



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHIROPRACTIC

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR LICENSURE AS A CHIROPRACTOR INSTRUCTION SHEET

Requirements for All Applicants

- Submit a completed, signed and notarized [Application for Licensure as a Chiropractor](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive an official transcript sent *directly* from your chiropractic college. The college must be accredited, and the transcript must show that you have earned a degree of Doctor of Chiropractic degree.
- Complete the *Criminal History Record Check Authorization* form to request State of Delaware and Federal Bureau of Investigation criminal background checks. Follow the instructions on the form to arrange to be fingerprinted.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a verification of licensure from *each* jurisdiction where you have ever held a license, sent *directly* from the jurisdiction to the Board office.
- If examinations were available when you graduated from chiropractic college, arrange for the Board office to receive an official score report from the National Board of Chiropractic Examiners (NBCE) sent directly from NBCE to the Board office.
 - To request a score report, go to [Send Scores to a State Board](#) on the NBCE website.
 - For information on the score requirements you must meet, see the **Score Requirements** section below.
- If **no** examinations were available when you graduated from a chiropractic college, arrange for the Board office to receive a *Verification of Chiropractic Practice* form(s) (included with this application) verifying that you actively practiced in another jurisdiction for the five years before filing this application.
 - A licensed chiropractor or other professional peer must complete the form, sign it in front of a notary and submit it *directly* to the Board office.
 - Do *not* submit this form if examinations were available when you graduated.
- Request a self-query from the [National Practition Data Bank \(NPDB\)](#). The self-query report will be mailed to your address. When you receive the report, mail (do not fax) the **original report** to the Board office.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).

The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.

Score Requirements

Unless **no** examinations were available when you graduated from a school of chiropractic, you must meet one of the following score requirements:

- If you do **not** hold a **current** license in any other jurisdiction, your NCBE score transcript must show that you passed all the parts of the National Examination.

- If you hold a **current** license in another jurisdiction, the score requirement that you must meet depends on whether you are currently licensed in any jurisdiction where the licensure requirements are *substantially similar* to those in Delaware. The table below shows which jurisdictions have substantially similar requirements and which do not:

SUBSTANTIALLY SIMILAR			NOT SUBSTANTIALLY SIMILAR		
Alaska	Maryland	North Carolina	Alabama	Kansas	Pennsylvania
California	Massachusetts	Oklahoma	Arizona	Kentucky	Puerto Rico
Connecticut	Minnesota	South Dakota	Arkansas	Michigan	Rhode Island
Florida	Mississippi	Tennessee	Colorado	New Hampshire	South Carolina
Hawaii	Missouri	Texas	District of Columbia	New Jersey	Virginia
Idaho	Montana	Utah	Georgia	New York	Washington
Iowa	Nebraska	Vermont	Illinois	North Dakota	West Virginia
Louisiana	Nevada	Wyoming	Indiana	Ohio	Wisconsin
Maine	New Mexico			Oregon	U.S. Virgin Islands

- If you are currently licensed in any jurisdiction with substantially similar licensure requirements, your NCBE score transcript must show that you passed all the parts of the National Examination.
- If you are currently licensed **only** in jurisdictions that do **not** have substantially similar licensure requirements, the score requirement depends on when you graduated from an accredited or Board-approved chiropractic college, as shown in this table.

IF you graduated...	THEN the NBCE score transcript must show that you passed these exam Parts:
On or after July 1, 1997	I, II, III, IV, and physiotherapy
After Jan. 31, 1991 but before July 31, 1997	I, II, III
Before Jan. 31, 1991	I, II, III or I, II, and Special Purpose Exam for Chiropractors (SPEC)

- If you do not meet the requirement based on your graduation date in the table above, submit proof of passing the examinations that were available at the time that you graduated and applied for original licensure.



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APPLICATION FOR LICENSURE AS A CHIROPRACTOR

TYPE OF APPLICATION

1. Select the situation that applies to you:

- Examination – I do not hold a **current** Chiropractic license in any other jurisdiction.
 Reciprocity – I hold a **current** Chiropractic license in another jurisdiction.

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last/Family First Middle
3. Other Names Used: None _____
(Include maiden, former married names and alternate spellings.)
4. Date of Birth (month/day/year): _____ Gender: Male Female
5. Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).
6. Mailing Address: _____
City State Zip
7. Phone: _____ Email: None _____
daytime evening or cell

EDUCATION

8. Enter the following information about the chiropractic college where you earned your degree:
Name: _____
Address: _____
Graduation Date: _____ Degree: _____
Arrange for the Board office to receive an official transcript sent *directly* from your chiropractic college.

EXAMINATION HISTORY

9. Check the statement that applies to you:

I have passed the following National Board of Chiropractic Examiners (NBCE) exams. After checking all exams you have passed, skip to the **LICENSURE HISTORY** section:

- Part I Part II Part III Part IV SPEC Physiotherapy

Arrange for the Board office to receive an official score transcript from sent directly from NBCE to the Board office. Refer to the Instruction Sheet for information on the score requirement you must meet.

I passed other examinations that were available at the time that I graduated from chiropractic college and applied for original licensure. Skip to the **LICENSURE HISTORY** section.

Submit proof of passing these examinations.

No examinations were available when I graduated from chiropractic college. Continue to the next question.

10. Have you actively practiced in another jurisdiction for the five years before filing this application? Yes No **If yes, arrange for the Board office to receive a *Verification of Chiropractic Practice* form(s).**

LICENSURE HISTORY

11. Have you **ever** held a license to practice chiropractic in another jurisdiction (state, U.S. territory or District of Columbia)? Yes No If yes, list *each* jurisdiction where you have *ever* held a license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

Arrange for a verification of licensure to be sent *directly* to the Board office from *each* jurisdiction listed.

11. Enter your state of original licensure: _____ Date of original licensure: _____

12. Are you now or have you ever been licensed in any other health care profession? Yes No If yes, List *each* jurisdiction where you have *ever* held, a healthcare license. If you need more room, enclose a separate sheet.

JURISDICTION	LICENSE NUMBER	ISSUE DATE	EXPIRATION DATE

DISCLOSURES

13. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a signed statement explaining fully.**

Arrange for the Board office to receive State of Delaware and Federal Bureau of Investigation criminal background checks. The State Bureau of Identification will send the reports directly to the Board office. *This requirement applies even if you answered "No" to this question.*

14. Are criminal charges pending against you in any jurisdiction? Yes No **If yes, submit a signed statement explaining fully.**
15. Has your license ever been revoked or suspended or has any other disciplinary action been taken by the authorities of another jurisdiction (including any state, D.C., U.S. territory or other country)? Yes No **If yes, submit a statement explaining fully. Include any relevant documents.**
16. Is any complaint or disciplinary action pending against your license in any other jurisdiction? Yes No **If yes, submit a statement explaining fully. Include any relevant documents.**
17. Has your application for a license or registration ever been refused or denied in any other jurisdiction? Yes No **If yes, submit a statement explaining fully. Include any relevant documents.**

Request a self-query from the National Practitioner Data Bank (NPDB). When you receive the report, mail the original report to the Board office.

DUTY TO REPORT

18. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to file a written report with the Board of Medical Licensure and Discipline within 30 days if you have any reason to believe that a medical practitioner *other than yourself* is (or may be) guilty of unprofessional conduct as defined in 24 Del. C. §1731 OR that he/she is (or may be):
- medically incompetent
 - mentally or physically unable to engage safely in the practice of medicine
 - excessively using or abusing drugs including alcohol.

I certify that I have read and understand the provisions of [24 Del. C. §1730](#), [24 Del. C. §1731](#) and [24 Del. C. §1731A](#) and that I understand my *duty to report*. Yes No

19. To obtain a license in Delaware, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

I certify that I have read and understand [16 Del. C. §903](#) and that I understand my *duty to report*. Yes No

If your application requires Board review, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board’s meeting date:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow four weeks to receive your license.

AFFIDAVIT

I do hereby certify the statements and answers provided on this application are true and correct to the best of my knowledge and belief and understand that any untrue statement made herein shall render void any license issued through this application.

Signature of Applicant: _____ **Date:** _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Signature of Notary: _____

SEAL

My commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.

Instructions for Requesting a Criminal Background Check

Both State of Delaware and Federal Bureau of Investigation criminal background checks are required.

Locations

Kent County – Primary Facility

State Bureau of Identification
Blue Hen Mall & Corporate Center
655 S. Bay Rd. Suite 1B
Dover, DE 19901

Walk-ins accepted: Mon 8:30 am – 6:30 pm, Tue - Fri 8:30 am – 3:30 pm
Customer Service: (302) 739-2134

New Castle County - Satellite Facility

State Police Troop Two
100 LaGrange Ave
Newark, DE 19702
(between Rts. 72 and 896 on Rt. 40)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Sussex County – Satellite Facility

Thurman Adams State Service Center
546 S. Bedford Street, Rm. 202
Georgetown DE 19947
(across from DeIDOT & Troop 4)

By appointment only

Scheduling: (302) 739-2528 (local)
(800) 464-4357 (toll free)

Applicants Residing in Delaware

1. If you are using the New Castle County or Sussex County locations, call **(800) 464-HELP (4357)** to schedule an appointment. No appointments are needed at the Kent County location.
2. Take the completed *Authorization for Release of Information* form to one of the offices listed above with the fee of \$69, to cover both the State of Delaware and Federal Bureau of Investigation criminal checks. Money orders and credit cards other than American Express are accepted at all locations. New Castle and Kent Counties accept cash; Sussex County does not accept cash. **Personal checks are not accepted in any county.** As fees are subject to change, contact the agency where you plan to submit your forms for current fees.

Applicants Not in Delaware (including Out-of-State or Outside the United States)

1. Your local police agency can fingerprint you. All types of fingerprint cards are accepted. Or, you may print a [FD-258 fingerprint form](#) available on the Federal Bureau of Investigation website at www.fbi.gov – click *Stats & Services*, then *Identity History Summary Checks*, then *FD-258 Fingerprint Card*. You may print the form on regular paper.
2. Your *Authorization for Release of Information* form and the fingerprint card must be complete. If identifying information is missing (such as name, date of birth, race, gender, etc.), your form will be returned.
3. **Mail** the *Authorization* form, fingerprint card, and *certified* check or money order (**personal checks are not accepted**) for \$69.00 made payable to “Delaware State Police” to:

**Delaware State Police
State Bureau of Identification (SBI)
PO Box 430
Dover, DE 19903-0430**

**DO NOT SEND THIS FORM OR FEE TO YOUR PROFESSION'S BOARD OFFICE.
DO NOT SEND THIS FORM OR FEE TO THE DIVISION OF PROFESSIONAL REGULATION.**

⇒ **ALLOW FOUR WEEKS FOR RECEIPT OF RESULTS.**



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AUTHORIZATION FOR RELEASE OF INFORMATION

CRIMINAL HISTORY RECORD CHECK FOR PROFESSIONAL LICENSURE APPLICANTS

Please print or type all information in black ink.

Check the type of license for which you are applying:

- Adult Entertainment
- Charitable Gaming Vendor
- Chiropractic
- Dental
- Funeral
- Massage
- Medical (Physicians, Physician Assistants, Respiratory Care Practitioners, Acupuncture Practitioners, Genetic Counselors, Polysomnographers, Midwifery Practitioners (CM, CPM))
- Mental Health (LPCMH, LCDP, LMFT, LAPCMH, LAMFT)
- Nursing (RN, LPN, APRN)
- Nursing Home Administrator
- Occupational Therapy
- Optometry
- Pharmacy (includes key personnel of facilities licensed by Board of Pharmacy)
- Physical Therapy/Athletic Trainer
- Podiatry
- Psychology
- Real Estate Appraiser (includes Appraisal Management Company)
- Speech/Hearing
- Social Work
- Texas Hold'em Individual

Print your current full name:

Last Name	First Name	Middle Initial	Suffix (e.g., Jr., Sr.)
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Enter all other names you have used in the past (including, but not limited to, maiden name, former married names, alternative spellings):

1. _____
2. _____
3. _____
4. _____

As an applicant, I authorize release of any and all information that you have concerning my **CRIMINAL HISTORY RECORD INFORMATION**. I hereby release you, your organization, the State of Delaware and others from any liability or damage which may result from furnishing this information:

SIGNATURE OF PERSON PRINTED: _____ **Date:** _____

Phone: Home _____ Work _____

Mail the results of my criminal history request to:

**Division of Professional Regulation
861 Silver Lake Boulevard, Suite 203
Dover DE 19904
SLC D420A**

USE OF CRIMINAL HISTORY RECORD INFORMATION IS RESTRICTED BY LAW AND SHALL BE LIMITED TO THE PURPOSE FOR WHICH IT WAS GIVEN. MISUSE CONSTITUTES A CRIMINAL VIOLATION.



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VERIFICATION OF CHIROPRACTIC PRACTICE

INSTRUCTIONS

The applicant named below has filed an application for Delaware Chiropractic licensure. The purpose of this form is to verify that the applicant actively practiced as a chiropractor in another jurisdiction for the five years before filing his/her Delaware application. The form is required **only if no examinations were available** when the applicant graduated from chiropractic college.

APPLICANT INFORMATION – To be completed by applicant

1. Applicant Name: _____
Last/Family First Middle

INFORMATION ABOUT LICENSED PROFESSIONAL PEER – To be completed by licensed professional peer.

2. Your Name: _____
Last/Family First Middle

3. Enter the following information about your license:

Type of License: Chiropractor Other – specify: _____

License Number: _____ Jurisdiction: _____

VERIFICATION OF PRACTICE – To be completed by licensed professional peer.

4. Enter the following information about the practice where the applicant actively practiced as a chiropractor:

Practice Name: _____

Practice Address: _____

_____ City State Zip Code

5. When did the applicant practice at the practice above? From: _____ To: _____ Total: _____
month/day/year month/day/year

AFFIDAVIT

I declare and affirm under penalty of perjury that the foregoing statements are true and complete to the best of my knowledge and belief.

Signature: _____ Date: _____

City of _____ County of _____

Sworn to before me and subscribed in my presence this _____ day of _____.

Signature of Notary: _____

SEAL

My commission expires: _____

**Mail the completed, signed, notarized form *directly* to Board at the address above.
Forms submitted by the applicant cannot be accepted.**