



**South Carolina Department of Labor, Licensing and Regulation**  
**South Carolina Board of Chiropractic Examiners**  
**Synergy Business Park, Kingstree Building**  
**110 Centerview Drive, Suite 202**  
**Post Office Box 11329**  
**Columbia, SC 29211-1329**  
**(803) 896-4587**



Complete this section of the application by providing all of the requested information. Notify the Board, in writing, of any name or address changes after you file this application in order to receive any further information. The application form is a public document obtainable under the Freedom of Information Act.

**Applying for Doctorate of Chiropractic Licensure as:**

- New Graduate**    **Out of State Licensee**    **Volunteer**    **Endorsement**

**PART I: Applicant Identifying Information**

1. Last Name				2. First Name				3. Middle Name				4. Suffix (Jr., III)			
5. Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.								6. Maiden Name							
7. Public Address (Street or PO Box, City, State, Zip)															
8. Home Address (Street, City, State, Zip)															
8a. Home Phone				8b. Home Fax				8c. Home E-mail							
9. Business Name								9a. Business Address (Street or PO Box, City, State, Zip)							
9b. Business Phone				9c. Business Fax				9d. Business E-mail							
10. Identify Preferred Mailing address. <input type="checkbox"/> Public <input type="checkbox"/> Home <input type="checkbox"/> Business															
11. Place of Birth (List City, and State or Country)				12. Date of Birth MM/DD/YYYY				13. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female				14. Race (For Statistical Purposes Only) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other			

**PART II: Education Information**

Are you a graduate from a program outside the United States? YES  NO

SCHOOL	LOCATION (City and State or Country)	DATES OF ATTENDANCE		GRADUATED Yes/No	HIGHEST GRADE COMPLETED OR DEGREE EARNED
		FROM (Month/Year)	TO (Month/Year)		

**Professional Education (National Certifications)**

List in chronological order from date of graduation to the present all professional education not including continuing education coursework

INSTITUTION and LOCATION	CERTIFICATIONS (i.e., CCSP, CACBT, DABCN)	DATES OF ATTENDANCE		DID YOU COMPLETE PROGRAM YES <input type="checkbox"/> NO <input type="checkbox"/>
		FROM (Month/Year)	TO (Month/Year)	
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

\*The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state boards to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB), among other things.

			YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>PART III: Record of Licensure Examination</b>			
Complete the requested information below if licensure examination was taken in this state or any other state (National Boards and/or State Administered Examinations). List each examination below, use additional sheets if necessary.			
Name of Examination	State or Country	Date of Examination	Passed/Failed/Score (If score, enter score)

<b>PART IV: Record of Licensure Information</b>				
Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation. Identify the method by which you obtained your license(s). Include jurisdiction both within and outside the United States. Failure to disclose all licenses held may result in denial of your application or other appropriate action. (Attach additional sheets if necessary.)				
Jurisdiction	Credential Type	License Number/Name on License	How License Obtained (Type of Exam or Endorsement)	Date of <u>Initial</u> Issuance
State or Country of Original (Initial) Licensure:				
State or Country of Current licensure where you most recently practiced:				
<b>List Other Jurisdictions of Licensure:</b>				

**PART V: Employment History**

List all related employment chronologically, most recent first, for the past five (5) years. If you have never been employed in the profession you are applying for, insert "N/A" (Not Applicable) in Box 1. Photocopy this form, if additional space is required.

<b>1. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>2. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>3. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>4. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for leaving</b>	
<b>5. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	

**PART VI: Personal History Information**

If you answer **yes** to any of the questions below, attach a letter of explanation or legal documentation.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? YES  NO
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? YES  NO
3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? YES  NO
4. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? YES  NO
5. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?  
**If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer sent directly to the Board from the above-mentioned authorities.** YES  NO
6. Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
7. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
8. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
9. Have you ever held or applied for a South Carolina License? YES  NO

**PART VII: Certifying Statement**

I, \_\_\_\_\_ (print name), am the person described and identified, of good moral character, and the person named in all documents presented in support of this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice in South Carolina.

I hereby authorize the South Carolina Board of Chiropractic Examiners to utilize my Social Security Number (SSN) in making necessary reports to the Federation of Licensing Boards (FCLB) data center for compilation of information about applicants and licenses in order to coordinate licensure and disciplinary activities between the individual states' licensing boards, and to federal and state entities, as required by law.

\_\_\_\_\_  
 Signature of Applicant (Do not print)

\_\_\_\_\_  
 Printed Name of Applicant

Attach Photo Here  
 2x2

No Copies

(Sign and date back of photo)

Do Not Staple

**Notary:**  
 Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public

My Commission Expires: \_\_\_\_\_

**DID YOU REMEMBER TO:**

- Answer all applicable questions
- Sign and date your photo
- Sign and date your application
- Complete the Affidavit of Eligibility (Next 2 pages)
- Enclose money order or cashier's check made payable to **LLR, Board of Chiropractic Examiners:**
  - \$150.00 (application & initial licensure fee)
  - Passport photo
- Have official copies of transcripts sent directly from schools
- Have National Board Scores sent from the NBCE
- Have License Verification sent from EVERY state in which you are licensed, active or inactive
- Student applicants must have a certification letter mailed directly to the Board office from the chiropractic college stating they are within ninety (90) days of graduation and confirming the expected date of graduation.

**Check the status of your application online at <https://verify.llronline.com>.**

For Office Use Only	
License No. _____  Approved by: _____  Approval Date: _____	Date Received: _____  Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  Check/Money Order No: _____ Amount: _____  Control No. _____ Deposit No. _____

Rev 07/08 **South Carolina Department of Labor, Licensing and Regulation**  
**PO Box 11329**  
**Columbia, SC 29211**

AFFIDAVIT OF ELIGIBILITY

Pursuant to Section 8-29-10 SC Code of Law, ALL applicants for a South Carolina license after July 1, 2008 are required to complete and sign this Affidavit of Eligibility.

**Section A: LAWFUL PRESENCE in the United States.**

I, (please print your full name) \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of South Carolina that (check 1, 2 or 3 below):

1. \_\_\_ I am a United States citizen or legal permanent resident eighteen years of age or older; or
2. \_\_\_ I am not a US citizen but am lawfully present in the US as evidenced by one of the following
  - a. \_\_\_ I am a qualified alien as defined in 8 U.S.C. sec 1641, eighteen years of age or older.
  - b. \_\_\_ I am a nonimmigrant under the "Immigration and Nationality Act," Federal Public Law 82-414 as amended, eighteen years of age or older.
3. \_\_\_ I am not physically present in the US under 8 U.S.C. sec 1621 (c) (2) (c) or employed in the US pursuant to 8 U.S.C. 1621 (c) (2) (a) (check either a or b below):
  - a. \_\_\_ I am a US citizen, not physically present or employed in the United States.
  - b. \_\_\_ I am a Foreign National, not physically present or employed in the United States.

*If you selected either 3.a. or 3.b., you do not need to complete Section B. Skip to Section C.*

**Section B: Secure and Verifiable Document.** This section must be completed if you checked number 1 or 2 in Section A.

1. Please check one of the following acceptable secure and verifiable documents. Complete documentation must be provided **upon request only**.

- Any South Carolina Driver License, South Carolina Driver Permit or South Carolina Identification Card, expired less than one year.
- Out-of-state issued photo Driver's License or photo identification card, photo driver's permit expired less than one year. State: \_\_\_\_\_
- Valid Temporary Resident Card
- Certificate of Naturalization with intact photo
- Certificate of (US) Citizenship with intact photo
- Other: (Name of verifiable document)  
\_\_\_\_\_

2. Enter the state or the federal agency name where this secure and verifiable document was issued.

\_\_\_\_\_  
(If issued by a state agency, include both the state and agency name.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Social Security Number**

3. What is the secure and verifiable document number? \_\_\_\_\_

4. What is the expiration date of your secure and verifiable document? \_\_\_\_/\_\_\_\_/\_\_\_\_ (month/day/year)

(If you hold a document without an expiration date, such as a military ID or naturalization certificate, write N/A.)

**Section C: Attestation.**

- I understand that this sworn statement is required by law because I have applied for or hold a professional or commercial license regulated by 8 U.S.C. sec. 1621. I understand that state law requires me to provide proof that I am lawfully present in the United States. I may also be required to provide proof of lawful presence.
- I understand that in accordance with section 8-29-10 false statements made herein are punishable by law. I state under penalty of perjury that the above statements are true and correct.
- I am the person identified above and the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension or revocation of a license, certificate, registration or permit.
- I understand that the above information must be disclosed to the Department of Labor, Licensing and Regulation upon request and is subject to verification.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print your name as shown on your secure and verifiable document.

Professional License Type: \_\_\_\_\_

License Number (if already licensed): \_\_\_\_\_

***The South Carolina Code of Laws requires that every individual who applies for an occupational or professional license provide a social security or alien identification number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.***