

REQUIREMENTS, INFORMATION & INSTRUCTIONS - CHIROPRACTOR

Access this form via website at: cca.hawaii.gov/pvl

Applicants are subject to **current** licensure requirements.

Hawaii does not have reciprocity agreements with any other state or country. All applicants must meet the licensing requirements of the Hawaii Board of Chiropractic (Board) in accordance with Chapters 442 and 436B, HRS, and Chapter 76, HAR.

SOCIAL SECURITY NUMBER

Your Social Security Number is used to verify your identity for licensing purposes and for compliance with the below laws. **You must provide your Social Security Number or your application will be deemed deficient and will not be processed further.**

The following laws require that you furnish your Social Security Number to our agency:

FEDERAL LAWS:

42 U.S.C.A. §666(a)(13) requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

If you are a licensed health care practitioner, **45 C.F.R., Part 61, Subpart B, §61.7** requires the Social Security Number as part of the mandatory reporting we must do to the Healthcare Integrity and Protection Data Bank (HIPDB), of any final adverse licensing action against a licensed health care practitioner.

HAWAII REVISED STATUTES ("HRS"):

§576D-13(j), HRS requires the Social Security Number of any applicant for a professional license or occupational license be recorded on the application for license; and

§436B-10(4), HRS which states that an applicant for license shall provide the applicant's Social Security Number if the licensing authority is authorized by federal law to require the disclosure (and by the federal cites shown above, we are authorized to require the Social Security Number).

EDUCATIONAL REQUIREMENTS

Successfully completed at least **sixty (60) semester hours** or equivalent of college credit in a pre-chiropractic program, as set forth by the Council on Chiropractic Education ("CCE"). (Students who were matriculated in a degree granting chiropractic college prior to October 15, 1984 are exempt from this requirement).

Graduated from a chiropractic college accredited by Council of Chiropractic Education, Straight Chiropractic Academic Standards Association (prior to 06/04/93), or other chiropractic school accrediting body recognized by the U.S. DOE.

SCHOOL TRANSCRIPTS NBCE EXAMS

Arrange to have **official TRANSCRIPTS** that verifies successful completion of chiropractic college sent **directly** to the Board. Have your chiropractic college complete the attached "Chiropractic College Certification" form (CHIR-07) and send it **directly** to the Board.

Each applicant for chiropractic licensure shall be required to **pass** the National Board of Chiropractic Examiners' (NBCE) examinations.

One of the following must be met:

1. Passed the NBCE Parts I, II, III, IV, and physiotherapy; **OR**
2. Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if licensed under the laws of another state(s) **after December 31, 1988** and provided license(s) is (are) in good standing; **OR**
3. Passed the NBCE Parts I, II, physiotherapy, and SPEC; if licensed under the laws of another state(s) **prior to January 1, 1989** and license(s) is (are) in good standing.

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**SCORE
REPORTS**

NOTE: NBCE Exams are not administered in Hawaii at this time.

Arrange to have an **official RECORD OF SCORES** for applicable NBCE exams sent **directly** to the Board from the NBCE.

Contact the NBCE at: National Board of Chiropractic Examiners
901 54th Avenue
Greeley, Colorado 80634
(970) 356-9100
www.nbce.org

For information about SPEC, contact the NBCE or visit www.nbce.org.

**SPEC
EXAMINATION**

Submit the NBCE's form, "Authorization to take SPEC and/or Request/Requirement for SPEC Transcript" with your application (download from www.nbce.org) if you have not already taken the SPEC and if either 2 or 3 applies to you.

**LICENSE
VERIFICATION**

Have **all jurisdictions** where you hold or held a license at any time, complete the attached "Verification of License" form. This "Verification" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete this form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on their procedures and fees. The applicant is responsible for any fees incurred. If you are not licensed within one year of filling your application, you will be required to update your license status verifications from the other state boards.

FEES

If applying for licensure between January 1, even-numbered year,
to December 31, even-numbered year, pay \$391
(Application fee - \$50*, License fee - \$96, CRF - \$148, second year of two-year
license period - \$97)

If applying for licensure between January 1, odd-numbered year,
to December 31, odd-numbered year, pay \$220
(Application fee - \$50*, License fee - \$96, CRF - \$74)

Attach check or money order made payable to: COMMERCE & CONSUMER AFFAIRS. (check must be in U.S. dollars and be from a U.S. financial institution.)

- * Application fee is not refundable.
- ** Subject to renewal on or before December 31, of each odd-numbered year, regardless of issue date.

NOTE: One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the payment you sent us for your required fees is honored by your bank. If your payment is dishonored, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$25.00 service charge shall be assessed for payments that are dishonored for any reason.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. You must submit a written request for a contested case hearing to the Board and must be made within sixty (60) days after your application for license is denied.

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**BOARD'S
ADDRESS**

Mail required items to:
Hawaii Board of Chiropractic
DCCA, PVL Branch
P.O. Box 3469
Honolulu, HI 96801

OR

Deliver to office location:
335 Merchant Street, Room 301
Honolulu, HI 96813

Phone: (808) 586-3000

**RELEASE OF
INFORMATION**

If an agency or individual is assisting you with the licensure process, we will not be able to release any information to them unless you provide us with authorization. If you wish to do so, please complete the portion on **Release of Information to Third Party**, sign and date it.

**LAWS
PUBLICATIONS**

It is the responsibility of each doctor of chiropractic to read and study the chiropractic laws Chapter 442, Hawaii Revised Statutes, and rules, Chapter 76, Hawaii Administrative Rules. A copy of the chiropractic laws and rules are available by submitting a written request to: Hawaii Board of Chiropractic, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 442 and Chapter 76.

The laws and rules are posted on the Internet at: cca.hawaii.gov/pvl. Click on "Chiropractor".

**ABANDONED
APPLICATIONS**

Pursuant to HRS §436B-9 your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years. The failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit any required information and documents requested by the licensing authority within two consecutive years from the last date the documents and information were requested, or (2) failure to complete any additional requirements for licensure that remain after approval of your application, such as attempting to complete an exam requirement, within two consecutive years from the date your application was approved, or (3) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process. If an application is deemed abandoned the applicant shall be required to reapply for licensure and comply with the licensing requirements in effect at the time of the reapplication.

**BIENNIAL
RENEWAL**

All licenses, regardless of issuance date, **are subject to renewal on or before December 31 of each ODD-numbered year**. Renewal application form and fees and continuing education hours (no practice-building courses accepted) are required.

**ADDRESS
CHANGES**

Changes must be reported to the Board in writing within 30 days of the change.

APPLICATION FOR LICENSE - CHIROPRACTOR

Access this form via website at: cca.hawaii.gov/pvl
 See Requirements for license and Instructions for filing before completing this form.
 Type or print in black ink.

Legal Name (First, Middle)	(Last)
Other Names Used (Include Maiden Name)	
Residence Address (Include Apt. No., City, State & Zip Code)	Social Security No.
	Phone No. (Days)
Mailing Address (ONLY if different from above)	Date of Birth:

APPROVED: <input type="checkbox"/>	Initials/Date:
DENIED: <input type="checkbox"/>	
Date Licensed:	License No.: DC -
FOR BOARD USE ONLY	

Check answers and give details when required:

- 1) Are you at least 18 years old? YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States? YES NO
- 3) a. Have you passed the NBCE Parts I, II, III, IV, and physiotherapy? YES NO
- b. Have you passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered? YES NO
- c. Have you passed the NBCE Parts I, II, physiotherapy, and SPEC, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered? YES NO
- d. **Are you requesting authorization to sit for the SPEC examination?** If "yes", submit NBCE form "Authorization TO TAKE SPEC" YES NO
- 4) Have you ever applied for or held a license in Hawaii? YES NO
 If so, when? _____ Lic. No. _____ Exp. Date _____
- 5) Are you licensed to practice chiropractic in any other jurisdiction? If "yes", list jurisdictions on next page YES NO
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action? YES NO
- 7) Are there any disciplinary actions pending against you? YES NO
- 8) Have you ever been convicted of a crime in any jurisdiction that has not been annulled or expunged? YES NO

If response is "yes" to questions 6, 7, or 8, attach court documentation on the date, place, and violation of each conviction and fulfillment of conditions of each sentence or disciplinary action taken from the appropriate licensing agency. Other information and documents may be required in accordance with 436B, HRS.

EDUCATION	Name of School	Location (City/State)	Semester Hrs. Completed	Date Graduated (month/year)	Date Transcript Requested
	College/University				
	Chiropractic College				

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Appl	075	\$50
License	077	\$96
CRF	078	\$74/\$148
1/2 Ren	070	\$97
Service Fee	BCF	\$25

Print Name of Applicant: _____

Date: _____

LICENSES (use a separate sheet if more space is needed)	Name of Jurisdiction	License No.	Date Issued	Date Verification Requested
	ORIGINAL STATE OF LICENSURE:			

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license and is a misdemeanor (Section 710-1017, Sections 436B-19 and 442-9, Hawaii Revised Statutes). I further certify that I have read and will abide by the laws and rules of the Hawaii Board of Chiropractic.

Signature of Applicant

Date

Release of Information to Third Party:

To assist me in the licensing process, I authorize DCCA's staff to release any and all information regarding my application (including but not limited to, application status) to the following:

Print Name of Individual who is assisting you: _____

Name of Organization: _____

Signature of Applicant

Date

This material can be made available for individuals with special needs. Please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

CHECKLIST OF REQUIREMENTS

Education

1. _____ Completed at least 60 semester hours (equivalent) of college credit in a pre-chiropractic program set forth by CCE.
2. _____ Graduated from an accredited chiropractic college:
_____ Accredited by Council of Chiropractic Education
_____ Accredited by Straight Chiropractic Academic Standards Association prior to June 4, 1993.
_____ Other accrediting body recognized by the USDOE. _____
3. _____ Transcripts submitted directly from chiropractic school where obtained doctor of chiropractic.
4. _____ Chiropractic College Certification (Hawaii form CHIR-07) submitted directly from Chiropractic school.

NBCE Exams

1. _____ Passed the NBCE Parts I, II, III, IV, and physiotherapy; OR
2. _____ Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC)*; if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered; OR
3. _____ Passed the NBCE Parts I, II, physiotherapy, and SPEC*, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered.

Out-of-State License Verification

1. _____ Verification of License form from original state of licensure.
2. _____ Verification of License forms from all states licensed in.

Fees

1. _____ Application Fee \$50
2. _____ License Fee \$391/\$220

* If you have not already taken and passed the SPEC, you must submit the NBCE form, "Authorization To Take SPEC" with your Hawaii application. Upon approval of your application, we will complete the form and send it to you. For information about the SPEC, contact NBCE:

National Board of Chiropractic Examiners
9011 54th Avenue
Greeley, Colorado 80634
(970) 356-9100
www.nbce.org

Notes