Texas Board of Chiropractic Examiners (TBCE)
333 Guadalupe, Tower III, Suite 825
Austin, Texas 78701
(512) 305-6700
(512) 305-6705 Fax

Dear Texas Applicant:

Enclosed are the instructions and materials needed to apply for the jurisprudence examination given by the Texas Board of Chiropractic Examiners (Board). Once the completed application and supporting materials have been received, it may take up to 30 days to process the application, not including the fingerprint card processing time. Applications and transcripts are held for up to two years from the date received by the Board. You will be required to re-apply if your application is more than two years old.

The application processing fee of $200 can be paid to the Board online at https://apps.portal.texas.gov/feepaylite/tx/tbce/feepayment/order/start or by cashier's check or money order. After submission of your payment you can fax or email your completed application to 512-305-6705 or licensing@tbce.state.tx.us. ALL FEES ARE NON-REFUNDABLE. Your application will not be processed unless the required fees and all supporting documents are received. Outdated or incomplete forms with improper fees will be returned to the applicant, which will delay the processing time.

IMPORTANT NOTE: DO NOT HAVE ANY DOCUMENTATION SENT TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION AND FEES. ALL DOCUMENTS RECEIVED PRIOR TO RECEIVING YOUR APPLICATION WILL NOT BE KEPT AND YOU WILL BE REQUIRED TO RESUBMIT THEM.

State law requires that all applicants submit to a criminal background check. Once you apply, the instructions for completing the background check will be emailed to you.

Failure to list all convictions may result in your being denied the opportunity to sit for the Texas jurisprudence exam. An arrest record or a conviction of crime does not preclude acceptance of an applicant. However, if additional information or further inquiry is deemed necessary, there will be a delay in receiving approval to sit for the jurisprudence exam. The Board can reject an application based on our determination as to the applicant's moral character. All questions on the application must be answered completely and honestly. Any application which is falsified will be returned and must be resubmitted with a notarized affidavit to the Board explaining why your original application was falsified.

REQUIRED DOCUMENTATION:

- ✓ Official copy of your national board scores *must be sent directly to the Board from the National Board of Chiropractic Examiners (NBCE)*.
- ✓ Official copies of all undergraduate transcripts and chiropractic college transcripts *must be sent directly to the Board from the colleges*.
- ✓ Transcripts confirming that you have received (90) or more fully accredited semester hours of college/university courses, with a "C-" grade or better. *If you entered chiropractic school prior to September 1, 2005, you would only need to have 60 hours to meet this requirement*
- ✓ Certification of License or Letter of good standing from every state licensing board where you currently hold or have ever held a license
- ✓ Copy of your chiropractic diploma
- ✓ One (2”x 2”) passport style photo attached to the front page of your application

After a thorough review and evaluation of your application, transcripts, and associated documents, you will receive written notification of your status. Only those applicants meeting all criteria will be eligible to sit for the Texas jurisprudence exam. You will receive a letter of eligibility once your application is complete. Applicants who do not meet the criteria will be notified by mail of their deficiencies.

Upon receiving your letter of eligibility, you may schedule your exam on our website at www.tbce.state.tx.us, under the tab labeled “Jurisprudence Exam”. A testing fee of $150 will be required to sit for the exam.

When taking the Texas jurisprudence exam, you will be tested over the current statutes (*Texas Occupations Code Chapter 201*) and Board rules (22 *Texas Administrative Code Chapters 71 - 82*). The statutes and rules may be accessed at http://www.tbce.state.tx.us.

IMPORTANT NOTE: As the statutes and rules are periodically revised, please review them carefully prior to scheduling your exam.

Should you have any further questions about this application, please do not hesitate to contact me.

Sincerely,

Licensing Department

TEXAS BOARD OF CHIROPRACTIC EXAMINERS
Instructions and License Application

1. **ALL FEES CAN BE PAID ONLINE OR MONEY ORDER/CASHIER'S CHECK. ALL FEES ARE NON-REFUNDABLE.** Please submit the following fees:

    1. $200 application processing fee made payable to the Texas Board of Chiropractic Examiners

    CRIMINAL BACKGROUND INVESTIGATION:
    Texas applicants are <u>REQUIRED</u> to have their fingerprints processed at Morpho Trust. Morpho Trust will collect the fingerprint fees and transmit your prints to the Department of Public Safety and the FBI. Once the investigation has been completed, the results will be sent directly to the Board.

    <u>If you reside outside of Texas and have mailed your application to be processed</u>, please send an email to **licensing@tbce.state.tx.us** requesting that a fingerprint card be mailed to you. Upon receiving the card, pre-register and pay; then take it to a local police station and have your prints taken. Return the completed fingerprint card to Morpho Trust.

2. Must have taken and passed parts I-IV and physiotherapy administered by the National Board of Chiropractic Examiners (NBCE). You must take and pass all parts of the national boards by a grade of 375 or better before you can become eligible to sit for the jurisprudence exam.

3. Must have taken and passed with a "C-" grade or better at least 90 fully accredited hours of undergraduate college or university studies other than those hours received at a chiropractic college.

4. Must have official undergraduate transcripts sent directly to the Board from <u>ALL</u> undergraduate colleges attended.

5. Must have official chiropractic college transcript sent directly to the Board from your chiropractic college.

6. Must submit a copy of your chiropractic college diploma.

7. One (*2"x 2"*) passport style photo attached to the front page of your application.

8. Completed background check. Please see the back page of this application for all instructions.

9. Must have a letter of good standing from <u>ALL</u> states or foreign countries where you have ever held a chiropractic license.

PLEASE READ THE APPLICATION VERY CAREFULLY BEFORE SUBMITTING AS IT WILL BE RETURNED IF NOT PROPERLY COMPLETED. THE BOARD ASSUMES NO RESPONSIBILITY FOR DELAYS IN PROCESSING YOUR APPLICATION IF YOUR APPLICATION HAS TO BE RETURNED. PLEASE DO NOT INCLUDE THE INSTRUCTIONS WITH YOUR APPLICATION.

FOR OFFICIAL USE ONLY		
Amount	Received:	$
CC:	or	MO:
Date Received: _____/_____/_____		

Passport Style Photo

Please glue or tape here.
No staples.

An un-touched photo showing head and shoulders front.

TEXAS BOARD OF CHIROPRACTIC EXAMINERS
Application for New License

Each applicant must answer all questions completely. Insufficient answers will cause the application to be rejected.

1. **First Name _____ Middle _____ Last Name _____**

   Maiden or other names: _____

2. Home Address (*No PO Box*): _____

   City: _____State: _____Zip Code: _____

   Telephone Number: (____) _____how long at above address? _____

   Cell Number: (____) _____E-mail address: _____

   Fax Number: (____) _____

3. Permanent Address (if different from above): _____

   City: _____State: _____Zip Code: _____

   Permanent Telephone Number: (_____) _____

4. Social Security Number: _____

5. Date and place of your birth: _____/____/_____ _____ _____
   City State

6. If foreign born, give date of entry, immigration to this country, and date and place of naturalization:
   _____

7. Driver's License Number: _____ State: _____

8. List the names and locations of all academic colleges and universities attended, dates of graduation, and degrees awarded. **<u>List in order of attendance</u> (*earliest to latest*).**
Use only line per college. High school transcripts not required.

Name of College or University	Dates Attended	Degrees Awarded

Please attach a supplemental sheet for additional schools.

9. Exact name of Chiropractic College: _____

Exact date of entry (*dd/mm/yyyy*): _____

Exact graduation date on diploma: (*dd/mm/yyyy*): _____

10. Under what name did you graduate? _____

11. Do you currently hold or have you in the past held a license in another state(s) ☐ **Yes** ☐ **No**

List ALL states/countries ever licensed in: _____

12. **IF YES**, you will be required to have the state board(s) send an official Certification of Licensure or letter of good standing directly to the Board. (*Form attached*). You must send this form to each state board where you currently or once held a license.

13. Are your licenses in full force? ☐ **Yes** ☐ **No** *Suspended?* ☐ **Yes** ☐ **No**

Cancelled? ☐ **Yes** ☐ **No** *Voluntarily Dropped?* ☐ **Yes** ☐ **NO** *Revoked?* ☐ **Yes** ☐ **No**

14. How long has the above license(s) been in force and effect? _____

15. Are there pending complaints against you in any other state(s)? ☐ **Yes** ☐ **No**

16. Are you a military service member? ☐ **Yes** ☐ **No**

17. Are you a military veteran? ☐ **Yes** ☐ **No**

FAILURE TO LIST A CONVICTION WILL RESULT IN YOUR APPLICATION BEING DENIED.

18. Have you ever been **convicted of a felony or misdemeanor**, other than a traffic violation?
    ☐ **Yes** ☐ **No** ☐ **Felony** ☐ **Misdemeanor**

    IF YES, you will receive a questionnaire and a copy of 22 Texas Administrative Code §72.18 (Criminal History). You will be required to submit certain documentation and receive Board approval to sit for the Texas jurisprudence exam. The Board meets quarterly each year and your application must be complete a minimum of 30 days before you can come before the Board.

19. Have you ever been **subject to a deferred adjudication** for a conviction of a felony or a misdemeanor, other than a traffic offense?
    ☐ **Yes** ☐ **No** ☐ **Felony** ☐ **Misdemeanor**

    IF YES, you are required to submit proof that all of the requirements of the deferred adjudication have been met and your case has been dismissed.

20. Have you ever been refused or failed an examination by any chiropractic licensing board?
    ☐ **Yes** ☐ **No** ☐ **Refused** ☐ **Failed**

    IF YES, what board_____Date _____/_____/_____

21. Have you passed National Board Examinations, parts I-IV and physiotherapy? ☐ **Yes** ☐ **No**

    Results pending for Part(s): _____

    Comments: _____
    You must request that the national board mail the Board a certified copy of your scores.

Should you have any questions regarding this application, please contact our licensing department at (512) 305-6707 or by email at licensing@tbce.state.tx.us

My name is _____
(First) (Middle) (Last)

My date of birth is _____

My address is _____
(Address), (City), (State), (Zip) and (Country)

I declare under penalty of perjury that the foregoing is true and correct. 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 it is a violation of the Texas Occupations Code §201.5025 and Texas Penal Code §37.10 to submit a false statement to the Board.

Signature: _____ Date: _____

Texas Board of Chiropractic Examiners
333 Guadalupe Street, Suite 3-825
Austin, Texas 78701
Telephone: (512) 305-6700
FAX: (512) 305-6705

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