



# BOARD OF CHIROPRACTIC LICENSURE

## Chiropractor Reinstatement

*For licenses that have expired 91 days up to 2 years  
from the date of expiration*

Do not return the 4 following informational pages with your application; it is for your information only

Department of Professional and Financial Regulation  
Office of Professional and Occupational Regulation  
(Mailing address) 35 State House Station, Augusta, ME 04333  
(Office location) Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603  
TTY users call Maine relay 711  
FAX (207) 624-8637

Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)  
Email: [chiropractic.lic@maine.gov](mailto:chiropractic.lic@maine.gov)

### FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

### **Can I come to Gardiner to drop off my application?**

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address  
35 State House Station, Augusta, ME 04333.

# **APPLICATION INSTRUCTIONS** **CHIROPRACTOR REINSTATEMENT**

Information checklist for documents to be submitted to the Board in one package at time of application. (This is an abbreviated checklist and does not replace the requirements outlined in the Chiropractic Laws and Rules. Please review them carefully for more detailed and clarifying information.)

**Completed Application**

Complete and sign the application and submit with the appropriate fees and documentation.

**Proof of age**

A copy of your official birth certificate or other official legal document is acceptable.

**Proof of Education**

Submit a copy of your Chiropractic Diploma;  
Submit Official Pre-Chiropractic Transcripts (must include English and Biology); and  
Submit Official Chiropractic Transcripts.

**Proof of National Board Examination Scores – Parts 1, 2, 3, 4 and Physiotherapy**

**Any other supporting documentation such as: Good Moral Character forms or Verification of licensure**

Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

### **CONTINUING EDUCATION:**

As a Chiropractor you will be required to satisfy the Continuing Education requirements identified in Chapter 6 of the Board's Rules. Please be sure to review this chapter carefully.

The Board of Chiropractic Licensure requires that all supporting documents and fees be submitted with the filing of your application. **Your application will be considered incomplete and will be returned if supporting documents and/or fees are omitted.** Documents that have been modified or altered in any way will not be accepted.

### **PROCESSING TIME:**

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Action on this application is posted to the web in real time. Please visit our website if you wish to monitor progress. If the status appears as Pending, this means that your application was received by this office and it is pending or under review. Once reviewed and if everything about your application is complete and complies with requirements, the license will be issued and the status will show as ACTIVE.

Please refrain from calling our office to "check" on your application as these calls only serve to slow our ability to review and process applications. Information regarding the status of applications may be found at the Office of Professional and Occupational Regulation's website [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). We appreciate your thoughtful attention to this request.

### **IMPORTANT INFORMATION REGARDING YOUR LICENSE: The Office no longer prints**

**licenses.** Upon issuance of your license, you will be notified by email using the email address you provide in this application from [noreply@maine.gov](mailto:noreply@maine.gov) that your license has been issued with your license attached to the email (a paper license will not be sent by regular mail). The email with your license will contain the access code that is required to renew your license online when the time comes. You may also update your contact information and email address using this access code, go online to [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing).

Approximately sixty (60) days prior to the expiration of your license a courtesy renewal reminder will be sent to you by email. It is important that you maintain a current email on file or risk not receiving the renewal reminder. You do not need to wait for a renewal reminder to renew your license. The online renewal opens sixty (60) days prior to the license expiring and you may renew online anytime.

## VERIFICATION OF LICENSURE

**\*\* A copy of your license is not considered a license verification \*\***

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status, i.e. active, inactive, lapsed, probation, restricted, suspended, or revoked.
- Indication of discipline-yes/no, a checkbox, (no) files attached, etc.—if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

Please direct the licensing jurisdiction to send the License Verification report to you directly and in turn you must submit this verification with your completed Maine application.

A sample license verification is available on the Board's website in the applications and forms section.

**IMPORTANT:** Applications submitted without **all of the Verifications of Licensure** from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME *F*  
*IRST* *MIDDLE INITIAL* *LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH *mm / dd / yyyy* SOCIAL SECURITY NUMBER - -

CONTACT ADDRESS

CITY STATE ZIP COUNTY

PHONE # ( ) FAX # ( ) E-MAIL (Your license will be emailed)

**BACKGROUND CHECK NOTICE:** Pursuant to 5 MRS §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**Board of Chiropractic Licensure  
Chiropractic License Reinstatement  
Required Fees: \$221.00 (Non-Refundable)  
(includes license, late fee and criminal records check fee)  
FOR LICENSES THAT HAVE EXPIRED 91 DAYS UP TO 2 YEARS FROM THE DATE OF EXPIRATION.**

License Number: \_\_\_\_\_

Date License Expired: \_\_\_\_\_

**Office Use Only:**  
CR 1427 - \$100.00  
2090 - \$100.00  
2619 - \$21.00

*Office Use Only:*  
Check # \_\_\_\_\_  
Amount: \_\_\_\_\_  
Cash # \_\_\_\_\_  
Lic. # \_\_\_\_\_

**PAYMENT OPTIONS:**

Make checks payable to "Maine State Treasurer" - If you wish to pay by credit card, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my  VISA  MASTERCARD  DISCOVER  AMERICAN EXPRESS The following amount: \$ \_\_\_\_\_  
 I understand that fees are non-refundable

Card number: Expiration Date *mm / yyyy*

**SIGNATURE DATE**

## **SECTION 1: EDUCATION**

<b>Pre Chiropractic Degree:</b>		
<input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Other describe: : _____		
Name of Educational Provider		Date of Graduation
Contact Address:                                  Street or P.O. Box		
City	State	Zip Code
Semester English course was acquired:		
Semester Biology course was acquired:		
Official Transcripts demonstrating your education must be submitted with your application		

<b>Chiropractic Degree:</b>		
<input type="checkbox"/> Doctorate Degree		
Name of Educational Provider		Date of Graduation
Contact Address:                                  Street or P.O. Box		
City	State	Zip Code
Official Transcripts demonstrating your education must be submitted with your application		

**SECTION 2: LICENSE VERIFICATION**

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State’s or Jurisdiction’s primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

**DISCIPLINE:** If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed - Answer (Yes or No)
1.					
2.					
3					

**SECTION 3: Check appropriate response to the question below. Any YES response must be fully explained by a written statement on a separate sheet of paper, signed and dated, and submitted with your application.**

<p>Have you ever received a sanction from Medicare or from a state Medicaid program?</p> <p>1. <input type="checkbox"/> Medicare <u>OR</u> <input type="checkbox"/> Medicaid Program (State) _____</p> <p>2. Submit a copy of the official action by the entity.</p> <p>3. Provide a detailed explanation in your own words on a separate sheet of paper.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION 4: Continuing Education Requirement**

<p>Have you met the continuing education requirements of Board Rule Chapter 6?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**SECTION 5: EXAMINATIONS**

Have you ever taken an NBCE national examinations?

Yes

No

If yes, list the jurisdiction(s) where you took the examination, type of examination, date of examination and score:

Examination Type	Jurisdiction	Date	Score
Part I			
Part II			
Part III			
Part IV			
Physiotherapy			
Acupuncture			



## **SECTION 6: NOTICES**

### **Please Note:**

Pursuant to 10 MRS §8003-G - any change in name, address, email address, criminal convictions, disciplinary actions, or any material change set forth in your original application for licensure must be reported to the Office within 10 days.

You can access this Law for your review at:

<http://www.mainelegislature.org/legis/statutes/10/title10ch901sec0.html>

## **SECTION 7: Laws and rules; attestation statement in lieu of jurisprudence examination.**

**Disclosure:** On March 24, 2011, the Board of Chiropractic Licensure voted to discontinue the jurisprudence examination and in its place require the applicant to attest that s/he will obtain, read and abide by all Maine laws and rules related to the practice of chiropractic as part of the application process. This change will streamline the licensing process to the benefit of prospective licensees while still maintaining the mission of the Board to license qualified individuals. The holder of an active license has an obligation and responsibility of keeping abreast of all laws and rules and maintaining current and up to date practice standards.

### ***Maine Chiropractic Laws and Rules***

<http://www.maine.gov/pfr/professionallicensing/professions/chiropractors/laws.html>

Access to all relevant laws and rules are accessible from this web page.

### ***Title 10 Department of Business Regulation Law §§8001 – 8009***

<http://www.maine.gov/pfr/professionallicensing/professions/chiropractors/laws.html>

### ***Office of Professional and Occupational Regulation Rules 02 041***

<http://www.maine.gov/sos/cec/rules/02/chaps02.htm#041>

Chapter 10, Establishment of License Fees

Chapter 11, Late Renewals

Chapter 13, Uniform Rule for the Substantiation of Continuing Education Requirements

### ***Title 38 §1319-O, Subsection 3, Handling and disposal of biomedical waste***

<http://www.mainelegislature.org/legis/statutes/38/title38sec1319-O.html>

This office cannot provide you with a hardcopy of laws and rules. However, all of these documents are available online at [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing). Please visit the website(s) listed to access these documents electronically. These documents may be subject to change without notice and it is strongly advised that you periodically revisit these sites for any updates.

**SECTION 8: APPLICANT’S CERTIFICATION AND SIGNATURE**

Read the statement below and sign where indicated as your certification of the information provided on this application. Applications that are incomplete, altered (including use of any white out), defaced, or compromised will not be accepted and will be returned. This includes, but is not limited to, unanswered questions, lack of appropriate signature, information is illegible, missing required supporting documents, and/or missing or wrong fee.

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Chiropractic Licensure will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

Printed Name of Applicant	Title
Signature of Applicant	Date

*This form must be completed by the person attesting to the applicant's good moral, ethical and professional*

**CERTIFICATE OF MORAL CHARACTER**

*character.*

The person attesting to the applicant's good moral character must be personally known to him/her and be prepared to furnish additional information concerning the applicant's character, education, and standing as may be requested by the Board of Chiropractic Licensure.

I, the undersigned, hereby confer that I am personally acquainted with the applicant named below and know him/her to be of good moral character.

*Please write legibly.*

Applicant's Name <i>(Please Print)</i>			
Name of person attesting to the Applicant's Character	Name		
	Street		
	City/State/Zip		
	Telephone #	Email Address:	
	Occupation		Date
	Signature		
Briefly describe how the applicant is known to you. (e.g. fellow colleague, neighbor, long time friend, etc.)			

By

submitting this application and supporting documents I understand that the Board of Chiropractic Licensure will rely upon this information for issuance of my license and that this information is truthful and factual and that sanctions may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

SIGNATURE OF APPLICANT

DATE

## CERTIFICATE OF MORAL CHARACTER

*This form must be completed by the person attesting to the applicant's good moral, ethical and professional character.*

The person attesting to the applicant's good moral character must be personally known to him/her and be prepared to furnish additional information concerning the applicant's character, education, and standing as may be requested by the Board of Chiropractic Licensure.

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Name of person attesting to the Applicant's Character	Name		
	Street		
	City/State/Zip		
	Telephone #	Email Address:	
	Occupation		Date
	Signature		
Briefly describe how the applicant is known to you. (e.g. fellow colleague, neighbor, long time friend, etc.)			

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