



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

**DELAWARE BOARD OF CHIROPRACTIC
Licensure Application**

PLEASE PRINT

1. _____
(Last Name) (First) (M. I.)

(Mailing Address)

(City) (State) (Zip)

2. Contact Information: Phone (home) _____(work) _____

Email _____

3. Social Security Number: _____-_____-_____

4. Name of Chiropractic College _____ Date of graduation _____

5. State of original licensure _____ Date _____

6. Which parts of the National Examination have you completed? _____

7. List each state a license has been issued. Include license number.

_____/_____/_____/_____

8. Are you now or have you ever been licensed in any other Health care profession?
Yes No **If yes, list all such licenses and by who license was issued.**

_____/_____/_____

9. 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? Yes No **If yes, submit a certified copy of your criminal history record.**

10. Have you ever been professionally penalized or convicted for use or abuse of drugs, convicted of unlawfully prescribing drugs, convicted of willfully violating the confidence of a patient, or professionally penalized or convicted of fraud? Yes No **If yes, please provide a detailed explanation.**

11. Have you ever been the recipient of any administrative penalties regarding your practice of chiropractic, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocation for nonpayment of license renewal fees), probationary limitations and/or entered into any consent agreements which contain conditions placed by a Board on your professional conduct and practice including any voluntary surrender of license? If so please provide full details.

12. Are any professional disciplinary complaints or criminal actions pending against you? Yes No **If yes, please provide an explanation.**

To assure consideration of your license application at the next Board meeting, 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 six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

When your application is complete, please allow 4 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.

(Applicant's signature)

_____ (County)

_____ (State)

Before me personally appeared _____ to me known to be the identical person who signed this document of application and being by me first, duly sworn on oath, state that all the foregoing statements are true and correct to the best of his/her knowledge and belief.

Notary Public (Seal)
My Commission expires: _____