



# Texas Board of Chiropractic Examiners

333 Guadalupe, Tower III, Suite 825  
Austin, Texas 78701

Office: (512) 305-6700 Fax: (512) 305-6705

Web address: [www.tbce.state.tx.us](http://www.tbce.state.tx.us) E-mail: [tbce@tbce.state.tx.us](mailto:tbce@tbce.state.tx.us)

## INSTRUCTIONS FOR APPLICATION FOR TEMPORARY FACULTY LICENSE

1. **Application To Be Submitted by Sponsoring School:** Texas Occupations Code Chapter 201 and 22 Texas Administrative Code §72.11 require that an application for a Temporary Faculty License be submitted by the sponsoring school (Texas Chiropractic College or Parker College of Chiropractic) and be signed by either the dean or the president of the sponsoring school. Applications should be mailed to:

Director of Licensure  
Texas Board of Chiropractic Examiners (Board)  
333 Guadalupe, Suite 3-825  
Austin, TX 78701

2. **Applicant to Fill Out Form and sign the Oath:**

The person who is the applicant should fill out the application form and give it to the chiropractic college administration for them to review, sign and submit to the Board. The applicant must also sign the oath of page 3 of the application.

3. **Fee Required:** This application must be accompanied by a payment of \$75 (US) in the form of either a cashier's check, a money order (from the applicant) or a business check (from the sponsoring school).

4. **Letters of Good Standing Required:**

The applicant shall contact all states in which the applicant is currently licensed or has been licensed as a DC within the past three years and ask that state to provide a letter of good standing (Certification of License) to the Board. (A copy of the form is attached.) The purpose of submitting this form is to verify that the applicant has no disciplinary or probationary actions against their current license. The letters of good standing may be submitted after the initial application is submitted and must be mailed by the verifying state agency directly to the Board. The applicant should NOT include the letters of good standing with their application to the Board.

5. **Letter From Previous Chiropractic College Employer:**

If the applicant has worked as a faculty member for a CCE approved chiropractic college for the past three years, then the applicant must have the college submit a

letter on school letterhead to the Board stating the dates during which the applicant worked as a faculty member for the college and the positions held. The letter must be signed by the dean or president of the college.

**6. Authorization to Take the Jurisprudence Examination**

All applicants for a Temporary Faculty License must pass, with a score of 75 or better, the Board's jurisprudence examination. The exam is given by the Board through our website at [www.tbce.state.tx.us](http://www.tbce.state.tx.us), under the tab, "Jurisprudence Exam." After the applicants' application is complete, the Board's License & Permit Specialist will authorize the applicant to take the exam. There is a fee of \$150.00 that is payable to the Board through the exam portal. The jurisprudence examination covers both Texas Occupations Code Chapter 201 and Board rules. Copies of the statute and Board rules may be found at [www.tbce.state.tx.us](http://www.tbce.state.tx.us), under the tab, "Laws and Rules."

**7. Whom to Contact With Questions and For Assistance**

For all questions and assistance related to the process of obtaining a Temporary Faculty License, please contact:

Director of Licensure  
Texas Board of Chiropractic Examiners  
333 Guadalupe, Suite 3-825  
Austin, Texas 78701

Office Phone: 512-305-6707  
E-Mail: [licensing@tbce.state.tx.us](mailto:licensing@tbce.state.tx.us)



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## CERTIFICATION OF LICENSE (English only)

Applicable ONLY if you hold or have ever held a license in another state or country

**APPLICANT:** Please complete the top portion of this request and forward it to the licensing board of every state or country in which you have ever held a license to practice chiropractic. *(This form may be copied).*

Name as it appears on license: \_\_\_\_\_

Address \_\_\_\_\_  
Street number City State Zip

Date of Birth: \_\_\_\_\_ License Number: \_\_\_\_\_

**LICENSING BOARD:** To assist the Texas Board of Chiropractic Examiners with evaluating the above D.C.'s application, we would appreciate your completion of the following:

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

State: \_\_\_\_\_ Status: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Expiration \_\_\_\_\_

Has the license ever been subject to discipline, suspension or revocation?  Yes  No

IF YES, please explain:

\_\_\_\_\_

What was the basis for granting the applicant's license in your state or country? *(Please check one)*

Examination

Reciprocity

Other

IF OTHER, please explain:

\_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title



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## APPLICATION FOR TEMPORARY FACULTY LICENSE

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2. **Fee Required:** This application must be accompanied by a payment of \$75 (US) in the form of either a cashier's check, a money order (from the applicant) or a business check (from the sponsoring the school).

3. Name of Sponsoring Chiropractic College (circle one): A.

Parker College of Chiropractic

B. Texas Chiropractic College

4. **Applicant Information:**

A. Full Name: \_\_\_\_\_ B.

Maiden Name (if applicable): \_\_\_\_\_ C. Social

Security Number: \_\_\_\_\_

D. Current Mailing Address:

1. Street: \_\_\_\_\_

2. City: \_\_\_\_\_

3. Zip: \_\_\_\_\_

4. Home Phone: \_\_\_\_\_

5. Cell Phone: \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

7. Driver's License: State: \_\_\_\_\_ DL#: \_\_\_\_\_

**5. Chiropractic Education and Licensing**

A. Name of Chiropractic College from which you earned a DC degree:

\_\_\_\_\_

B. Date of Graduation: \_\_\_\_\_

C. List all states or Canada in which you hold a current DC license or have held a DC license within the past three (3) years:

State or Canada in Which You Held or Currently Hold a DC License	Date of Original License	Current Status of License	Any Disciplinary or Probationary Actions Taken Against This License? **

\*\* Disciplinary actions must be disclosed. D.

**Chiropractic Faculty Experience**

List all DC college faculty positions you current hold or have held in the past three (3) years.

Name of College	Position Held	Beginning Date	Ending Date

**6. Faculty Position Being Applied For:**

A. Name (Title) of Faculty Position: \_\_\_\_\_

B. Is this position Full Time or Part Time? (circle one)

C. If this position is Part Time:

1. Are you on active duty in the United States armed forces? YES or NO  
(circle one)

2. If Yes on C-1 (above) would your being hired for the position above fulfill a "critical need for the citizens of Texas"? YES or NO. If yes, the applying school should attach an explanation of what critical need would be fulfilled.

**7. Oath**

The applicant MUST sign the following oath:

**TEMPORARY FACULTY LICENSE OATH**

"I, (please print name) \_\_\_\_\_ ,

affirm that I have read and that I am familiar with Texas Occupations Code Chapter 201 and 22 Texas Administrative Code §72.11. I affirm that I will abide by the requirements of the law and the Board's rules while practicing under this temporary faculty license. I acknowledge that this license grants me a limited privilege to practice chiropractic in Texas and that while practicing under this license I will be subject to the oversight and disciplinary authority of the Board and my sponsoring chiropractic school."

Signed: \_\_\_\_\_

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

**8. Required Signatures**

A. Applicant sign here: \_\_\_\_\_

B. School Dean or President sign here: \_\_\_\_\_

**Print:**

School Official Name and Title: Name: \_\_\_\_\_

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