



CHIROPRACTIC LICENSE REINSTATEMENT INSTRUCTIONS

The License Reinstatement application consists of an Application and Blank Forms.

- Answer all questions on the application.
- Only complete a form if you have answered a question that relates to that form.
 - You may not provide information pertaining to multiple incidents on one form.
 - If you have more than one incident to disclose on any form, copy the form and complete a form for each incident.
- You may be charged for any fees the Board may incur for obtaining records to confirm information you disclose on your application.
- Your application is NOT considered complete until it is filed with the Board and all supporting forms, documents and fees have been received.
 - Reinstatement of your license may be delayed until all information disclosed is collected, verified, and reviewed by the Board.

You must answer all questions contained in the application and associated forms truthfully and accurately to the best of your knowledge. Failure to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of your application or disciplinary action.

Your application will be processed only after you provide all necessary information. To avoid delays, be sure to:

- ✓ Type or print your answers clearly and legibly.
- ✓ Answer every question.
- ✓ Complete all forms required.
- ✓ Sign and date the bottom of each page of the application.
- ✓ Thoroughly read the Affidavit and Authorization for Release of Information and sign it before a notary public.
- ✓ If you are not sure of dates, places, or other information, **it is your responsibility** to obtain accurate and complete information.
- ✓ Where indicated, check the box in front of the word "yes" or "no" to designate your answer. You must answer each question with a "yes" or "no" response.

Upon receipt of your application and all supporting documents, the information will be reviewed by the Board and you will be notified in writing of the effective date of any reinstatement. If your application is refused or denied by the Board, you will be afforded an opportunity for hearing on the matter.

Period of Inactivity

If your license has not been active for more than two years, the Board will consider the length of inactivity, your moral character, and your activities during the inactive or forfeited license period. The Board may impose terms and conditions upon reinstating your license by doing any of the following:

- Requiring training, which may include taking and passing the Special Purposes Examination for Chiropractic offered by the National Board of Chiropractic Examiners;
- Requiring an oral or written examination, or both, to determine fitness.

FAILING TO PROVIDE OR TO ACCURATELY PROVIDE THE REQUESTED INFORMATION ON YOUR APPLICATION AND/OR FORMS OR MAKING A FALSE, FRAUDULENT, OR DECEITFUL STATEMENT ON YOUR APPLICATION AND/OR FORMS MAY RESULT IN THE BOARD REFUSING TO REINSTATE YOUR LICENSE OR IMPOSING DISCIPLINARY ACTION.

To apply for reinstatement/restoration of your license:**If you file your application for reinstatement between April 1 of an even-numbered year and March 31 of an odd numbered year:**

April 1, 2016 – March 31, 2017
April 1, 2018 – March 31, 2019

- Completed Application;
- Non-refundable fee (Visa or MasterCard):
From Inactive Status= \$500; From Forfeited Status = \$650;
- License verification from all states in which you have ever held a chiropractic license. Verifications must be issued by the state that issued the license. Do not send a copy of your license;
- Proof of continuing education that verifies you completed 36 hours of CE earned in accordance with Board Rule 4734-7-01. This CE must be earned within the 24 months immediately preceding the date of the application.

If you file your application for reinstatement between April 1 of an odd-numbered year and March 31 of an even numbered year:

April 1, 2017 – March 31, 2018**
April 1, 2019 – March 31, 2020**

- Completed Application;
- Non-refundable fee (Visa or MasterCard):
From Inactive Status= \$250; From Forfeited Status = \$400;
- License verification from all states in which you have ever held a chiropractic license. Verifications must be issued by the state that issued the license. Do not send a copy of your license;
- Proof of continuing education that verifies you completed 18 hours of CE earned in accordance with Board Rule 4734-7-01. This CE must be earned within the 24 months immediately preceding the date of application.

Please review the Board's CE FAQs and Board Rule 4734-7-01 and 4734-7-02 for information on accepted CE to reinstate/restore your license.

***** All chiropractic licenses expire at midnight on March 31 of even numbered years*****

If you renew your license on or before March 31 of an even numbered year, the license will expire at midnight and you will be required to renew it if you wish to practice after March 31.

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1. List every job you have held since your Ohio chiropractic license became inactive or forfeited. Include self-employment, temporary or part-time employment and military service. Account for any period of time when you were unemployed for more than three months. *If additional space is needed, please provide the requested information on Form A.*

EMPLOYMENT HISTORY

From Mo/Yr _____ To PRESENT Position _____

Employer _____

City _____ State _____ Zip _____ Telephone _____

From Mo/Yr _____ To Mo/Yr _____ Position _____

Employer _____

City _____ State _____ Zip _____ Telephone _____

From Mo/Yr _____ To Mo/Yr _____ Position _____

Employer _____

City _____ State _____ Zip _____ Telephone _____

2. List every state, foreign country or other jurisdiction to which you have ever submitted an application to be licensed for the practice of chiropractic. *Provide an explanation of the circumstances surrounding the reason for any withdrawal of application or failure to be licensed on Form A.*

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

State/Foreign Country _____ Date license issued _____

Current Other (Explain) _____

3. Have you or your spouse ever been a member of the U.S. Armed Forces or a reserve component, including the National Guard of any state? Yes* No

* If yes, complete Form 3

Applicant Name _____

Date _____

***If you answer "YES" to any of the following questions (4-21), you are required to furnish complete details of your response on Form A. Please note some questions require specific and detailed information. Your responses must be complete.**

4. Do you now, or have you ever held any other type of professional license other than a chiropractic license in any jurisdiction? This includes temporary, trainee, or apprenticeship licenses or permits. x Yes x No

5. Have you ever been denied licensure, certification or registration, application for licensure, certification or registration or privilege of taking examination, or have you ever withdrawn any application in any state, including Ohio, territory, province or country for any reason? x Yes x No

6. Has any board, bureau, department, agency or other body, including those in Ohio, in any way limited, restricted, suspended or revoked any professional license, certificate or registration granted to you, or imposed a fine or reprimand against you? x Yes x No

7. Have you ever been notified of any charges, allegations, or complaints filed against you with any board, bureau, department, agency, or other body, including those in Ohio, with respect to a professional license, certificate or registration? x Yes x No

8. Have you ever been requested to appear before any board, bureau, department, agency, or other body, including those in Ohio, concerning allegations against you? x Yes x No

9. Have you ever entered into an agreement of any kind, whether oral or written, with respect to a professional license, certificate, or registration in lieu of formal disciplinary action with any board, bureau, department, agency, or other body, including those in Ohio? x Yes x No

10. Have you ever voluntarily surrendered any professional license, certificate or registration issued to you by any board, bureau, department, agency, or other body, including those in Ohio? x Yes x No

11. Have you ever been terminated, or have you ever been requested to resign from, withdraw, or otherwise terminate your position with a health care partnership, professional association, corporation, health maintenance organization, or other health care practice organization, either private or public? x Yes x No

12. Have you been a defendant in a legal action involving professional liability (including malpractice), or had a professional liability claim paid on your behalf, or paid such a claim yourself? x Yes* x No

*If yes, also complete Form 2

13. Have you ever been denied or relinquished participation in any third party reimbursement program, whether governmental or private, or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body? x Yes x No

Applicant Name _____

Date _____

14. Have you ever been denied privileges, or had privileges revoked, suspended, restricted, reduced or terminated by the Department of Defense or the Veteran's Administration?

Yes No

15. Have you ever been convicted of, found guilty of, pled guilty to, pled no contest to, pled not guilty by reason of insanity to, entered an Alford plea, received treatment or intervention in lieu of conviction, or been found eligible for pretrial diversion or a similar program for any violation of any law (except minor traffic laws) in any jurisdiction, other than a violation that was resolved in juvenile court?

Yes* No

*If yes, complete Form 1

If you are unsure what does and does not constitute a minor traffic violation, consult with legal counsel. Driving under the influence violations are not minor traffic violations and must be reported.

16. Have you ever forfeited collateral, bail, or bond for breach or violation of any law, police regulation, or ordinance (other than for a minor traffic violation) been summoned into court as a defendant or had any lawsuit (other than a malpractice suit) filed against you, other than a matter resolved in juvenile court?

Yes No

17. Do you have a current, pending, or unresolved complaint filed against you in any administrative, civil, or criminal forum?

Yes No

18. Are you delinquent in complying with a child support order?

Yes No

19. Do you currently have any condition or impairment including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder or condition, which in any way currently affects your ability to practice in a competent and professional manner?

Yes* No

*If yes, have each treating physician submit a letter detailing the dates of treatment, diagnosis and prognosis.

20. Are you listed on the Sexual Civil Child Abuse Registry established by the Ohio Attorney General pursuant to Section 3797.08 of the Ohio Revised Code, or have you been notified of any proceeding to determine whether you may be subject to listing on the registry?

Yes* No

21. Are you required to register as a sex offender under Ohio law, the law of any other state, the U.S., or a foreign country?

Yes* No

I, _____ attest that I am the person named in this application, that all statements I have made are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application; and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are true and accurate in every aspect.

I acknowledge that I have read and understand the Application for Reinstatement of License to Practice Chiropractic in the State of Ohio and have answered all questions contained in the application and associated forms truthfully and completely. I further acknowledge that failure on my part to provide the information requested and/or to answer the questions truthfully and completely may lead to denial of my application or disciplinary action against me.

Applicant Name _____

Date _____

Affidavit and Authorization for Release of Information

By filing this Application for Reinstatement of License to Practice Chiropractic in the State of Ohio, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness to practice as a chiropractic physician. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records and other information pertaining to me furnish to the Ohio State Chiropractic Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge and exonerate the Ohio State Chiropractic Board, its agents or representatives and any persons furnishing information, from any and all liability of every nature and kind arising out of an investigation made by the Board. I authorize the Ohio State Chiropractic Board to release information, material, documents, orders or the like relating to me or to this application to any other governmental agency (local, state, federal, or foreign); or to any hospital, nursing home, clinic, health maintenance organization, or similar institution, or to any professional association.

I shall immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application and associated forms if such a change occurs at any time prior to a license to practice chiropractic is granted to me by the Board.

I further understand that consideration of this application is based on the truth of the statements and documents made or furnished in connection with it. My failure to answer all questions contained in this application truthfully and completely may lead to denial of my application or disciplinary action against me. I attest that all answers, information, and statements I have provided are true and accurate to the best of my knowledge.

Signature of Applicant (must be signed in the presence of a notary public) Date _____

NOTARY

State of _____ County _____

Subscribed and sworn to before me this _____ day of _____ 20____

My commission expires: _____

Dated _____ Signed _____

Notary Seal

Applicant Name _____ Date _____

FORM A

To be used for questions requiring additional answer space. This form may be duplicated as necessary.

Applicant Name: _____

Question # _____

Applicant Signature _____

Date _____

