



TENNESSEE BOARD OF CHIROPRACTIC EXAMINERS
Local Nashville Area (615) 741-3807
(Toll Free) 1-800-778-4123 EXT. (615) 741-3807
<http://tennessee.gov/health/topic/Chiro-board>

**APPLICATION FOR LICENSE AS A
CHIROPRACTIC THERAPY ASSISTANT
INSTRUCTIONS**

Provided below is a checklist for your personal use and convenience containing all the things you must do to receive consideration for issuance of a Tennessee license to practice. **NOTE: All submissions must be executed and dated less than one (1) year before receipt or they will be rejected by the Board. If the application is not complete upon receipt by the Board's Administrative Office, a deficiency letter will be sent to you by certified mail or by email. The supporting documentation requested in the letter must be received in the Board's Administrative Office within sixty (60) days from the date of the initial deficiency letter. Files not completed within sixty (60) days will be closed.**

1. Complete all pages of this application and return to the above address.
2. Attach proof of having graduated from a high school (diploma) or successfully completing a general education development (G.E.D.) program (G.E.D. certificate).
3. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a chiropractic therapy assistant (or any other health care professional), you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s).
4. Attach a recent (within 12 months) signed passport-size photograph of yourself.
5. Attach one (1) recent letter of recommendation from licensed chiropractic professionals who can attest to your good moral character. These letters must identify the individual(s) as a licensed chiropractic professional, be submitted on letterhead, and bear the signature of the author.
6. Request verification of completion of a minimum combined total of fifty (50) hours of instruction approved by any board member or board designee, subject to full board approval, and which shall include but not be limited to such subject material as anatomy, physiology, patient protection, safety, emergency procedures, professional boundaries training, therapy, and rehabilitation techniques. Verification must be submitted directly to the Board office from the instructor.
7. Submit proof of twelve hundred (1,200) hours of clinical internship under direct supervision.
8. Submit verification of a completed state board examination with a minimum score of 75.
9. Attach proof of U.S. or Canadian citizenship or evidence of being legally entitled to live and work in the U.S. (e.g. copy of birth certificate, naturalization papers, or current visa status.) If not a U.S. or Canadian citizen, the front and back of the passport, valid visa, I-94 and Form I-766 must be submitted.
10. All applicants must complete, sign and have notarized the Declaration of Citizenship form and attach the documents required by the Declaration of Citizenship. The Declaration is online at <http://tn.gov/assets/entities/health/attachments/PH-4183.pdf> and must be attached to this application before submission.
11. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.
12. Submit with your application a check or money order in the amount of \$150.00 application fee and \$10.00 State Regulatory Fee for a total of \$160.00 made payable to the Board of Chiropractic Examiners. This is a non-refundable fee.

If you are applying by CRITERIA RECIPROCITY/ENDORSEMENT in additions to items 1 through 12 on page one of the instructions, the following items are required.

DONE

1. An applicant requesting certification by criteria (reciprocity/endorsement) must be duly licensed or certified as a chiropractic therapy assistant in another state, or as a Tennessee physical therapy assistant, or hold certification with minimum equivalent training as determined by the board.

A letter of good standing must be provided directly from the state or board in which certification is held along with licensure criteria and educational training to ensure minimum equivalency.

2. If you hold or have ever held a license/certificate as an chiropractic therapy assistant in another State you must request a verification from each and every state. The verification must be mailed directly to the Board's Office from the other state(s).

3. Submit with your application a check or money order in the amount of \$150.00 application fee and a \$10.00 State Regulatory Fee for a total of \$160.00 made payable to the Board of Chiropractic Examiners. THIS IS A NON REFUNDABLE FEE.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for your school attendance. Please include your post-secondary school training. Use the back of this page if you need additional space. Request that transcripts be sent directly to the Board's Office from your school.

From: _____
 MM/DD/YY MM/DD/YY Educational Institution City, State Degree Graduated

From: _____
 MM/DD/YY MM/DD/YY Educational Institution City, State Degree Graduated

How many hours of supervised clinical experience have you obtained? _____

Please complete your entire healthcare employment history starting with the most current position first. Use the back of this page, if you need additional space. Dates of employment must be included.

| <u>Company/ Employer:</u> | <u>Supervisor</u> | <u>Address:</u> (City, and State) | <u>Position:</u> | <u>Duties:</u> | <u>Dates</u> | |
|-------------------------------|-------------------|--------------------------------------|------------------|----------------|-------------------------|-----------------------|
| | | | | | <u>From:</u> Mo./Yr. | <u>To:</u> Mo./Yr. |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

CERTIFICATION INFORMATION

| | | |
|---|------------|-----------|
| | YES | NO |
| Are you or have you ever been licensed in this profession in another state? | _____ | _____ |
| Are you or have you ever been licensed in any other profession in Tennessee or another state? | _____ | _____ |

List below **ALL STATES, COUNTRIES, OR PROVINCES IN WHICH YOU HAVE EVER BEEN OR ARE CURRENTLY LICENSED, PERMITTED, OR CERTIFIED.** Additional pages may be added if necessary. Request that verification of licensure be submitted directly to the Board's Office from each state.

| STATE | PROFESSION | LICENSE NUMBER | CURRENT STATUS |
|-------|------------|----------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

NATIONAL EXAMINATION

| | | |
|---|------------|-----------|
| | YES | NO |
| Have you taken and passed the state board examination with a minimum passing score of 75 | _____ | _____ |
| Have you received your high school diploma? | _____ | _____ |
| If No, have you obtained your GED? | _____ | _____ |
| Have you ever previously applied for a chiropractic, chiropractic assistant or a chiropractic x-ray license in Tennessee? | _____ | _____ |

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If you answer "yes" to any of the questions in this part, you must supplement your affirmative response with a thorough explanation on a separate page. IN SUPPORT OF YOUR EXPLANATION, THE FINAL DOCUMENTS OR ORDERS FROM THE ISSUING STATES, COURTS, AND/OR AGENCIES MUST BE SUBMITTED ALONG WITH THIS APPLICATION. Additional information may be requested and/or required before a licensure decision may be made. For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to make appropriate clinical diagnoses, exercise reasoned medical judgments, to learn, and keep abreast of medical developments in your profession;
 - b. The ability to communicate those judgments and medical information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical Condition"** includes physiological, mental or psychological conditions including, but not limited to: orthopedic, visual, speech and/or hearing impairments, emotional or mental illness, specific learning disabilities, drug addiction, and alcoholism.
3. **"Minor Traffic Offense"** generally means moving and non-moving violations punishable by fines only and does not include offenses such as driving under the influence or while intoxicated or reckless driving.
4. **"Chemical substances"** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
5. **"Currently"** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee or within the past two (2) years.
6. **"Illegal use of illicit or controlled substances"** means the use of substances obtained illegally (e.g., heroin or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation.

- | | | | |
|----|--|-----|-----|
| 1. | Do you currently have any physical or psychological limitations or impairments caused by an existing medical condition which are reduced or ameliorated by ongoing treatment or monitoring, or the field of practice, the setting or the manner in which you have chosen to practice | YES | NO |
| | | ___ | ___ |
| 2. | Do you currently use any chemical substances which in any way impair or limit your ability to practice your profession with reasonable skill and safety? | ___ | ___ |

If so, please list: _____

[If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, conditions should be imposed, or you are not eligible for licensure.]

COMPETENCY INFORMATION CONTINUED

| QUESTIONS: Please respond to ALL questions. If you answer "YES" to any question, please attach a written explanation. | | YES | NO |
|--|---|------------|-----------|
| 3. | At any time within the past two years, have you engaged in the illegal use of illicit or controlled substances? | ___ | ___ |
| 4. | Are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you to assure that you do not consume alcohol and/or do not engage in the illegal use of illicit or controlled substances? | ___ | ___ |
| 5. | Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism or other diagnosis of a predatory nature? | ___ | ___ |
| 6. | Have you ever held or applied for a license, privilege, registration or certificate to practice your profession in any state, country, or province, that has been or was ever denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | ___ | ___ |
| 7. | Have you ever had staff privileges at any hospital or health care facility that were ever revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 8. | Have you ever applied for or held a state or federal controlled substance certificate that was ever denied, revoked, suspended, restricted, voluntarily surrendered or otherwise disciplined or surrendered under threat of restriction or disciplinary action? | ___ | ___ |
| 9. | Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than a minor traffic offense) whether or not sentence was imposed or suspended? | ___ | ___ |
| 10. | Have you ever been rejected or censured by a professional association or society? | ___ | ___ |
| 11. | In relation to the performance of your professional services in any profession: | | |
| | a. Have you ever had a final judgment rendered against you; | ___ | ___ |
| | b. Have you ever entered into any settlement of any legal action; or | ___ | ___ |
| | c. Are there any legal actions pending against you or to which you are a party? | ___ | ___ |
| 12. | Have you ever held a license, registration, privilege or certificate in any profession that has ever been reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action in any jurisdiction? | ___ | ___ |
| 13. | My name has been placed on the registry of persons who have abused, neglected or misappropriated the property of vulnerable individuals (Tennessee abuse registry or an abuse registry in another state) | ___ | ___ |
| 14. | Have you ever been dropped, suspended, expelled, or disciplined by any school or college for any cause? | ___ | ___ |

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application attest to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations regarding the practice of my profession, which are posted on the Board's Internet site and/or were provided to me by the Board office, and agree to abide by them in the practice as a chiropractic therapy assistant in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice as a chiropractic therapy assistant.

AUTHORIZE the Board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and/or other qualifications, for certification.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, and other qualifications, and for resolving any doubts about such qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

This certifies that the information submitted by me in this application is true and complete to the best of my knowledge and belief.

SIGNATURE

DATE