

Douglas A. Ducey
Governor



Martin Kollasch, D.C.
Executive Director

State of Arizona Board of Chiropractic Examiners

1740 West Adams Street, Suite 2430 • Phoenix, Arizona 85007
Voice: (602) 864-5088 | TTY (800) 367-8939 (AZ Relay Service)
www.chiroboard.az.gov

Application for Licensure by Endorsement

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 Endorsement applicants are required to meet the following qualifications.

1. Graduate from an accredited chiropractic college.
2. Completed Parts I – II of the NBCE exam, with a score of 375 or better.
3. Continuous Chiropractic practice for not less than five (5) of the past Seven (7) years immediately preceding the application.
4. No previous failing score on the Arizona licensing examination.
5. No formal disciplinary action taken on any license.
6. Being physically and mentally able to practice chiropractic skillfully and safely.
7. Being a person of good character and reputation.
8. 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 Endorsement 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. Completed, signed, and notarized Active Practice Affidavit.
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 for NBCE Parts I-II, 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. 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 Endorsement | \$372.00 |
| • Arizona Law Book | \$ 10.00 |
| • License Issuance Fee | \$100.00 |
| • PMMTP Certification (if applicable) | \$100.00 |
| • PMMTP Certification Fee: (if applicable) | \$100.00 |
| • Acupuncture Certification (if applicable) | \$100.00 |
| • Acupuncture Certification Fee: (if applicable) | \$100.00 |

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.

Fingerprint Card & Background Check General Information

Applicants are required to complete and submit a fingerprint card for a background check. 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 is the Background check processed?

Once the application, appropriate fees and fingerprint card is received and processed, the fingerprint card is forwarded to the Department of Public Safety and the FBI for completion of the background check. The report is processed and returned to the Board for review.

How long will it take to process my background check?

The fingerprint card may take 3-6 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 including your background report being received.

What happens if my background check is not received within my 60 days?

Background checks and applications are processed separately. For this reason, the background check may not be received within the 60 day timeframe of your application. If your application is complete pending the receipt of your background check, your application will not be closed.

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.



APPLICATION FOR CHIROPRACTIC LICENSE

STATE OF ARIZONA | BOARD OF CHIROPRACTIC EXAMINERS
 1740 W. 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)		

9. BASIS FOR LICENSURE	
Application for licensure by: (Please check appropriate box.)	
<input type="checkbox"/> EXAMINATION	<input type="checkbox"/> ENDORSEMENT
<input type="checkbox"/> RECIPROCITY	RECIPROCAL JURISDICTION <input type="checkbox"/> AK <input type="checkbox"/> CO <input type="checkbox"/> LA <input type="checkbox"/> MA <input type="checkbox"/> MO <input type="checkbox"/> MN <input type="checkbox"/> OH

10. SPECIALTY CERTIFICATION (Additional Certification requiring additional fees - Not Required for Licensure)	
<input type="checkbox"/> PHYSICAL MEDICINE MODALITIES & THERAPEUTIC PROCEDURES	<input type="checkbox"/> ACUPUNCTURE

11. CHIROPRACTIC SCHOOL OF GRADUATION		
NAME OF SCHOOL	YEARS ATTENDED	DATE OF GRADUATION (month, day, year)

12. 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 <input type="checkbox"/>	PART II <input type="checkbox"/>	PART III <input type="checkbox"/>	PART IV <input type="checkbox"/>	SPEC <input type="checkbox"/>	PHYSIOTHERAPY (PMMTP) <input type="checkbox"/>	ACUPUNCTURE <input type="checkbox"/>
22. Have you ever failed Part IV? (If Yes, please state the date and location.) Yes No						

13. 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?

14. 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?

15. 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

16. 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

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

LOCATION (Street, City, State, Zip)	DATE

18. 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 (<i>month, day, year</i>)		22. Place of birth (<i>city and state or country</i>)		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 <i>nolo contendere</i> 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)

2. 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:

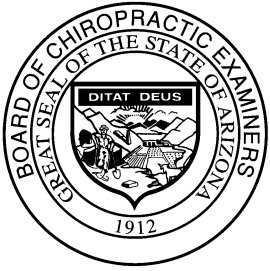
A.R.S. 41-1030 (B) An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing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





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ACTIVE PRACTICE AFFIDAVIT

(Licensure By Endorsement Applicants Only)

I, _____, do, hereby attest that I have engaged in the practice of chiropractic continuously and for not less than five (5) of the past seven (7) years and that at the time of application I hold an active license in _____.

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

Signature of Applicant Date

State Of _____

County Of _____

Subscribed and Sworn To Me on this _____ day of _____, 20_____

Notary Signature _____

My Commission Expires on _____

**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.

CRIMINAL HISTORY RECORD INFORMATION DISCLOSURE NOTICE

A.R.S. § 32-921 (E) authorizes the 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 section 41-1750 and Public Law 92-544. The set of 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. If you feel that your criminal history record is inaccurate or incomplete, you are able to complete or challenge the accuracy of the information in the record and this Board will afford you a reasonable amount of time to correct or complete the record should you wish to do so. The procedures for obtaining a change, correction or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34. For information about a national FBI criminal history record review and challenge, please contact the FBI at (304) 625-3878. For information about an Arizona criminal history record review and challenge, please contact the Department of Public Safety Criminal History Records Unit at (602) 223-2222 to obtain a fingerprint card and Review and Challenge packet.

If you intend to correct or complete your criminal history record, please notify the Board of your intention in writing. You will be notified in writing of the amount of time afforded you for correction or completion of the record. Board staff will base their determination on the time remaining in the substantive review time-frame set forth in A.A.C. R4-7-502 (J)(2).

I, _____ - the undersigned, acknowledge the above information as
(Name)
part of the License Application process in the State of Arizona and that my fingerprints will be sent and used by the Federal Bureau of Investigation as well as the Arizona Department of Public Safety for the purposes stated in A.R.S. § 32-921 (E).

Signature _____

Date _____

FINGERPRINT CARD INSTRUCTIONS

You must have your fingerprints taken on the enclosed fingerprint card and submit the completed card to the Board office for processing with your application for licensure. You may have your fingerprints taken at your local police department or sheriff's office.

Please ensure that the following information is entered on your fingerprint card before submitting it to the Board:

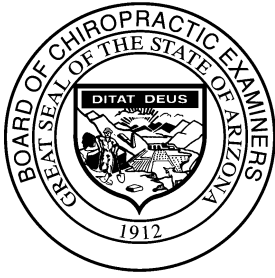
- ❑ **Full Name:** Enter your full name in Last Name, First Name, Middle Name sequence.
- ❑ **Signature:** You must sign your fingerprint card in black ink.
- ❑ **Residence Address:** You must enter your **physical** residence address.
- ❑ **Aliases (AKA):** Enter any aliases including your maiden or previous married names.
- ❑ **Date of Birth (DOB):** Enter your date of birth in MM/DD/YYYY format
- ❑ **Date:** Enter the date you were fingerprinted.
- ❑ **Signature of Official Taking Fingerprints:** The signature of the person taking the prints should be placed in this box.
- ❑ **Citizenship:** If you are a United States citizen, enter U.S. If you are not a United States citizen, enter the name of the country.
- ❑ **Sex:** Enter M for Male, F for Female.
- ❑ **Race:** Enter A for Asian/Pacific Islander; B for Black; I for American Indian or Alaskan Native; or W for White or Hispanic.
- ❑ **Height:** Enter your height in feet and inches.
- ❑ **Weight:** Enter weight in pounds as a whole number.
- ❑ **Eye & Hair Color:** Enter BLK for black; BLU for blue; BRO for brown; GRY for gray; BLN for blonde; RED for red/auburn; XXX for bald.
- ❑ **Place of Birth:** If you were born in the United States, enter the two letter state abbreviation (e.g. AZ). If you were born outside of the United States, enter the full name of the country.
- ❑ **Social Security Number:** Enter your social security number in XXX-XX-XXXX format.

All of the above information must be legibly typed or printed on the card in black ink. Please enter all data within the boundaries of the designated block or field.

Please do not enter data within the blocks marked, "Your No. OCA," or "Miscellaneous No. MNU." Those areas are for Board use when submitting your fingerprint card.

Please do not use highlighter anywhere on the card. The Department of Public Safety will not process fingerprint cards with highlighted areas.

If you have any questions regarding the fingerprint card, please contact the Board office.



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): <input type="checkbox"/> Driver's License/MVD Issued ID <input type="checkbox"/> Other (Please specify) <input type="checkbox"/> 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