

Professional Licensing Agency  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



Michael R. Pence  
Governor of Indiana  
Nicholas W. Rhoad  
PLA Executive Director

## BOARD OF CHIROPRACTIC EXAMINERS CHIROPRACTIC LICENSURE EXAMINATION AND ENDORSEMENT INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

### APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at [www.pla.in.gov](http://www.pla.in.gov):

1. Application For Chiropractic License
2. Information and Instruction Sheet
3. Criminal Background Check Information
4. Statutes and Administrative Rules which pertain to the practice of chiropractic

### IPLA ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency  
Attn: Chiropractic Board  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Staff Phone: (317) 234-2054  
FAX #: (317) 233-4236  
Staff Email: [pla8@pla.in.gov](mailto:pla8@pla.in.gov)  
Website: [www.pla.in.gov](http://www.pla.in.gov)

### CRIMINAL BACKGROUND CHECK REQUIRED AS OF JULY 1, 2011

An individual applying for a dental license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background check at [www.in.gov/pla/3241.htm](http://www.in.gov/pla/3241.htm).

**Criminal background checks must be obtained after you apply for your dental license with the Board and prior to the issuance of a license.**

### JURISPRUDENCE EXAMINATION

All applicants for chiropractic licensure are required to pass a jurisprudence examination. No applicant is exempt from this requirement.

After the approval of your application by the Board, you will be notified by email that you are eligible to take the jurisprudence examination. Upon notification from the applicant that they are ready to take the jurisprudence examination, the examination and instructions will be emailed to you. You will have fourteen (14) days from the date the email is sent to you with the Jurisprudence Examination and Instructions in order to complete the examination and return the required information to our office.

All applicants will be examined on the statutes and rules of Indiana related to the practice of chiropractic. This is a 30 question true-false and multiple-choice examination. Passing criteria is 75%. Statutes and Administrative Rules are available to download at [www.pla.in.gov](http://www.pla.in.gov).

The Jurisprudence examination is based on the following:

Ind. Code 25-10 Chiropractic Practice Act

Ind. Code 25-1 Indiana Professional Licensing Agency Statute

Title 846 IAC Chiropractic Indiana Administrative Code

## **BASIS FOR LICENSURE**

**EXAMINATION.** Applicants who have taken and passed Parts I, II, III, IV and Physiotherapy of the National Board of Chiropractic Examiners examination and have not been licensed to practice chiropractic in another state for at least three (3) years may apply under the examination criteria.

**ENDORSEMENT.** Applicants who have been licensed to practice in another state for at least three (3) years under qualifications substantially equivalent to Indiana. If the applicant has not taken and passed Part IV of the National Board of Chiropractic Examiners examination they are required to submit verification of an oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an active chiropractic license.

## **TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY**

The Board will not accept any transcripts, examination score reports or state verifications directly from the applicant. All transcripts, examination score reports and state verifications must be sent directly from those entities.

## **THE FAIR INFORMATION PRACTICE ACT**

In compliance with Ind. Code 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

## **MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER**

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1, 25-1-5-11(a), and 828 IAC 1-3-1.1(c). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

## **ABANDON APPLICATIONS**

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for licensure is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

## **ISSUANCE OF LICENSE**

Upon issuance of your license by the Board, you will be sent an email notifying you that your license has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

Ind. Code 25-10-1-6(e) and 846 IAC 1-3-2(d) requires that a chiropractic license must be displayed in the office or the place of practice of the licensee.

Therefore, you must either download the free license card or purchase a blue license card to post. IPLA staff cannot print license cards to be mailed or for walk-ins to our office.

This service will be available at [www.in.gov/pla/license.htm](http://www.in.gov/pla/license.htm).

## **LICENSE EXPIRATION AND CONTINUING EDUCATION**

All chiropractic licenses expire on July 1 of even numbered years. Practitioners are required to have completed twenty-four (24) hours of continuing education during the renewal period which include eight (8) hours of courses in public health and/or risk management.

Continuing education is not required for the year in which the initial license was issued. Therefore, a person who was issued an original chiropractic license between the date of July 1 of an even numbered year and July 1 of an odd numbered year is only required to submit twelve (12) hours of continuing education including four (4) hours of public health and/or risk management courses. A person who is issued an original license after July 1 of an odd numbered year is not required to submit continuing education for the first renewal.

Information regarding the continuing education requirement is available at the Board's website at [www.pla.in.gov](http://www.pla.in.gov). Or you may contact our office by calling (317) 234-2054 or by email at [pla8@pla.in.gov](mailto:pla8@pla.in.gov).

**CHIROPRACTIC  
LICENSURE BY EXAMINATION  
INSTRUCTIONS**

Applicants who have taken and passed Parts I, II, III, IV and Physiotherapy of the National Board of Chiropractic Examiners examination and have not been licensed to practice chiropractic in another state for at least three (3) years may apply under the examination criteria.

**All applicants must submit an application and supporting documentation to:**

Indiana Professional Licensing Agency  
ATTN: Board of Chiropractic Examiners  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204

**APPLICATION**

Complete, typewritten (or legibly printed) application.

**AFFIDAVIT**

If you answer “yes” to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a chiropractic license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background on the Board’s website at [www.in.gov/pla/3241.htm](http://www.in.gov/pla/3241.htm).

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

**FEE INFORMATION**

Applicants must submit a one **hundred dollar (\$100.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

**PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black

and white or color, of professional quality. No “Polaroid” type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

### **OFFICIAL PRE-CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official pre-chiropractic transcripts, **sent directly to the Board from the school(s)**, verifying completion of at least sixty (60) semester hours completed prior to chiropractic school.

### **OFFICIAL CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official chiropractic transcripts, **sent directly to the board from the school**, certifying receipt of a professional chiropractic degree.

### **NATIONAL BOARD OF CHIROPRACTIC EXAMINERS (NBCE) SCORES**

Applicants must submit an official score report from the National Board of Chiropractic Examiners (NBCE), **sent directly to the Board from the National Boards**, showing completion of Parts I, II, III and IV with passing scores in all subjects, including Physiotherapy. Contact the NBCE for information on how to obtain your score report and fee information at:

National Board of Chiropractic Examiners

901 54<sup>th</sup> Avenue

Greeley, Colorado 80634

Telephone: (800) 964-6223

Email: [nbce@nbce.org](mailto:nbce@nbce.org)

Website: <https://www.nbce.org/>

### **VERIFICATION OF STATE LICENSURE**

Applicants must provide a “Verification of Chiropractic State Licensure” form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

If a state examination was administered, please have the state board attach the examination subjects and scores to the verification of licensure form. The information must be sent by the state or province that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.

### **NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

**CHIROPRACTIC  
APPLICATION FOR A TEMPORARY PERMIT  
INSTRUCTIONS  
(Examination Applicants Only)**

A Temporary Permit may be issued to an applicant who meets the following criteria:

- Applicants who are applying to take the first National Board of Chiropractic Examiners (NBCE) examination Part IV after graduation from chiropractic school or college are eligible to apply for a temporary permit.
- The Board may not issue a temporary permit to an individual who has failed an examination.
- A temporary permit issued under this section expires on the day after the Board releases the results of the Indiana chiropractic jurisprudence examination.
- A supervising chiropractor shall be exclusively responsible for the direct supervision of a holder of a temporary permit.
- A holder of a temporary permit shall not provide an independent diagnosis of a patient.

**APPLICATION AND REQUIRED DOCUMENTATION**

The applicant is required to submit an application for licensure by examination and all required documentation except for Part IV of the NBCE examination.

**APPLICATION FOR A CHIROPRACTIC TEMPORARY PERMIT**

Both the applicant and the supervising chiropractor, who is currently licensed in the State of Indiana, are required to complete the application for a chiropractic temporary permit, which is attached to the application for licensure.

**FEE**

The applicant is required to submit an additional fee of fifty dollars (\$50) including the one hundred dollar (\$100) application fee. Total fee: \$150.00. **All fees are non-refundable and non-transferable.**

After the applicant's application is received with all required documentation, the Board will consider your request for a chiropractic temporary permit. Upon successful completion of Part IV of the NBCE examination the applicant must submit an official score report directly to the Chiropractic Board. If the applicant fails to provide the score report, the Board will take action on the application for licensure at its next scheduled meeting.

**CHIROPRACTIC  
APPLICATION BY ENDORSEMENT  
INSTRUCTION SHEET**

For applicants who have been licensed to practice in another state for at least three (3) years under qualifications substantially equivalent to Indiana. If the applicant has not taken and passed Part IV of the National Board of Chiropractic Examiners examination they are required to submit verification of a state constructed oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an active chiropractic license.

**All applicants must submit an application and supporting documentation to:**

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ATTN: Board of Chiropractic Examiners  
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Indianapolis, Indiana 46204

**APPLICATION**

Complete, typewritten (or legibly printed) application.

**AFFIDAVIT**

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

**Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.**

**CRIMINAL BACKGROUND CHECK REQUIRED**

All applicants applying for a chiropractic license shall submit to a national criminal history background check at the cost of the individual. Please see the step-by-step directions on how to complete the fingerprinting process in order to process your criminal background on the Board's website at [www.in.gov/pla/3241.htm](http://www.in.gov/pla/3241.htm).

**A criminal background check completed prior to the submission of your application for licensure will not be considered valid. If an application is not received by IPLA before scheduling a criminal background check, the applicant will be required to submit to another check resulting in additional fees.**

**FEE INFORMATION**

Applicants must submit a one **hundred dollar (\$100.00)** application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable and non-transferable.**

## **PHOTOGRAPH**

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

## **OFFICIAL PRE-CHIROPRACTIC TRANSCRIPTS**

Applicant must submit official pre-chiropractic transcripts sent directly from the school(s), verifying completion of at least sixty (60) semester hours completed prior to chiropractic school.

## **OFFICIAL CHIROPRACTIC TRANSCRIPTS**

Applicants must submit official chiropractic transcripts, **sent directly to the Board from the school**, certifying receipt of professional chiropractic degree.

## **NATIONAL BOARD OF CHIROPRACTIC EXAMINERS (NBCE) SCORES**

Applicants must submit an official score report from the National Board of Chiropractic Examiners (NBCE), **sent directly to the Board from the National Boards**, showing completion of Parts I, II, III and IV with passing scores in all subjects, including Physiotherapy. Contact the NBCE for information on how to obtain your score report and fee information at:

National Board of Chiropractic Examiners  
901 54<sup>th</sup> Avenue  
Greeley, Colorado 80634  
Telephone: (800) 964-6223  
Email: [nbce@nbce.org](mailto:nbce@nbce.org)  
Website: <https://www.nbce.org/>

## **NOT TAKEN PART III OF THE NBCE EXAMINATION**

Applicants who have taken the NBCE examination prior to September 1, 1987, are not required to submit Part III scores.

## **NOT TAKEN PART IV OF THE NBCE EXAMINATION**

Endorsement applicants who have not taken and passed Part IV of the NBCE examination are required to submit verification of a state constructed oral-practical examination, which is equivalent to Part IV of the NBCE examination, administered by the state where the applicant holds an **active chiropractic license**. Scores must be reported with the specific subject(s) and grade(s) obtained.

## **PROOF OF PRACTICE FOR THREE (3) YEARS IN ANOTHER STATE**

Endorsement applicants are required to submit satisfactory evidence to the Board that they have been licensed to practice chiropractic in another state for at least three (3) years under qualifications substantially equivalent to Indiana Board. The applicant must include a written statement, which shows the location(s) and date(s) of where they have practiced within the past three (3) years.

## **VERIFICATION OF STATE LICENSURE**

Applicants must provide a "Verification of Chiropractic State Licensure" form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed, certified or registered in any regulated health profession or occupation. This information must be **sent directly to the Board by the state** that issued the license.

The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. Other jurisdictions may charge a fee to verify licensure. You may wish to contact the state boards prior to your request for verification.



**NAME CHANGE**

An official affidavit indicating any legal name change or a notarized copy of a marriage certificate, divorce decree, social security card or court papers is acceptable if your name differs from that on any of your documents.

## CRIMINAL BACKGROUND CHECK INSTRUCTIONS

**Please wait for the email notice.** Do not submit to a criminal background check until you receive an email notifying you that the board has received your application. A criminal background check (CBC) completed prior to the submission of an application for licensure will not be considered valid. An application is not considered “received” until it is manually entered into the IPLA licensing system by board staff. An email is sent out notifying you that the application is in our system and you are eligible for the CBC. If an application is not received before scheduling a CBC, the applicant will be required to submit to another check resulting in additional fees. As stated, you will receive an email from your board notifying you that you are eligible for the CBC.

**Fingerprint rejections may lead to delay.** If your fingerprints are rejected two (2) times by the FBI, you will be required to submit a written verification to complete your criminal background check. This written verification process can take up to six (6) weeks or longer to complete once the written verification form is received. Fingerprint rejections occur for different reasons including the prolonged use of hand sanitizer and the wearing of latex gloves. IPLA does not conduct or administer the criminal background checks and cannot assist you with expediting the process.

**Applicants who reside out of state, or are physically unable to go to a location to be fingerprinted may use MorphoTrust Card Scan Processing Program. To view step-by-step instructions, please go to [www.l1enrollment.com/state/forms/in/53110e81122f7.pdf](http://www.l1enrollment.com/state/forms/in/53110e81122f7.pdf).**

**Follow the simple steps outlined below to complete the fingerprinting process:**

1. Once you receive the email from the board notifying you that your application has been received, go to <http://www.identogo.com>.
2. If you do not have access to the internet, you may call MorphoTrust toll-free at (877) 472-6917 to schedule an appointment. If you call, you will be asked for demographic and personal information instead of completing these steps yourself.
3. Click on Indiana.
4. Click Online Scheduling and choose the language you wish to use for scheduling (English or Spanish).
5. Enter your first and last name and click “go”.
6. Choose your Agency Name Professional Licensing Agency and click “go”.
7. Choose the correct Applicant Category for your license type and click “go”.
8. Select the location where you want to be fingerprinted. You may choose a region of the state, by clicking on the map, or entering a zip code to view a list of locations in a specific area. Press “go”.
9. Click on the words “Click to Schedule” across from the location you want, under the day you wish to be fingerprinted. If you want a date further in the future, click the “Next Week>>” link to display more dates. Once you select the location/date combination, select the time for your appointment and click “go”.
10. Complete the demographic information page. Required fields are indicated by a red asterisk (\*). When complete, click “Send Information”.
11. Confirm the information by following the on screen directions to make any changes necessary. Once you review and verify the data is correct, click “Send Information”.
12. Complete your payment process and click “Send Payment Information”.
13. Print your confirmation page. If you provided an email address, you will receive an email confirmation as well.
14. Bring one (1) of the following with you to your fingerprinting appointment:
  - valid driver license;
  - valid state issued identification card;
  - valid passport;

- student identification card with picture and date of birth (DOB);
- work identification card with picture and DOB; or
- valid alien identification card with picture and DOB.

If you do not have the above identification, you will need **both** a valid birth certificate and a social security card.

15. Arrive at the facility at your appointed date and time.
16. The enrollment officer at the site will check your ID, verify your information, verify or collect payment, capture your fingerprints, and submit your data. This normally takes less than five minutes.
17. You will receive a signed receipt at the end of your fingerprinting session, which can be provided to your agency for proof of fingerprinting, if needed.
18. All results will be processed and delivered to the Indiana Professional Licensing Agency. MorphoTrust is never in possession of criminal record data results.