



**STATE OF OKLAHOMA  
BOARD OF CHIROPRACTIC EXAMINERS**

421 NW 13<sup>th</sup> Street, Suite 180  
Oklahoma City, OK 73103  
(p): 405/522.3400 (f): 866/245.2748  
[www.chiropracticboard.ok.gov](http://www.chiropracticboard.ok.gov)

<b>Applying For:</b>
<input type="checkbox"/> Original License
<input type="checkbox"/> Relocation
<input type="checkbox"/> Reinstatement

<input type="checkbox"/> Approved
<input type="checkbox"/> Disapproved

**APPLICATION FOR LICENSURE AND/OR EXAMINATION**

*Please complete form online then print*

PART I: GENERAL INFORMATION		
Full Name: (First, Middle, Last, Suffix)		Social Security Number:
Name as you want it on your license:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Maiden/Alias:	Date and Place of Birth:	E-mail address:
Military Service ( <i>if applicable</i> ):	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Must submit Citizen's Affidavit	
Branch:	Home Address:	
Rank:	City, State Zip	
From Date:	Home Number:	
To Date:	Cell Number:	

**ATTACH  
PHOTO  
HERE**  
*taken within the  
past 12 months  
(tape – do not  
staple)*

This is to certify that the photograph is a correct likeness of the applicant. Sworn before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. My commission number is \_\_\_\_\_ and expires on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
Notary Public \_\_\_\_\_

**Note:** Notary seal must be impressed partially on the picture and partially on the form.

**PART II: LICENSE HISTORY**

Verification of each license must be provided directly from the State Licensing Board. \*Attach a separate page if necessary.

State/Country	Original Issue Date	License Number	Expiration Date	Current Status

**PART III: PROFESSIONAL HISTORY**

For Chiropractic Physicians licensed in another state, please fill out the following:

Reason for relocating to Oklahoma:

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Have you been actively engaged in the practice of chiropractic in another state, territory, or province of the United States or Canada for a period of at least three (3) consecutive years immediately prior to making this application?  Yes  No

If yes,  Full Time  Part Time

Please have the licensing Board in the state, territory, or provisions in which you hold a license submit a verification of licensure to the Board, as stated in PART II of License History.

**PART IV: ATTESTATION** \*If you answer "YES" to any of the following questions, attach an explanation on a separate page

1. Has your application for examination or licensure ever been rejected in any State territory, province, or foreign country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been the subject of any disciplinary action by any Government, Jurisdictional or Licensing Authority; Federal, State or Municipal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there any pending formal complaints that have been filed against you by any Government, Jurisdictional or Licensing Authority; Federal, State or Municipal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Provide full disclosure to the Board of any criminal proceeding taken against the applicant including but not limited to: a. Pleading guilty, nolo contendere or receiving a conviction of a felony. b. Pleading guilty, nolo contendere or receiving a conviction of a misdemeanor involving moral turpitude. c. Pleading guilty, pleading nolo contendere or receiving a conviction for violation of federal or state controlled dangerous substance laws.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have any of the healing arts licenses you hold or have held ever been revoked, suspended, cancelled or denied? If so please attach an explanation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. How long have you been practicing chiropractic and where? _____ (Years) _____ [Location(s)]	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you claim to practice, or be qualified to practice, any method or system or healing other than chiropractic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do you promise to support and agree to abide by the laws of the State of Oklahoma, especially those pertaining to the practice of chiropractic and such Rules and Regulations of the Board of Chiropractic Examiners, to conduct yourself ethically, honorably as a practitioner of chiropractic, and to observe the health laws and regulations of the State of Oklahoma?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**IDENTIFICATION**

Attach on the first page of this application, one current 2X2 passport picture of yourself.

**AFFIRMATION**

"I hereby certify under oath or affirm that I am the person named in this application; that all statements I have made herein are true; that the photograph is a true resemblance of me and was made within the last twelve (12) months; that in consideration of the issuance to me of a license to practice chiropractic in the State of Oklahoma I hereby pledge that I shall abstain from deceptive or fraudulent methods of practice, from immoral, unprofessional and unethical conduct; that I shall abstain from professional association with, and shall not act as a shield for, and unlicensed practitioner or other person and I hereby agree that violation of this pledge shall constitute cause for revocation of my chiropractic license. I further state that I am not omitting any information, which might be of value to the Board to determine my qualifications or eligibility. I agree that any falsification, omission or withholding of pertinent information or facts, concerning my qualifications as an applicant for examination and/or licensure shall be sufficient to bar me from further consideration for licensure by the Oklahoma Board of Chiropractic Examiners. Any such falsification, omission, or withholding of pertinent information shall serve as sufficient grounds for fines, revocation, cancellation or suspension of my chiropractic license should it be discovered after my license is granted. I hereby authorize all institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all government agencies (local, state, federal, or foreign) to release to the Oklahoma Board of Chiropractic Examiners or its successors any information, files, or records requested by the Board in connection with this application. **By submitting this application, I am authorizing the release of any and all complaints filed against me, investigative material and disciplinary actions from any organizations, institutions, clinics or hospitals to the Oklahoma Board of Chiropractic Examiners.** I further authorize the Oklahoma Board of Chiropractic Examiners or its successors to release to the organizations, individuals or groups listed herein, information, which is material to this application or any subsequent license."

**NOTARY  
SEAL**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to before me on (date): \_\_\_\_\_

My commission expires on (date): \_\_\_\_\_

Notary Public: \_\_\_\_\_

Commission #: \_\_\_\_\_

**Instructions for Required Affidavit:**

All natural persons applying for a license from the Oklahoma Board of Chiropractic Examiners (“Board”) are required, by the provisions of 56 O.S. Supp. 2007 § 71, to provide the Board with verification of lawful presence in the United State by executing the Affidavit below before a notary public or other officer authorized to notarize affidavits un State law.

**AFFIDAVITS VERIYING LAWFUL PRESENCE IN THE UNITED STATES**

**Affidavit of**

\_\_\_\_\_  
[Applicant’s Name]

STATE OF OKLAHOMA )

) ss:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, of lawful age, being first duly sworn, upon  
[Applicant’s Name]

oath states, under penalty of perjury, as follows:

I am a United States Citizen, or I am a qualified alien under the federal Immigration and Naturalization Act, and I am lawfully present in the United States.

\_\_\_\_\_  
[Signature of Applicant]

Subscribed and sworn to or affirmed before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.  
[Applicant]

\_\_\_\_\_  
NOTARY

My Commission Expires: \_\_\_\_\_

(Seal)

**Revised 11/08/2007**