State of Arizona
Board of Chiropractic Examiners

1740 W. Adams St., Suite 2430 • Phoenix, Arizona 85007
Phone 602.864.5088 • www.chiroboard.az.gov

Application for Licensure by Universal Recognition

Please read all the enclosed instructions, requirements and forms carefully before submitting your application. Any incomplete application forms will not be accepted and will be returned to the applicant. Also, the Board cannot refund application fees, even if you are not eligible for licensure.

Please note that the application process for Licensure can take 3-4 months on average and cannot be expedited for any reason. There are no exceptions

All licensure by Universal Recognition applicants are required to meet the following qualifications.

1. Graduate from an accredited chiropractic college.
2. Hold a license to practice Chiropractic in another State for a minimum of one year and the license must be in good standing.
3. Be a resident of the State of Arizona.
4. Passing the Arizona jurisprudence examination with a score of 75% or better.

An Arizona chiropractic license does not allow you to perform physical medicine modalities and therapeutic procedures (PMMTP) or acupuncture. These are considered specialties and you must apply for certification in these areas.

The eligibility requirements for PMMTP certification are as follows:

1. 120 hours of study in physical medicine modalities and therapeutic procedures at an accredited chiropractic college or postgraduate study with an instructor on the active or postgraduate staff of an accredited chiropractic college.
2. NBCE Physiotherapy Examination score of 375 or better.

The eligibility requirements for acupuncture certification are as follows:

1. 100 hours of study in acupuncture at an accredited chiropractic college or postgraduate study with an instructor on the active or postgraduate staff of an accredited chiropractic college.
2. NBCE Acupuncture Examination score of 375 or better.

Application Requirements:

In addition to the application for Licensure by Examination form, you must provide for the following documentation to be submitted to the Board office to complete your application.

1. Completed, signed and notarized application. The Board will not accept applications that have any unanswered questions.
2. Completed and signed Arizona Statement of Citizenship or Alien Status form provided with the application.
3. A copy of one or more of the documents from the “Evidence of U.S. Citizenship, U.S. National Status, or Alien Status” list provided with the application.
4. Resident Attestation form and supporting documentation.
5. Explanations of any disclosed arrests, convictions or disciplinary actions.

6. Two identical, individual, passport-quality photographs showing your full face.
7. A completed fingerprint card**.**
8. Transcript of NBCE Scores sent directly to the Board from the NBCE.
9. Verifications of licensure in good standing from each of the jurisdictions in which you hold or have held a license, sent directly to the Board from the issuing agency.
10. Police and/or court documents from any disclosed arrest and/or conviction, sent directly to the Board from the related agencies.
11. Official chiropractic college transcripts, showing graduation, sent directly to the Board from the college. If you attended more than one chiropractic college, you must have transcripts from each college submitted.
12. Fingerprint card and Fingerprint Verification form submitted correctly.
13. Appropriate fees. Check or Money order is acceptable. The Board does not accept cash.

Fees:

The following fees must be submitted with the application for Licensure:

- Licensure by Universal Recognition $272.00
- Arizona Law Book $ 10.00
- License Issuance Fee: $100.00
- PMMTP Certification Fee: (if applicable) $100.00
- PMMTP Certification (if applicable) $100.00
- Acupuncture Certification (if applicable) $100.00
- Acupuncture Certification Fee: (if applicable) $100.00

The Board has 25 business days to review your application. When your application has been reviewed, the Board will send you an Arizona Law Book to study for the Jurisprudence Exam as well as a written notice if the application is incomplete and information on how to take the jurisprudence exam.

If you have a disability and require accommodation when taking the jurisprudence exam, please complete and return the Accommodation Request Form with your application. The Accommodation Request form can be found on the Board website under 'Board Forms.'

From the date that you are notified your application is incomplete, you have **sixty days** to complete your application for licensure. You may arrange to have your transcripts, NBCE scores, verifications and any police and court documents sent ahead of your application.

Once you have passed the jurisprudence exam (with a score of 75% or better) and your fingerprint background report has been returned to the Board from the Department of Public Safety, the Board may consider your application at a public meeting. You will be sent written notice when the Board will review your application for approval. By law, the Board has up to 120 business days from the completion of your application to approve or deny your license.

The requirements for processing an application for licensure cannot be waived or expedited in any way. Applicants are responsible for planning accordingly as the Board cannot guarantee the timeline of processing for any applicant.

APPLICATION FOR CHIROPRACTIC LICENSE

STATE OF ARIZONA | BOARD OF CHIROPRACTIC EXAMINERS
1740 West Adams St., Suite 2430 | Phoenix, Arizona 85007
Telephone: (602) 864-5088
E-mail: generalinfo@chiroboard.az.gov | www.chiroboard.az.gov

Type or print in blue or black ink.
You must provide a response to each question.
You may answer "None" or "N/A" if it is the correct response.

* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P) & AAC R4-7-502(11). Disclosure is mandatory, and this record cannot be processed without it.

FOR BOARD OFFICE USE ONLY	
APPLICATION FEE	
DATE APPLICATION FEE PAID (*month, day, year*)	
APPLICATION NUMBER	
LICENSE NUMBER	
LICENSE ISSUANCE DATE (*month, day, year*)	
LAW EXAMINATION DATE (*month, day, year*)	
LAW EXAMINATION PASS / FAIL	

APPLICANT

TWO (2) passport-quality photograph taken not earlier than one (1) year prior to the date of application.
BOARD OFFICE USE ONLY

-----DO NOT WRITE ABOVE THIS LINE-----

APPLICANT INFORMATION

1. Last Name of applicant	2. First Name of applicant	3. Middle Name of applicant

4. Maiden Name of applicant (“None” or “N/A” is acceptable)	5. List all other names or aliases: (“None” or “N/A” is acceptable)

6. Home Address (*number and street or rural route*) All correspondence will be mailed to this address until you are licensed, unless the Board is notified of a change in writing.

City	State	ZIP code

Telephone number (*home*)	7. E-mail address: (This address will not be a public record)
( )	

8. Current Office Address (*number and street or rural route, city, state, and zip*) (“None” or “N/A” is acceptable)

Telephone number (*office*)	Fax number
( )	( )

9. Prospective Office information (*clinic name, number and street or rural route, city, state, and zip, Owner name, Owners professional designation*) (“None” or “N/A” is acceptable)

10. BASIS FOR LICENSURE

Application for licensure by: (*Please check appropriate box.*)

❑ EXAMINATION	❑ ENDORSEMENT
❑ UNIVERSAL RECOGNITION	❑ RECIPROCITY JURISDICTION:_____

11. SPECIALTY CERTIFICATION
(*Additional Certification requiring additional fees - Not Required for Licensure*)

❑ PHYSICAL MEDICINE MODALITIES & THERAPEUTIC PROCEDURES	❑ ACUPUNCTURE

12. CHIROPRACTIC SCHOOL OF GRADUATION

NAME OF SCHOOL	YEARS ATTENDED	DATE OF GRADUATION (*month, day, year*)

13. NATIONAL BOARD OF CHIROPRACTIC EXAMINERS EXAMINATION RECORD

List all parts of the Exams given by the National Board of Chiropractic Examiners that you have completed.

PART I ☐	PART II ☐	PART III ☐	PART IV ☐	SPEC ☐	PHYSIOTHERAPY (PMMTP) ☐	ACUPUNCTURE ☐

14. Have you ever failed Part IV? (*If Yes, please state the date and location.*) ❑Yes ❑No

15. LIST ALL STATES OR JURISDICTIONS INCLUDING ARIZONA IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE CHIROPRACTIC.

For each state listed, provide verification of licensure submitted directly from the licensing jurisdiction. ("None" or "N/A" is acceptable)

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	ISSUED BY EXAMINATION, RECIPROCITY, OR ENDORSEMENT?

16. LIST ALL STATES OR JURISDICTIONS INCLUDING ARIZONA IN WHICH YOU ARE OR HAVE BEEN LICENSED OR CERTIFIED TO PRACTICE ANY OTHER HEALTHCARE PROFESSION.

For each state listed, provide verification of licensure submitted directly from the licensing jurisdiction. ("None" or "N/A" is acceptable)

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES	ISSUED BY EXAMINATION, RECIPROCITY, OR ENDORSEMENT?

17. STATE BOARD EXAMINATION

If you are applying by endorsement, please list the State Board Examination you will be endorsing to the State of Arizona. ("None" or "N/A" is acceptable)

STATE	EXAMINATION DATE (*month, day, year*)	IS THE LICENSE CURRENT?
		Yes No

18. LICENSED FOR FIVE YEARS

If you are applying by endorsement, please list the states where you have been licensed for at least five (5) years of the immediately preceding seven (7) years.

STATE	LICENSE NUMBER	DATE ISSUED	DATE EXPIRES

19. RESIDENTIAL ADDRESSES FOR THE PAST FIVE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

LOCATION (Street, City, State, Zip)	DATE

20. OFFICE ADDRESSES FOR THE PAST FIVE YEARS. ATTACH A SEPARATE SHEET IF NECESSARY.

LOCATION (Street, City, State, Zip)	DATE

Information required by A.R.S. § 32-921 & A.A.C. R4-7-502

21. Date of birth (*month, day, year*)	22. Place of birth (*city and state or country*)	23. Social Security Number *

24. Sex	25. Eye Color	26. Hair Color	27. Height	28. Weight

29. Identifying Marks

If your answer is "Yes" to any of the following, explain fully in a signed statement, including all related details. Include the violation, location, date and disposition. Falsification of any answer in this application is grounds for denial, or disciplinary action of a license in accordance with ARS § 32- 921 (C)(5) & 32- 924 (A)(1).

30. Have you ever previously filed an application in the State of Arizona?	☐Yes ☐ No
31. Have you previously failed to pass the examination in the State of Arizona?	☐Yes ☐ No
32. Are you under investigation by any licensing Board?	☐Yes ☐ No
33. In this or any other jurisdiction, has any formal sanction ever been taken against your license or have you ever surrendered a license?	☐Yes ☐ No
34. Have you ever been denied a license, certificate, registration or permit to practice chiropractic or any regulated health occupation in any state (including Arizona) or jurisdiction?	☐Yes ☐ No

If you answered yes to questions 32, 33 or 34, you must arrange for the agency involved to send copies of all records related to your current investigation, license denial or disciplinary action directly to this Board. If the requested documents are not available, the Board must receive written notification from the agency stating that the records are unavailable. This notification must come directly to the Board office from the agency.

35. In the last 12 months, have you been arrested, charged with, indicted for, or under investigation for a misdemeanor or felony requiring resolution in the courts?	☐Yes ☐ No

If you answered yes to question 33, you must attach an explanation including the nature of the crime, the date of arrest and the law enforcement agency and court having jurisdiction and arrange for the law enforcement agency involved to send certified copies of all records related to your arrest directly to this Board.

36. *Answer the questions below even if the record of the conviction or plea was sealed, or expunged, or the conviction was set aside or forgiven:* (a) have you ever been arrested; (b) have you entered into a stipulation or settlement agreement regarding any offense, misdemeanor, or felony; in any state; (c) have you ever been convicted of any offense, misdemeanor, or felony in any state; (d) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (e) have you ever pled *nolo contender* to any offense, misdemeanor, or felony in any state?	☐Yes ☐ No
37. Have you ever been evaluated, treated or counseled for alcohol or drug abuse or addiction as a condition of a court order, stipulation or agreement, including motor vehicle proceedings?	☐Yes ☐ No

If you answered yes to question 36, you must attach an explanation including the nature of the crime, the dates of arrest and conviction and the law enforcement agency and court having jurisdiction and arrange for each law enforcement agency and court involved to send certified copies of all records related to your arrest(s) and conviction(s) directly to this Board. If you answered yes to question 37, you must attach an explanation arrange for the agencies involved to send a copy of the court order for evaluation and documentation of your status in the treatment program. If the requested documents are not available from the above-referenced agencies, the Board must receive written notification from each agency stating that the records are unavailable. This notification must come directly to the Board office from each agency.

* Your Social Security number is being requested by this state agency in accordance with A.R.S. § 25-320(P) & AAC R4-7-502(11). Disclosure is mandatory, and this record cannot be processed without it.

38. Declarations

a. I hereby give my permission for the State of Arizona Board of Chiropractic Examiners to secure additional information concerning me or any of the statements in this application from any person or any source the Board may desire.

b. I hereby authorize, request and direct any person, firm, officer, corporation , association, organization or institution to release to the State of Arizona Board of Chiropractic Examiners any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for chiropractic licensure.

c. I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

d. I further authorize the State of Arizona Board of Chiropractic Examiners to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Board from any and all liability in connection with such disclosure.

e. I further agree to submit to questioning by the Board or any member thereof, and to substantiate my statements if desired by the Board.

f. I will notify the Board in writing within 10 working days if charged with a misdemeanor involving conduct that may affect patient safety or a felony while I am an applicant for licensure pursuant to A.R.S. § 32-3208 (B).

This page is not considered public record.

g. I will notify the Board in writing immediately if I become the subject of an investigation or disciplinary action by any licensing Board. A.R.S. § 32-921 (C)

h. I certify that I have read and personally answered all the questions on this application. A.A.C. R4-7-502 (C)(12)

i. I certify that the two identical photographs I have included with this application are a true and correct likeness of me. A.A.C. R4-7-502 (C)(1)

j. I have enclosed a check or money order for the appropriate amount in payment of all required application fees. A.A.C. R4-7-502 (C)(5)

k. I understand these fees are non-refundable. A.R.S. § 32-921 (D)

39. AFFIRMATION

I, _____, the applicant herein, swear or affirm that I have read the statements listed under the Declarations and agree to same, state and depose that all facts, statements, and answers contained in this application are true and correct. I am not omitting any information that may be of value to the Board of Chiropractic Examiners in determining my qualifications, whether it is called for or not. I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar me from licensure or certification. Such falsification, omission, or withholding shall serve as sufficient grounds for the revocation or suspension of my license and or certifications, if discovered after issuance of the license or certifications. A.R.S. §32-900 et seq., Arizona Chiropractic Act.

_____

Signature of Applicant

State of _____

County of_____

Subscribed and sworn before me this _____ day of _____, 20_____.

_____

Notary Public

My Commission Expires:

A.R.S. 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. 41-1030 (D) This section may be enforced in a private civil action and relief may be awarded against the State. The Court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the State for a violation of this section.

A.R.S. 41-1030 (E) A State employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the Agency's adopted personnel policy.

A.R.S. 41-1030 (F) This section does not abrogate the immunity provided by Section 12-820.01 OR 12-820.02

State of Arizona
Board of Chiropractic Examiners

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Licensure by Universal Recognition
Resident Attestation

I, _____, do hereby attest that I am a resident of the State of Arizona and have provided documented proof of my residency. I further attest that I have held a license to practice Chiropractic in the state of _____ for a minimum of one year and the license is in good standing.

I agree that any false statement in the affidavit shall be sufficient to bar me from licensure or certification. Such falsification shall serve as sufficient grounds for the revocation or suspension of my license and or certification, if discovered after issuance of the license or certification.

_____ _____
Signature of Applicant Date

State of _____

County _____

Subscribed and sworn before me this _____ day of _____

Notary Signature _____

My commission expires _____

ARIZONA STATEMENT OF CITIZENSHIP
OR ALIEN STATUS FOR STATE PUBLIC BENEFITS
Professional License and Commercial License
Arizona State Board of Chiropractic Examiners

Title IV of the federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (the "Act"), 8 U.S.C. § 1621, provides that, with certain exceptions, only United States citizens, United States non-citizen nationals, non-exempt "qualified aliens" (and sometimes only particular categories of qualified aliens), nonimmigrants, and certain aliens paroled into the United States are eligible to receive state, or local public benefits. With certain exceptions, a professional license and commercial license issued by a State agency is a State public benefit.

Arizona Revised Statutes § 41-1080 requires, in general, that a person applying for a license must submit documentation to the license agency that satisfactorily demonstrates the applicant's presence in the United States is authorized under federal law.

Directions: All applicants must complete Sections I, II, and IV. Applicants who are not U.S. citizens or nationals must also complete Section III.

Submit this completed form and a copy of one or more document(s) from the attached "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" with your application for license or renewal. If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

SECTION I – APPLICANT INFORMATION

APPLICANT'S NAME (Print or type) _____

TYPE OF APPLICATION (Check one) ☐ INITIAL APPLICATION ☐ RENEWAL

TYPE OF LICENSE/REGISTRATION (Check one) ☐ CHIROPRACTIC ☐ BUSINESS ENTITY

SECTION II – CITIZENSHIP OR NATIONAL STATUS DECLARATION

Are you a citizen or national of the United States? ☐ Yes ☐ No

If **Yes**, indicate place of birth:

City _____ State (or equivalent) _____ Country or Territory_____

If you answered **Yes**, 1) Attach a legible copy of a document from the attached list.
Name of document _____
2) Go to Section IV.

If you answered **No**, you must complete Section III and IV.

SECTION III – ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Attach a legible copy of a document from the attached list or other document as evidence of your status. Name of document provided _____

Qualified Alien Status (8 U.S.C.§§ 1621(a)(1),-1641(b) and (c))

☐ 1. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA)

- ☐ 2. An alien who is granted asylum under Section 208 of the INA.
- ☐ 3. A refugee admitted to the United States under Section 207 of the INA.
- ☐ 4. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ 5. An alien whose deportation is being withheld under Section 243(h) of the INA.
- ☐ 6. An alien granted conditional entry under Section 203(a)(7) of the INA as in effect prior to April 1, 1980.
- ☐ 7. An alien who is a Cuban/Haitian entrant.
- ☐ 8. An alien who has, or whose child or child's parent is a "battered alien" or an alien subject to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C. § 1621(a)(2))

- ☐ 9. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a)(15).

Alien Paroled into the United States For Less Than One Year (8 U.S.C. § 1621(a)(3))

- ☐ 10. An alien paroled into the United States for less than one year under Section 212(d)(5) of the INA

Other Persons (8 U.S.C § 1621(c)(2)(A) and (C)

- ☐ 11. A nonimmigrant whose visa for entry is related to employment in the United States, or
- ☐ 12. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 48 U.S.C. § 1901 *et seq.*];
- ☐ 13. A foreign national not physically present in the United States.

Otherwise Lawfully Present

- ☐ 14. A person not described in categories 1-13 who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure. See 8 U.S.C. § 1621(a).**

SECTION IV - DECLARATION

All applicants must complete this section.

I declare under penalty of perjury under the laws of the state of Arizona that the answers and evidence I have given are true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE

TODAY'S DATE

EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

If the document you submit does not contain a photograph, you must also provide a government issued document that contains your photograph. You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.

2. A driver license issued by a state that verifies lawful presence in the United States.

3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)

4. A United States certificate of birth abroad.

5. A United States passport. ***Passport must be signed***

6. A foreign passport with a United States visa.

7. An I-94 form with a photograph.

8. A United States citizenship and immigration services employment authorization document or refugee travel document.

9. A United States certificate of naturalization.

10. A United States certificate of citizenship.

11. A tribal certificate of Indian blood.

12. A tribal or bureau of Indian affairs affidavit of birth.

13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

Revised 8.2012

CRIMINAL HISTORY RECORD INFORMATION DISCLOSURE NOTICE

Arizona Revised Statutes (A.R.S.) §32-921(E) authorizes the Arizona Board of Chiropractic Examiners (Board) to require all applicants to submit a full set of fingerprints for the purpose of obtaining a state and federal criminal records check pursuant to A.R.S. §41-1750 and Public Law 92-544. The fingerprints you submit to this Board will be used to check the criminal history records of the Department of Public Safety and the Federal Bureau of Investigation. The criminal justice information received by this agency will be used solely for the purpose of determining your eligibility for licensure and may not be disseminated outside of this agency. The Board may not provide you with a copy of your criminal history record.

Your fingerprints will be used to check the criminal history records of the FBI.

If you have a criminal history record, the officials making a determination of your suitability for licensure must provide you the opportunity to complete or challenge the accuracy of the information in the record. You are afforded **60 days** to correct or complete the record (or decline to do so) before officials deny licensure based on information in the criminal history record.

The procedures for obtaining a change, correction, or updating of your FBI criminal history record are set forth in Title 28, Code of Federal Regulations, Section 16.30 through 16.34. Information on how to review and challenge your FBI criminal history record can be found at www.fbi.gov under “Services” and then "Identity History Summary Checks" or by calling (304) 625-5590.

To obtain a copy of your Arizona criminal history in order to review, update, or correct the record, you can contact the Arizona Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and a Review and Challenge packet. Information on the review and challenge process can be found on the DPS website (www.azdps.gov).

If you intend to correct or complete your criminal history record, please notify the Board in writing.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.[1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.[2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

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[1] Written notification includes electronic notification, but excludes oral notification.

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.[1] Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- **Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.[2]**
- **Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.**
- **Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).**
- **Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.**
- **Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en https://www.fbi.gov/services/cjis/identity-history-summary-checks y https://www.edo.cjis.gov.**
- **Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de .https://www.edo.cjis.gov. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)**
- **Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.[3]**

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1 La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

3 Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

Privacy Act Statement

This privacy act statement is located on the back of the FD-258 fingerprint card.

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del FD-258 tarjeta de huellas digitales.

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencies de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Fingerprint Card General Information

You are required to complete and submit a fingerprint card. A clearance card issued by DPS or any recent fingerprinting done with another agency will not be accepted. If the Fingerprint Card and Fingerprint Verification Form are not submitted correctly they will not be accepted. Electronic fingerprints will not be accepted. Fingerprints must be submitted on a standard Fingerprint Card. There are no exceptions to any of the requirements for fingerprinting or the background check.

Where can I obtain fingerprint services?

Local police departments, sheriff's office and some private agencies offer this service. The agency you use will need to supply you with a fingerprint card. It is the responsibility of the applicant to make sure the fingerprint technician follows all the instructions on the Fingerprint Verification Form. **Fingerprint Cards and Fingerprint Verification forms must be submitted correctly or they will not be accepted.**

How long will it take to process my background check?

The fingerprint card may take 4-6 weeks on average; however, the FBI has 120 days to complete their portion of the background check. This process cannot be expedited for any reason. The Board will not consider your application for licensure until your application is complete and your background report has been received.

Why were my fingerprints rejected?

If the fingerprint patterns captured on the fingerprint card were not discernible for accurate identification, they will be rejected and you will be required to submit a new set of fingerprints. This may cause a delay in the processing of your application. To get good, readable prints, you may wish to consider the following:

-Do not use hand lotion before being fingerprinted.

-Wash your hands with hot water and an abrasive soap, like "Lava", just before being printed.

State of Arizona
Board of Chiropractic Examiners

1740 W. Adams St., Suite 2430 • Phoenix, Arizona 85007
Phone (602) 864-5088
www.chiroboard.az.gov

FINGERPRINT VERIFICATION FORM

ATTENTION FINGERPRINT TECHNICIAN:
Please follow the instructions below for fingerprinting this applicant.

1. Please fill out or ensure that the applicant has filled out all the required boxes on the fingerprint card prior to taking the fingerprints.

2. Request a **valid, unexpired government-issued photo ID** from the applicant and compare the physical descriptors on the applicant's photo ID to the applicant and to the information on the fingerprint card.

3. Fill out the information in the boxes below. Please print clearly.

4. Once the prints have been taken, place the **fingerprint card** and **this form** into the envelope and seal it. Please write your name or identification across the edge of the seal. Return the sealed envelope to the applicant.

Do not give the applicant the card without first sealing it inside the envelope.

Date	**Name of Applicant**
Fingerprint Technician's Agency/Company Name	
Type of Photo ID provided (check one): **____ Driver's License/MVD Issued ID** **____ Other (Please specify)** **____ Passport** **_____** **(Specify Here)**	
I, the undersigned, do attest that the above information as well as the information provided on the fingerprint card sealed within the envelope in which this form is enclosed is correct based upon the verification of a valid, unexpired, government-issued photo ID and confirm that the applicant whose identity was validated by this information was fingerprinted on the card included with this form. **_____** **Printed Name & Signature of Fingerprint Technician** **Date**	