

State of Tennessee
Department of Health
Tennessee Board of Chiropractic Examiners

665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

(Toll Free In State) 1-800-778-4123, Ext.7413807

Local Nashville Area 615-741-3807

<http://tennessee.gov/health/topic/Chiro-board>



Application and Procedures for Licensure

Chiropractors



Tennessee Board of Chiropractic Examiners
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
1-800-778-4123, Ext. 7413807 OR (615) 741-3807
<http://tennessee.gov/health/topic/Chiro-board>

INSTRUCTIONS FOR LICENSURE AS A CHIROPRACTOR

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. All pages of the application must be returned.
2. Attach the Externship Temporary License Request form if you are applying for an externship. An externship certification is provided to an applicant who has met all the qualifications and requirements for licensure, pursuant to T.C.A. §63-4-120, and where the application is complete except for obtaining passing scores on the NBCE Part III/or IV on the national board examination. The externship certificate (temporary permit) allows practice only under the auspices and supervision of a licensed chiropractor who has been in practice for at least 4 years and does not permit private practice. Externship shall not last longer than three hundred sixty-five (365) days from date of certificate issuance. Once an externship certificate holder is no longer supervised by the supervising licensed chiropractor, the temporary permit to practice in Tennessee will be terminated.
3. Attach a signed passport-size photograph of yourself taken within the preceding twelve (12) months.
4. 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.
5. Request official transcript be sent directly to the Board office from the school of Chiropractic, which has status with the Commission on Accreditation of the Council on Chiropractic Education (CCE). Transcripts of grades must show four (4) school years of not less than nine (9) months each.
6. Attach a copy of your Chiropractic college diploma. If a diploma has not been awarded, a certified statement from the Chiropractic College must be submitted stating date of graduation and a diploma will be awarded on or before the scheduled examination.
7. Request an official transcript of grades showing two (2) full academic years of college or university work of at least sixty (60) semester hours or its equivalent from an accredited institution. If you matriculated in Chiropractic school in the year 2000 and beyond, you must show proof of a bachelor's degree.
8. Request NBCE Scores – Proof of Completion of the National Chiropractic Board Examination with a minimum grade of Three Hundred Seventy-Five (375) on Parts I, II, III, IV, and Physiotherapy. Verification must be submitted directly from the National Board to the Tennessee Board's office.
9. Attach one (1) recent (within the preceding twelve (12) months) original letter of recommendation from a licensed chiropractic physician attesting to applicant's personal character and professional ethics on the signator's letterhead.
10. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a chiropractor (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).

11. Complete and submit the Practitioner Profile Questionnaire which is online and will be available for you to complete online once this application is submitted. You are required by law to update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. For instructions, go to (<http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>)
12. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.
13. Submit with your application a check or money order in the amount of **\$360.00** made payable to the State of Tennessee.

INSTRUCTIONS FOR LICENSURE BY RECIPROcity

Licensure by Reciprocity is available to applicants who have held a valid license in another state for two (2) full years.

Applicants who possess a valid unrestricted license to practice or have practiced in another State or other regulated jurisdiction for a period of at least two (2) full years BUT have not taken or passed Part IV on the NBCE shall be required to provide proof of successful completion of the Special Purposes Examination for Chiropractors (SPEC) as administered by the National Board and must request the examination scores and any additional information requested by the Board be submitted directly from the examination agency.

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:

1. All pages of the application must be returned.
2. Submit with your application a check or money order in the amount of **\$360.00** made payable to the State of Tennessee.
3. Attach a signed passport-size photograph of yourself taken within the preceding twelve (12) months.
4. Request official transcript be sent directly to the Board office from the school of Chiropractic, which has status with the Commission on Accreditation of the Council on Chiropractic Education (CCE). Transcripts of grades must show four (4) school years of not less than nine (9) months each.
5. Attach a copy of your Chiropractic college diploma. If a diploma has not been awarded, a certified statement from the Chiropractic College must be submitted stating date of graduation and a diploma will be awarded on or before the scheduled examination.
6. Request an official transcript of grades showing two (2) full academic years of college or university work of at least sixty (60) semester hours or its equivalent from an accredited institution. If you matriculated in Chiropractic school in the year 2000 and beyond, you must show proof of a bachelor's degree.
6. Attach one (1) recent (within the preceding twelve (12) months) original letter of recommendation from a licensed chiropractic physician attesting to applicant's personal character and professional ethics on the signator's letterhead.
7. If you are or have ever been licensed, certified, registered, or permitted by any state to practice as a chiropractor (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).
8. Request NBCE Scores – Proof of Completion of the National Chiropractic Board Examination with a minimum grade of Three Hundred Seventy-Five (375) on Parts I, II, III, IV, and Physiotherapy. Verification must be submitted directly from the National Board to the Tennessee Board's office.
9. Complete and submit the Practitioner Profile Questionnaire which is online and will be available for you to complete online once this application is submitted. You are required by law to update your profile within 30 days of any change as long as you have an active license. Failure to do so may subject you to disciplinary action. For instructions, go to (<http://tn.gov/assets/entities/health/attachments/PH-3585.pdf>).
10. A criminal background check is required. For instructions to obtain a criminal background check, go to <http://tn.gov/health/article/CBC-instructions>.

11. 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.

INSTRUCTIONS ON HOW TO APPLY FOR ACUPUNCTURE SERVICES

1. If you intend to offer Acupuncture services in your practice as a licensed chiropractic, you must provide proof of completion of the required two hundred and fifty (250) hours of an acupuncture course accredited by an agency or entity acceptable to the Board.
2. Request that verification of passing score certificate from the National Board examination for Acupuncture administered by NBCE be sent directly to the Board's office.

EXTERNSHIP /TEMPORARY LICENSE APPLICATION INSTRUCTIONS

Important: You must have a notification of licensure in your possession before you may legally practice as a chiropractor in Tennessee.

An externship/temporary license is provided to an applicant who has met all the qualifications and requirements for licensure, pursuant to T.C.A. §63-4-120, and where the application is complete except for obtaining passing scores on the NBCE Part III/or IV on the national board examination. The externship license (temporary permit) allows practice only under the auspices and supervision of a licensed chiropractor who has been in practice for at least 4 years and does not permit private practice. Externship shall not last longer than three hundred sixty-five (365) days from date of certificate issuance. Once an externship certificate holder is no longer supervised by the supervising licensed chiropractor, the temporary permit to practice in Tennessee will be terminated.

To be eligible for an externship license, the following is required:

1. Submit an application for licensure as a chiropractor;
2. Attach the externship (temporary) license request form;
3. Pay an externship application fee of One Hundred Dollars (\$100.00); and
4. The applicant and the supervising chiropractor must be interviewed by a Board Member.

An externship license is valid until the results of the National Board Examination are made known to the applicant. Should an applicant be required to retake one or more parts of the examination, the temporary license is valid through the next available examination only.

EDUCATIONAL AND EMPLOYMENT INFORMATION

Please provide the following information for your attendance in college. Please include your post-graduate 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: (City, and State)</u>	<u>Position:</u>	<u>Duties:</u>	<u>Dates From: To: Mo./Yr. Mo./Yr.</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Have you taken and passed:

Part I	Yes	_____	No	_____
Part II	Yes	_____	No	_____
Part III	Yes	_____	No	_____
Part IV	Yes	_____	No	_____
Physiotherapy	Yes	_____	No	_____
SPEC	Yes	_____	No	_____
Acupuncture Examination	Yes	_____	No	_____

Have you ever previously applied for a chiropractic, chiropractic assistant or a chiropractic x-ray license in Tennessee? Yes ___ No ___

If you have an NPI number, please provide: _____

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)	___	___

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 chiropractor 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 chiropractor.

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



**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATIONS
OFFICE OF HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TENNESSEE 37243
<http://tennessee.gov/health/topic/Chiro-board>**

EXTERNSHIP/TEMPORARY LICENSE REQUEST

Tennessee only issues temporary licensure to those individuals who are scheduled to take either Part 3 or 4 of the National Board of Chiropractic Examiners (NBCE) examination. Complete this form only if you are eligible to sit for the next scheduled NBCE exam and are requesting an externship to work in Tennessee.

To Be Completed By Applicant

PLEASE PRINT IN INK

I, _____, an applicant for licensure by

(Applicant's Name)

examination, do hereby request a temporary license for use until receipt of my examination results. The Tennessee Chiropractic Physician who will be providing my supervision is:

(Supervisor's Name)

(License #)

The name and address of the facility where the externship/temporary license will be used is:

Facility Name: _____

Street Address: _____

City, State, Zip: _____

Facility Phone Number: (_____) _____ - _____

EXTERNSHIP AFFIDAVIT OF SUPERVISOR

PLEASE PRINT IN INK (To be completed by supervisor in the presence of a notary public)

I, _____, will have responsibility

(Supervisor's Name)

for direct supervision of the chiropractic services delivered by the above-named applicant, who has applied for licensure as a Chiropractic Physician in Tennessee, during the tenure of his/her externship.

(Supervisor's Name)

(License #)

Supervisor's Facility Address:

AFFIX SEAL

Phone #: (_____) _____ - _____

Subscribed and sworn before me this _____ day of _____, _____.

_____ My Commission Expires _____

Notary Public