
- Texas law allows the agency 90 days to evaluate your materials. However, you will receive a response as quickly as possible.

## DISCLOSURE OF CRIMINAL HISTORY OR DISCIPLINARY ACTIONS

- The TBCE has determined that criminal behavior is highly relevant to an individual’s fitness to practice chiropractic or own a chiropractic facility. Therefore, all criminal convictions or deferred orders, prosecution, or adjudication (a determination by a court that is withheld or delayed for a specific time period) must be reported to the Board.
- This includes offenses under the law of another state, federal law, or the Uniform Code of Military Justice that contains elements of criminal conduct. Submit a signed and dated personal letter of explanation describing each offense and any rehabilitative efforts that have been performed since the order. In addition, submit certified copies of the following documentation for all felonies and for all misdemeanors:
  1. Charges (indictment, information, or complaint);
  2. Disposition of charges (Judgment, Order of Probation, Sentence, and/or Deferred orders); and
  3. Evidence that the conditions of the court have been met.

## CHECKLIST

Use this checklist to ensure you submit a complete application package.

- \_\_\_\_\_ Have you provided your Full Name, Address, Phone Number, Social Security Number and Date of Birth?
- \_\_\_\_\_ Have you indicated whether you are seeking an evaluation for eligibility as a chiropractor or chiropractic facility owner?
- \_\_\_\_\_ Have you prepared and signed a personal letter, addressed to the Board, explaining the details of each offense? (Please be advised that if you withhold the details of any criminal history your application for licensure or registration will not be approved.)
- \_\_\_\_\_ Are you submitting certified copies of all applicable court documents including, but not limited to, indictments, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation.
- \_\_\_\_\_ Have you enclosed the non-refundable fee of \$150 (cashier’s check or money order) made payable to the Texas Board of Chiropractic Examiners?

## FREQUENTLY ASKED QUESTIONS

**If I do not have a criminal history do I need to complete this application?** No. (You may exclude Class C Misdemeanor traffic violations)

**What does “Certified” mean?** Each page of every document submitted must be stamped with the court seal and certified by the court clerk as being a true and original copy of the court record. Copies or non-certified documents will not be accepted.

**How do I get my copy of court documents certified?** Contact the county clerk where your case was adjudicated and ask for instructions on how to obtain a copy of your record(s). Allow time for response to your request as some records go through a search and approval procedure before being released.

**My lawyer has all the documents. Can I get them from her/him?** Contact your attorney for assistance. Copies will still need to be certified by the court clerk as being true and original copies.

**I don’t know the outcome of my criminal matter. Who do I talk to?** Consult your attorney if you have questions regarding the outcome of any criminal matter.

**Where can I obtain a copy of my criminal history?** A criminal history can be obtained from the Texas Department of Public Safety.

**What Law applies to the Consequences of a Criminal Conviction?** Texas Occupations Code Chapter 53 (Consequences of a Criminal Conviction), Subchapter B (Ineligibility for License); and Texas Occupations Code Chapter 201 (Chiropractors), Subchapter K (Disciplinary Procedures).



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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Previous Names: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

**I request a evaluation of my criminal history to determine if I will be eligible for: (✓ Check One)**

\_\_\_\_\_ Licensed Chiropractor

\_\_\_\_\_ Registered Chiropractic Facility Owner

## CRIMINAL HISTORY

**If you answer "YES" to ANY of the questions listed below** you must provide a signed and dated personal letter describing each offense and submit **certified** copies of all applicable court documents including, but not limited to, indictments, orders of deferred adjudication, judgments, probation records, and evidence of completion of probation. **(Note: You may exclude Class C Misdemeanor traffic violations)**

If you were ever required to register as a sex offender, you must answer "YES".

**If you answer "NO" to ALL of the questions listed below do NOT** complete this application.

**For any criminal offense, including those pending appeal, have you:**

- Yes  No A. been convicted of a misdemeanor?
- Yes  No B. been convicted of a felony?
- Yes  No C. pled nolo contendere, no contest, or guilty to a felony or misdemeanor?
- Yes  No D. received deferred adjudication for a felony or misdemeanor?
- Yes  No E. been placed on community supervision or court-ordered probation, whether or not adjudicated guilty?
- Yes  No F. been sentenced to serve jail time or prison time or court-ordered confinement?
- Yes  No G. been granted pre-trial diversion?
- Yes  No H. been arrested or have any pending criminal charges?
- Yes  No I. been cited or charged with any violation of the law?
- Yes  No J. been subject of a court-martial; Article 15 violation; or received any form of military judgment, punishment or action?

**NOTE: EXPUNGED AND SEALED OFFENSES:** While expunged or sealed offenses, arrests, tickets, or citations need not be disclosed, it is your responsibility to ensure the offense, arrest, ticket or citation has, in fact, been expunged or sealed. It is recommended that you submit a copy of the Court Order expunging or sealing the record in question to our office with your application. Failure to reveal an offense, arrest, ticket, or citation that is not in fact expunged or sealed, will at a minimum, subject your license to a disciplinary fine. Non-disclosure of relevant offenses raises questions related to truthfulness and character.

**NOTE: ORDERS OF NON-DISCLOSURE:** Pursuant to Tex. Gov't Code § 552.142(b), if you have criminal matters that are subject to an order of non-disclosure you are not required to reveal those criminal matters on this form. However, a criminal matter that is subject of an order of non-disclosure may become a character and fitness issue. Pursuant to other sections of the Gov't Code chapter 411, the Texas Board of Chiropractic Examiners is entitled to access criminal history record information that is the subject of an order of non-disclosure. If the Board discovers a criminal matter that is the subject of an order of non-disclosure, even if you properly did not reveal that matter, the Board may require you to provide information about any conduct that raises issues of character.

## ATTESTATION

I, the Petitioner referred in this application, acknowledge this document is a legal document and I attest that the statements herein contained are true in every respect. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand that it is a violation of the Penal Code, Sec 37.10, to submit a false statement to a government agency; and

I consent to release of confidential information to the Texas Board of Chiropractic Examiners and further authorize the Board to use and to release said information as needed for the evaluation and disposition of my application.

I understand that if I have any questions regarding this affidavit I should contact an attorney or the appropriate professional health provider.

I will immediately notify the Board if at any time after signing this affidavit I no longer meet the eligibility requirements.

Applicant's Signature \_\_\_\_\_

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

# INSTRUCTIONS FOR FINGERPRINTING FOR CRIMINAL BACKGROUND CHECKS

## **REQUIRED FINGERPRINTING PROCESSING PROCEDURE FOR TEXAS APPLICANTS**

Fingerprint Applicant Service of Texas (FAST) is a TX Department of Public Safety program that provides electronic capture and submission of your fingerprints. This is the fastest and highest quality option available. Complete the Applicant Information Section of the FAST form included in this application package. Then contact the FAST vendor, Morpho Trust, at 1-888-467-2080 or visit <http://www.identogo.com> to schedule an appointment. The vendor will collect the \$41.45 processing fee.

**DO NOT send a separate check for \$41.45 to T.B.C.E. when you are using FAST.**

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## **OUT-OF-STATE APPLICANTS ONLY**

Please send an e-mail to [Sarah@tbce.state.tx.us](mailto:Sarah@tbce.state.tx.us) requesting that a fingerprint card be mailed to you. Please do not call the Board as your request must be made in writing. Be sure to provide your name and current mailing address. Once you have received the card, please follow the instructions below \*

**Please PRINT or type in BLACK INK & Complete ONLY the following:**

Last Name, First Name, and Middle Name  
Signature of Person Fingerprinted  
Aliases  
Date of Birth  
Residence of Person Fingerprinted  
Citizenship (example: US)  
Sex, Race, Height, Weight, Eye Color, Hair Color  
Place of Birth (City & State/Country)  
Date  
Signature of Official Taking Fingerprints  
Your employer's name and address  
Social Security Number

**DO NOT COMPLETE:** Your No., FBI No, Armed Forces No, Miscellaneous No, or Reason Fingerprinted.

\* Take the completed fingerprint card to your nearest Law Enforcement Agency. Be prepared to pay a fee for having the fingerprint card executed, as some law enforcement agencies do charge a fee. The fingerprints must be taken by appropriately trained law enforcement official. The fingerprint card must also be signed by a law enforcement official in the appropriate block. **After your fingerprints have been taken, please return the card to Morpho Trust with a \$41.45 processing fee, or pay online when you pre-register.**

Please be advised that if your fingerprint card is rejected, you will be notified in writing, and the processing of your application will be delayed by approximately 30 days.



