



FOR OFFICIAL USE ONLY

Amount Received: \$ _____

Check Number: _____

Date Received: ____/____/____

Color Photo

Please glue or tape here.
No staples.

An un-touched photo showing
head and
shoulders front.

Texas Board of Chiropractic Examiners (TBCE)

333 Guadalupe Street, Suite 3-825

Austin, Texas 78701

(512) 305-6700

(512) 305-6705 Fax

REINSTATEMENT APPLICATION

APPLICANT'S NAME: _____

TEXAS CHIROPRACTIC LICENSE NUMBER: _____

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

- \$145 application processing fee made payable to TBCE

CRIMINAL BACKGROUND INVESTIGATIONS:

Texas applicants are REQUIRED to have their fingerprints processed at Morpho Trust USA. You may schedule an appointment by calling 1 (888) 467-2080 or go online to <https://uenroll.identogo.com/servicecode/11G613>. They will collect all fingerprint fees and transmit your prints directly to the Department of Public Safety and the FBI. Once the investigation has been completed, the results will be sent directly to the Board.

If you reside outside of Texas, please send an email to Sarah@tbce.state.tx.us requesting that a fingerprint card be mailed to you. Once you have received the card, please register and take the card to a local police station to have your prints taken.

2. Official letter of good standing or Certification of Licensure from ALL states or countries that you have ever held a license. You are required to have been actively

practicing in one of those states or countries for at least the past three (3) years. The certification must include your license number, the issue date, the expiration date, and must include information on any disciplinary action which may have been taken against you.

3. Passport style color photo size 2" x 2" taken within the last six months.
4. Completed background check. An arrest record or conviction of crime does not preclude acceptance of an applicant. However, if additional information or further inquiry is deemed necessary there may be a delay in acceptance of the applicant. The Board may reject an application based on their determination as to the applicant's moral character.
5. Additional information may be requested by the Board.

IMPORTANT NOTE: Do not have any documents sent to TBCE 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.

Each applicant must answer all questions completely. Insufficient or false answers will cause the application to be rejected. All information must be typewritten or PRINTED legibly in BLUE INK.

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

Maiden or Other Names: _____

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

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ How long at this address? _____

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

Fax Number: (____) _____

3. **Office Address:** _____

City: _____ State: _____ Zip Code: _____

Name of Facility: _____ Facility License Number: _____

Telephone Number: (____) _____ Fax Number: (____) _____

4. **Social Security Number:** _____

5. **Date and place of birth:** ____/____/____ _____

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

6. **Drivers License Number:** _____ **State:** _____

2. Name of Chiropractic College: _____

• Exact date of entry: day/month/year _____, _____

• Exact date of graduation: day/month/year _____, _____

3. Under what name did you graduate? _____

4. What state(s) do you currently hold or have you in the past held a license in?

5. Are your licenses in full force? **Yes / No** Suspended? **Yes / No**

Cancelled? **Yes / No** Voluntarily Dropped? **Yes / No** Revoked? **Yes / No**

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

7. Have you ever been convicted of a misdemeanor or felony? **Yes / No**
Failure to answer this question honestly can result in the denial of your application.
8. Have you ever been the subject of a disciplinary action by this Board or any other licensing agency?
Yes / No
If yes, please send copies of all details.
9. Are there pending complaints against you in any other states or countries? **Yes / No**

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 Chiropractic Act, section 201.5025 and the Texas Penal Code, section 37.10, to submit a false statement to the TBCE.

Signature: _____ Date: _____

**SHOULD YOU HAVE ANY QUESTIONS REGARDING THIS APPLICATION,
PLEASE CONTACT JENNIFER HERTSENBERG AT 512-305-6702
OR BY E-MAIL AT jennifer.hertsenberg@tbce.state.tx.us**





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)

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? (Please check one)

- [] Examination [] Reciprocity [] Other

IF OTHER, please explain:

Signature of Certifying Official

Date

Title

(OFFICIAL BOARD SEAL)

Tx Board of Chiropractic Examiners (ORI Tx Board of Chiropractic Examiners/Service Code 11G613)

The general process for electronic fingerprinting is:

1. Schedule an appointment to be electronically fingerprinted by MorphoTrust USA at one of their Identogo enrollment centers.
 - Internet based scheduling is the quickest and most convenient way to obtain a fingerprint appointment.
 - a. **You may begin the process now by simply clicking on this link:**
<https://uenroll.identogo.com/servicecode/11G613>
 - b. Provide all required pre-enrollment data and select a convenient date and time for your appointment
 - If you prefer to schedule over the telephone, you must:
 - a. Have your Service Code ready (**11G613**), then **call 888.467.2080**;
 - b. MorphoTrust will prompt you for the Service Code (**11G613**);
 - c. Provide all required pre-enrollment data and select a convenient date and time for your appointment
2. Arrive at your scheduled appointment with your photo identification and fee
 - If you plan on bringing a form of identification other than a valid (unexpired) TX Driver License, please refer to the Department of Public Safety's acceptable document types here: <http://www.tnrollment.com/state/forms/tx/55fc619a7f7aa.doc>
 - MorphoTrust accepts Visa/MasterCard/Discover/American Express, business checks, money orders and coupon codes (employer accounts) at the time of service.
 - Please note that personal checks and cash are **not accepted**.
3. Your fingerprints will be submitted electronically to DPS and the FBI. You will not receive a printed fingerprint card.
4. At the conclusion of your appointment, the MorphoTrust enrollment agent will provide you with an Identogo receipt stating that you were fingerprinted.
 - Do not throw away the receipt;
 - You may check status on your submission by clicking on this link:
<https://uenroll.identogo.com/servicecode/11G613> and then;
 - Click "**Check Status**"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.



IdentoGO

By MorphoTrust USA

Tx Board of Chiropractic Examiners

Texas Fingerprint Service Code Form

Service Name: Tx Board of Chiropractic Examiners

To Schedule your ten-minute fingerprint appointment, simply visit
<https://uenroll.identogo.com> and enter the following Service Code

11G613

Service Code is unique to your hiring/licensing agency. Do not use this code for another purpose.

Background Check Waiver

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Privacy Act of 1974 (5 USC 552a). I understand my fingerprints will be searched by and against civil, criminal and latent fingerprints in the Next Generation Identification (NGI) system. I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed. If a need arises to challenge the FBI record response, you may contact the agency that submitted the information to the FBI, or you may send a written challenge request to the FBI's Criminal Justice Information Services (CJIS) Division at FBI CJIS Division, Attention: Correspondence Group, 1000 Custer Hollow Road, Clarksburg, WV 26306.

Don't have access to the internet? You can still schedule an appointment by calling 888.467.2080

Exception to Electronic Fingerprinting - Fingerprint Cards:

When electronic fingerprinting is not available (out of state applicants), the following process must be followed to submit ink fingerprint cards.

1. Pre-enroll with MorphoTrust USA to submit fingerprint cards.

Internet based pre-enrollment is the quickest and most convenient way to submit fingerprint cards.

- a. You may begin the process now by simply clicking on this link:
<https://uenroll.identogo.com/servicecode/11G613> and then;
- b. Click "Schedule an Appointment";
- c. On the next screen,click the "Pay for Ink Card Submission" button and complete all required fields on the following page;
- d. Complete payment screen;
- e. Print the confirmation document containing a bar code and **complete by signing the waiver and filling in contact information;**
- f. Once you have obtained your fingerprint cards, follow mail-in directions on the confirmation document.

If you prefer to pre-enroll over the telephone, you must:

- a. First download the TX Fingerprint Service Code form here:
[\[https://uenroll.identogo.com/servicecode/11G613\]](https://uenroll.identogo.com/servicecode/11G613);
- b. Then call 888.467.2080
- c. Please have the TX Fingerprint Service Code form before you call - MorphoTrust will prompt you for the Service Code (**11G613**) on the form;
- d. Inform the Morpho Trust representative that you wish to pre-enroll for a "hard card submission";
- e. Once payment is complete a summary confirmation document will be emailed to you;
- f. Print the confirmation document and complete by signing the waiver and filling in contact information;
- g. Obtain a copy of your fingerprints by a **criminal law enforcement agency** on an original FBI APPLICANT fingerprint card that includes: Texas Board of Chiropractic Examiners TX921540Z. ALL requested information must be provided on the fingerprint card and you and the official taking the fingerprints must sign the card.

- h. Once you have obtained your fingerprint cards, follow mail-in directions on the MorphoTrust Pre-Enrollment Confirmation Page that you previously printed and completed.

You may check status on your submission by clicking on this link:

<https://uenroll.identogo.com/servicecode/11G613> and then;

- a. Click "Check Status"

Fingerprints provided for this application shall be used to check criminal history records of the Texas Department of Public Safety and the Federal Bureau of Investigation, in accordance with applicable statutes.