



APPLICATION FOR THE PRACTICE OF CHIROPRACTIC

Completion of this application form is necessary for consideration for licensure. Disclosure of this information is voluntary; however, failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application.

Please type or print. When space provided is insufficient, attach additional pages. You may reproduce these blank forms as needed. Please make sufficient copies of all forms before you begin.

1. Indicate your full legal name. If your name is different from that shown on your documentation, you must submit a copy of the legal document of name change.

Full Name: _____ first middle last suffix

Other names used, including maiden name: _____

2. Include residence, mailing and e-mail address. Residence address may not be a Post Office Box, except qualified participants under the Safe At Home Act, K.S.A.75-451 et seq. may use substitute residential and mailing addresses.

Residence Address: _____ street city county state zip

Mailing Address: _____ public information street city county state zip

E-mail: _____

3. Daytime phone number (include area code): _____

4. Identification. Disclosure of your social security number is required by federal mandates set forth in 42 U.S.C.S. § 666(a)(13). K.S.A. 74-148(a) provides that every application by an individual for a professional license shall require the applicant's social security number.

Date of Birth: _____ Place of Birth: _____ city state/jurisdiction country Sex: M [] F []

Social Security/Tax ID. No: _____ NPI (National Provider Identifier): _____ NPI Not Applicable: []

Are you a U.S. Citizen? Y [] N [] If you answered NO, are you (check one):

- A qualified alien (as defined in 8 U.S.C.A. § 1641). []
A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 et seq). []
An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year. []
A foreign national, not physically present in the United States. []
Other: _____

5. List ALL post secondary schools, including your chiropractic college, you have attended in chronological order . List even those from which you did not graduate. Attach an additional sheet if necessary. Enclose or send an official transcript(s) from the chiropractic college and proof of 60 hours of undergraduate course work completed prior to entering chiropractic college. You must provide proof of a bachelor's degree if you graduated after 1-1-00.

School Name: _____

Address: _____
street city state zip country

Attendance Dates: _____ To _____ Degree: _____
month year month year

School Name: _____

Address: _____
street city state zip country

Attendance Dates: _____ To _____ Degree: _____
month year month year

6. List all Preceptorships. Attach an additional sheet if necessary.

I have not participated in a preceptorship.

Field Doctor: _____

Address: _____ Dates: From _____ To _____
street city state

7. National Board of Chiropractic Examiners exams. Contact NBCE to provide proof of examination scores.

Part 1: Date _____ Passed Part 2: Date _____ Passed

Part 3: Date _____ Passed Part 4: Date _____ Passed

8. List all employment/professional activity since graduation. Account for all time and explain all gaps in professional activity. Attach an additional sheet if necessary. Include actual work address, not corporate headquarter's address.

I have not been employed or had professional activity since graduation..

Employer: _____ Job description/Title: _____

Address: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

Employer: _____ Job description/Title: _____

Address: _____ Dates: From _____ To _____
street city state mm/yy mm/yy

9. List all states or jurisdictions in which you are currently or have ever been licensed, registered or certified as a Chiropractor. Attach an additional sheet if necessary. KSBHA will verify your credentials except for any state that does not provide free and current verifications on their official state website. For those states, you may complete the attached *Licensure Verification* form and forward to all Boards or similar entities in which you have held a DC license, registration or certification. Some entities charge a fee for this information. Contact the entity to determine their requirements.

I have never been licensed, registered or certified in another state or jurisdiction.

State/Jurisdiction	License, Registrant, Certificate no.	Status	Issue Date
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Name: _____
(please print or type)

10. Please answer each of the following questions by putting a check in the appropriate box. All “yes” answers MUST be thoroughly explained on detail in a separate signed page. You are required to furnish complete details including date, place, reason and disposition of the matter and attach all relevant documentation. All information received will be checked accordingly to verify the truth and veracity of your answers. It is imperative that you honestly and fully answer all questions, regardless of whether you believe the information requested is relevant. If you are unsure of your response to a particular question, check the “yes” box and submit the appropriate form if required. Your responses on your application are evaluated as evidence of your candor and honesty. An honest “yes” answer to a question on your application is not definitive as to the Boards' assessment of your present moral character and fitness, but a dishonest “no” answer is evidence of a lack of candor and honesty, which may be definitive on the character and fitness issue. Please be advised that a false response to any of these questions may be grounds for denial of licensure and reported to the appropriate data banks. If a question is not applicable, then check the “no” box. It is your continuing duty to update the Board on any changes once the application has been submitted.

- (a) Yes No Have you ever been dropped, suspended, expelled, fined, placed on probation, allowed to resign, requested to leave temporarily or permanently, or otherwise had action taken against you by any professional training program prior to completing the training?
- (b) Yes No Have you ever had any application for any professional license refused or denied by any licensing authority?
- (c) Yes No Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?
- (d) Yes No Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, suspended, revoked or placed on probation, or have you ever involuntarily or voluntarily (to avoid disciplinary action or investigation) resigned or withdrawn from any licensed hospital, nursing home, clinic or other health care facility in which you have trained, including but not limited to residency or postgraduate training programs, or otherwise been a staff member, been a partner or held privileges?
- (e) Yes No Have you ever been denied staff membership with any licensed hospital, nursing home, clinic or other health care facility?
- (f) Yes No Have you ever been requested to resign, withdraw or otherwise terminate your position with a partnership, professional association, corporation or other practice organization, either public or private?
- (g) Yes No Have you ever voluntarily surrendered any professional license?
- (h) Yes No Has any licensing authority ever limited, restricted, suspended, revoked, censured or placed on probation or had any other disciplinary action taken against any professional license you have held?
- (i) Yes No Have you ever been notified or requested to appear before a licensing or disciplinary agency?
- (j) Yes No To your knowledge, have any complaints (regardless of status) ever been filed against you with any licensing agency, professional association, hospital, nursing home, clinic or other health care facility?
- (k) Yes No Has any professional association imposed any disciplinary action against you?
- (l) Yes No Within the past 2 years, have you used any alcohol, narcotic, barbiturate, or other drug affecting the central nervous system, or other drug which may cause physical or psychological dependence, either to which you were addicted or upon which you were dependent?
- (m) Yes No Within the past 2 years, have you been diagnosed or treated for any physical, emotional or mental illness or disease, including drug addiction or alcohol dependency, which limited your ability to practice the healing arts with reasonable skill and safety?
- (n) Yes No Within the past 2 years, have you used controlled substances, which were obtained illegally or which were not obtained pursuant to a valid prescription order or which were not taken following the directions of a licensed health care provider?

Applicant Name: _____
(please print or type)

- (o) Yes No Have you ever practiced your profession while any physical or mental disability, loss of motor skill or use of drugs or alcohol, impaired your ability to practice with reasonable safety?
- (p) Yes No Do you presently have any physical or mental problems or disabilities which could affect your ability to competently practice your profession?
- (q) Yes No Have you ever been denied a Drug Enforcement Administration (DEA) or state bureau of narcotics or controlled substance registration certificate or been called before or warned by any such agency or other lawful authority concerned with controlled substances?
- (r) Yes No Have you ever surrendered your state or federal controlled substances registration or had it revoked, suspended, or restricted in any way?
- (s) Yes No Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary agency?
- (t) Yes No Have you ever been arrested? Do not include minor traffic or parking violations or citations except those related to a DUI, DWI or a similar charge. You must include all arrests including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
- (u) Yes No Have you ever been charged with a crime, indicted, convicted of a crime, imprisoned, or placed on probation (a crime includes both Class A misdemeanors and felonies)? You must include all convictions including those that have been set aside, dismissed or expunged or where a stay of execution has been issued.
- (v) Yes No Have you ever been court martialled or discharged dishonorably from the armed services?
- (w) Yes No Have you ever been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid in your behalf, or paid such claim yourself?
- (x) Yes No Have you ever been denied provider participation in any State Medicaid or Federal Medicare Programs or private insurance companies?
- (y) Yes No Have you ever been terminated, sanctioned, penalized, or had to repay money to any State Medicaid or Federal Medicaid Programs or private insurance companies?

Additional information, reference the question letter and include date, place, reason and disposition of the matter. Attach all relevant legal documentation.

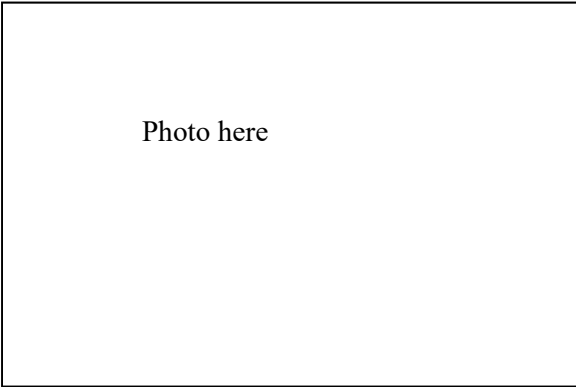
11. Statement of Health.

Do you presently have any physical or mental problems or disabilities which could effect your ability to competently practice your particular branch of the healing arts or your particular specialty? If yes, provide a detailed statement of your health diagnosis and prognosis, supported by a report from the attending physician, including any medications and treatment currently being prescribed. Yes No

Applicant Name: _____
(please print or type)

12. Photo.

Attach a **2"x 3" wallet size photograph** of applicant with head and shoulder areas only. The photograph must have been taken within 90 days prior to date of application. Proof photographs, negatives, copies of photographs, poor quality, photographs cut from books, newspaper articles or passport photos are **NOT** accepted.



13. License Designation. Please select the license designation you are requesting.

Active A license issued to a person engaged in the practice of medicine and surgery, osteopathic medicine and surgery, chiropractic or podiatry. Individuals must maintain and submit evidence of satisfactory completion of a program of continuing education and are required to have professional liability insurance in compliance with Kansas law. Each active license may be renewed annually.

Federal Active A license issued to only a person who meets all the requirements for a license to practice the healing arts in Kansas and who practiced that branch of the healing arts solely in the course of employment or active duty in the United States government or any of its departments, bureaus or agencies or who, in addition to such employment or assignment, provides professional services as a charitable health care provider as defined under K.S.A. 75-6102. Continuing education, expiration and renewal of a license shall be applicable to a federally active license. A person who practices under a federally active license shall not be deemed to be rendering professional service as a health care provider in this state and is not required to have policy of professional liability coverage in effect.

Inactive A license issued to a person who is not regularly engaged in the practice of the healing arts in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. An inactive license shall not entitle the holder to practice the healing arts in this state. Each inactive license may be renewed annually. The holder of an inactive license shall not be required to submit evidence of satisfactory completion of a program of continuing education and is not required to have basic coverage or self-insurance in effect solely because such person is no longer engaged in rendering professional service as a health care provider.

Exempt A license issued to a person who is not regularly engaged in the practice of the healing arts or podiatry in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed annually. The holder of an exempt license is entitled to all the privileges of their branch of the healing arts and (1) may serve as a coroner or as a paid employee of a local health department as defined by K.S.A. 65-241; or (2) practice as a charitable health care provider for an indigent health care clinic as defined by K.S.A. 75-6102. Additionally, the holder of an exempt license may perform administrative functions. The holder of an exempt license shall not be required to submit evidence of satisfactory completion of a program of continuing education nor are they required to have basic coverage or self-insurance in effect. I acknowledge by marking the exempt check box, that with an exempt license I will not be a health care provider as defined by K.S.A. 40-3401, that I am not required to maintain professional liability insurance in accordance with K.S.A. 40-3401 and that services I render while a holder of an exempt license will not be insured or covered by the Health Care Stabilization Fund. I intend to engage in the following professional activities in Kansas: _____

14. Oath must be signed by applicant and notarized.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension, or revocation of my license to practice of chiropractic in the state of Kansas and may subject me to a fine not exceeding \$10,000 and term of imprisonment not exceeding 5 years of each violation (K.S.A.21-3805).

Signature of Applicant

Sworn to before me this _____ day of

_____ 20 _____

SEAL here

Notary Public

Commission Expires

15. Application fee of \$300. NPDB report fee of \$3. Criminal background report fee of \$47. Make the fees payable to: Kansas State Board of Healing Arts or charge by credit/debit card using the attached authorization form.

Applicant Name: _____
(please print or type)



Third Party Authorization

Must be signed by applicant and notarized.

I, _____, hereby authorize all hospitals, institutions or organization, my references, personal physicians, employers (past and present), business and professional associates (past and present) and all government agencies (local, state, federal or foreign) to release to the Kansas State Board of Healing Arts or its successors any information, files or records requested by the Board in connection with this application. I further authorize the Kansas State Board of Healing Arts or its successors to release to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure.

Signature of Applicant

SEAL here

Sworn to before me this _____ day of

_____ 20 _____

Notary Public

Commission Expires



TWO PROFESSIONAL RECOMMENDATIONS

The KSBHA requires two (2) recommendations from licensed chiropractors. Persons attesting to the good character of the applicant are attesting to the fact they have known the applicant for at least one (1) year. Make copies of this form as needed.

Full Name of Applicant: _____ Date of Birth: _____
first middle last suffix

Please mail this document to: Kansas State Board of Healing Arts
Attn: Licensing
800 SW Jackson, Lower Level - Suite A
Topeka, KS 66612

DO NOT RETURN TO THE APPLICANT

This is to certify that I have known _____ for _____ year(s);
(name of applicant, please print)

that he/she is a capable chiropractor and is not addicted to alcohol or narcotics. I further certify that to the best of my knowledge and belief _____ is a fit and proper person for
(name of applicant, please print)

endorsement for a license by the Kansas State Board of Healing Arts.

name, please print profession

address

city, state and zip

phone number

signature

date



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name, please print profession

address

city, state and zip

phone number

signature

date



CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.

CARD NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Verification Code

3-4 digit non-embossed number found on the card signature panel

--	--	--	--

Expiration Date

MO _____ YR _____
 _____ / _____

Name (as it appears on the credit card): _____

Billing Address: _____

Street
City
State
Zip

Telephone Number: _____ - _____ - _____

Payment Amount \$ _____ Purpose of Payment: _____

(e.g. renewal, application)

I agree to pay the above amount per the card issuer agreement.

 Signature Date

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only

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STATE VERIFICATION FORM

Send to all states in which a license or registration has ever been issued. Verification fees may be applicable and are the applicant's responsibility. Please contact individual boards to confirm fees. The applicant should complete the top section. The official state board should complete the bottom section and return directly to the Kansas State Board of Healing Arts.

I, hereby authorize and request the state Board of _____ having control of any documents, records and other information pertaining to me to furnish to the Kansas State Board of Healing Arts information including documents and/or records regarding charges or complaints filed against me or my license/registration; formal, informal, pending, closed or any other pertinent information.

Full Name: _____

Other Names Used (if applicable): _____ Date of Birth: _____ / _____ / _____

License or Registration No.: _____ Issue Date: _____ / _____ / _____

Profession: _____

Signature: _____ Date: _____

Full Name of licensee or registrant: _____

License or Registration No.: _____ Status: _____

Issue Date: _____ / _____ / _____ Expiration Date: _____ / _____ / _____

License Method: _____ School: _____

DISCIPLINARY ACTIONS:

Is the applicant currently the subject of a pending investigation by a licensing or disciplinary authority in your state? Yes No Unable to Divulge

Have formal disciplinary proceedings been initiated against the applicant or applicant's license or registration by a disciplinary authority in your state? Yes No Unable to

Comments _____

Signature _____ (SEAL here)
Title _____
State Board of _____
Date _____



PROFESSIONAL SCHOOL VERIFICATION

Applicant Instructions: Complete Section 1 of this form then send this form to your professional school along with a copy of your diploma. Request the Dean or designated official to complete Section 3 of this form and return this form and a copy of your official transcripts directly to this Board.

Section 1: Applicant Information

Full Name: _____
first middle last suffix

Other names used, including maiden name: _____

Date of Birth: _____ Social Security/Tax ID. No: _____

The applicant's social security number is to be used for purposes of identification and may not be used for any other reason.

Waiver for release of information: I authorize the chiropractic school below to provide any and all information pertaining to my chiropractic education at your institution to the below listed chiropractic board.

signature date

Section 2: Instructions to the Dean or designated official of the school

Please complete Section 3 of this form, certify the enclosed copy of the applicant's diploma by placing your school seal on it, and enclose an official copy of the transcripts of the above named applicant and forward all documents directly to:

The Kansas State Board of Healing Arts
Attn: Licensing
800 SW Jackson, Lower Level - Suite A
Topeka, KS 66612

Section 3: School Verification

Name of School: _____

Address: _____
street city county state zip

Applicant's Attendance Dates: _____ Graduated _____ Degree: _____
mm/dd/yr mm/dd/yr

I certify that to the best of my knowledge and belief the foregoing is a true, accurate and complete statement of the record of the individual named on this form.

signature

affix institutional seal here
(if no seal is available, this form must be notarized)

title

date

revised 1-25-11, kl



NAME _____ DATE _____

This jurisprudence exam has several sections that describe actions that are in violation of the Kansas Healing Arts Act. Any of these violations can lead to the **SUSPENSION, RESTRICTION, OR REVOCATION** of the Doctor's license. Write the letter of the most applicable statute in the blank next to the violation.

SECTION I

- _____ Licensee has another person complete this exam.
- _____ Licensee advertises "guaranteed results."
- _____ Licensee advertises "permanent cures for incurable diseases."
- _____ Licensee refuses to honor patient's request to send records to another licensee of the Healing Arts Board.
- _____ Licensee allows a person to treat and bill under his name and license.
- _____ Licensee lies on an application for a license.
- _____ Licensee tells patients licensee has board certification when he or she is not board certified.
- _____ Licensee's agents fraudulently solicit patients.
- _____ Licensee performs an inappropriate breast examination.
- _____ Licensee violates any Healing Arts Board lawful rule or regulation.

KANSAS STATUTES FOR SECTION I

- A. K.S.A. 65-2837(b)(15) Allowing another person or organization to use the licensee's license to practice the healing arts.
- B. K.S.A. 65-2837(b)(16) Commission of any act of sexual abuse, misconduct or other improper sexual contact which exploits the licensee - patient relationship, with a patient or a person responsible for the health care decisions concerning such patient.
- C. K.S.A. 65-2836(k) The licensee has violated any lawful rule and regulation promulgated by the board or violated any lawful order or directive of the board previously entered by the board.
- D. K.S.A. 65-2837(b)(20) Failure to transfer patient records to another licensee when requested to do so by the subject patient or by such patient's legally designated representative.
- E. K.S.A. 65-2837(b)(8) Advertising to guarantee any professional service or to perform any operation painlessly.
- F. K.S.A. 65-2836(n) The licensee has cheated on or attempted to subvert the validity of the examination for a license.
- G. K.S.A. 65-2837(b)(12) Conduct likely to deceive, defraud or harm the public.
- H. K.S.A. 65-2836(a) The licensee has committed fraud or misrepresentation in applying for or securing an original, renewal or reinstated license.
- I. K.S.A. 65-2837(b)(1) Solicitation of professional patronage through the use of fraudulent or false advertisements, or profiting by the acts of those representing themselves to be agents of the licensee.
- J. K.S.A. 65-2837(b)(2) Representing to a patient that a manifestly incurable disease, condition or injury can be permanently cured.

SECTION II

- _____ Licensee falsifies medical records to assist patient in obtaining workers' compensation benefits.
- _____ Licensee repeatedly practices in a manner that is below the standard of care.
- _____ Licensee fails to keep detailed records.
- _____ Licensee is convicted of a felony or class A misdemeanor.
- _____ Licensee becomes addicted to drugs or alcohol.
- _____ Licensee's license from another state is suspended or revoked.
- _____ Licensee initiates treatment without the patient's consent.
- _____ Licensee fails to report another licensed doctor who is violating provisions of the Kansas Healing Arts Act.
- _____ Licensee refuses to supply information to the Healing Arts Board that has been legally requested.
- _____ Licensee unlawfully invades the field of practice of another branch of the healing arts which the licensee is not licensed to practice.

KANSAS STATUTES FOR SECTION II

- A. K.S.A. 65-2836(r) The licensee has failed to furnish the board, or its investigators or representatives, any information legally requested by the board.
- B. K.S.A. 65-2836(g) The licensee has unlawfully invaded the field of practice of any branch of the healing arts in which the licensee is not licensed to practice.
- C. K.S.A. 65-2836(j) The licensee has had a license to practice the healing arts revoked, suspended or limited, has been censured or has had other disciplinary action taken, or an application for a license denied, by the proper licensing authority of another state, territory, District of Columbia or other country.
- D. K.S.A. 65-2836(c) The licensee has been convicted of a felony or class A misdemeanor, whether or not related to the practice of the healing arts.
- E. K.S.A. 65-2836(e) The licensee is addicted to or has distributed intoxicating liquors or drugs for any other than lawful purposes.
- F. K.S.A. 65-2837(b)(24) Repeated failure to practice healing arts with that level of care, skill and treatment which is recognized by a reasonably prudent similar practitioner as being acceptable under similar conditions and circumstances.
- G. K.S.A. 65-2837(b)(3) Assisting in the care or treatment of a patient without the consent of the patient, the attending physician or the patient's legal representatives.
- H. K.S.A. 65-2837(b)(25) Failure to keep written medical records which accurately describe the services rendered to the patient, including patient histories, pertinent findings, examination results and test results.
- I. K.S.A. 65-28,122 Any person licensed to practice the healing arts who possesses knowledge not subject to the physician-patient privilege that another person so licensed has committed any act which may be grounds for disciplinary action shall immediately report such knowledge, under oath, to the state board of healing arts.
- J. K.S.A. 65-2837(b)(17) The use of any false, fraudulent or deceptive statement in any document connected with the practice of healing arts including the intentional falsifying or fraudulent altering of a patient or medical care facility record.

SECTION III

- _____ Licensee commits several acts of ordinary negligence.
- _____ Licensee brags about patient Smith's response to care without Smith's permission.
- _____ Licensee fails to obtain 50 required hours of continuing education.
- _____ Licensee allows malpractice insurance policy to lapse.
- _____ Licensee refers a patient to an outside health care facility that the doctor has a significant investment interest in without informing the patient in writing of that interest.
- _____ Licensee refers patient to another health care practitioner or facility and accepts a referral fee.
- _____ Licensee commits one or more acts of gross negligence.
- _____ Licensee advertises professional superiority.
- _____ Licensee makes misleading statements about his skills or treatment.
- _____ Licensee knowingly submits misleading or deceptive information on any insurance claim form.

KANSAS STATUTES FOR SECTION III

- A.** K.S.A. 65-2837(b)(29) Referring a patient to a health care entity for services if the licensee has a significant investment interest in the health care entity, unless the licensee informs the patient in writing of such significant interest and that the patient may obtain such services elsewhere.
- B.** K.S.A. 65-2837(b)(7) Advertising professional superiority or the performance of professional services in a superior manner.
- C.** K.S.A. 65-2836(aa) The licensee has knowingly submitted any misleading, deceptive, untrue or fraudulent representation on a claim form, bill or statement.
- D.** K.S.A. 65-2837(a)(1) One or more instances involving failure to adhere to the applicable standard of care to a degree which constitutes gross negligence, as determined by the board.
- E.** K.S.A. 65-2837(b)(6) Willful betrayal of confidential information.
- F.** K.S.A. 65-2837(a)(2) Repeated instances involving failure to adhere to the applicable standard of care to a degree which constitutes ordinary negligence, as determined by the board.
- G.** K.S.A. 65-2836(y) The licensee has failed to maintain a policy of professional liability insurance as required by K.S.A. 40-3402 or 40-3403a and amendments hereto.
- H.** K.S.A. 65-2837(b)(13) Making a false or misleading statement regarding the licensee's skill or the efficacy or value of the drug, treatment or remedy prescribed by the licensee or at the licensee's direction in the treatment of any disease or other condition of the body or mind.
- I.** K.S.A. 65-2837(b)(19) Directly or indirectly giving or receiving any fee, commission, rebate or other compensation for professional services not actually and personally rendered, other than through the legal functioning of lawful professional partnerships, corporations or associations.
- J.** K.S.A. 65-2809(b) The board shall require every licensee in the active practice of the healing arts within the state to submit evidence of satisfactory completion of a program of continuing education required by the board.

SECTION IV

- _____ Doctor of Chiropractic charges an excessive fee for an adjustment.
- _____ Doctor of Chiropractic delivers babies.
- _____ Doctor of Chiropractic allows employees to adjust patients.
- _____ Doctor of Chiropractic performs minor surgery.
- _____ Doctor of Chiropractic orders or dispenses Botox.
- _____ Doctor of Chiropractic orders additional physiotherapy treatment because the patient has insurance that will cover the cost.
- _____ Doctor of Chiropractic advertises free x-rays and then bills patients' insurance companies for those services.
- _____ Doctor of Chiropractic routinely writes off insurance deductibles and insurance co-payment amounts or charges insurance companies a higher fee than patients who do not have insurance.
- _____ Doctor of Chiropractic uses the letters or term "Dr." or "Doctor" with his or her name without the using the letters "D.C." or words that identify that he or she holds a chiropractic license.

KANSAS STATUTES FOR SECTION IV

- A. K.S.A. 65-2885 Every such licensee when using the letters or term "Dr." or "Doctor" shall use the appropriate words or letters to identify himself with the particular branch of the healing arts in which he holds a license.
- B. K.S.A. 65-2837(b)(21) Performing unnecessary tests, examinations or services which have no legitimate medical purpose.
- C. K.S.A. 65-2837(b)(18) Obtaining any fee by fraud, deceit or misrepresentation.
- D. K.S.A. 65-2837(b)(22) Charging an excessive fee for services rendered.
- E. K.S.A. 65-2836(d) The licensee has used fraudulent or false advertisements.
- F. K.S.A. 65-2837(b)(26) Delegating professional responsibilities to a person when the licensee knows or has reason to know that such person is not qualified by training, experience or licensure to perform them.
- G. K.S.A. 65-2871 Persons deemed engaged in practice of chiropractic. For the purpose of this act the following persons shall be deemed to be engaged in the practice of chiropractic: (a) Persons who examine, analyze and diagnose the human living body, and its diseases by the use of any physical, thermal or manual method and use the X-ray diagnosis and analysis taught in any accredited chiropractic school or college and (b) persons who adjust any misplaced tissue of any kind or nature, manipulate or treat the human body by manual, mechanical, electrical or natural methods or by the use of physical means, physiotherapy (including light, heat, water or exercise), or by the use of foods, food concentrates, or food extract, or who apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person medicine or drugs in materia medica, or from performing any surgery, as hereinabove stated, or from practicing obstetrics. **(K.S.A. 65-2871 can be used more than once in this section of the exam.)**

Addendum 5



INSTRUCTIONS FOR REQUESTING A CRIMINAL BACKGROUND CHECK

Effective January 1, 2009, applicants to practice the healing arts will be required to submit their fingerprints for state and national criminal history background checks.

Following is the *Waiver Agreement and FBI Privacy Act Statement*. Please complete, sign and date the *Waiver Agreement and FBI Privacy Act Statement* form with your application. Your application will not be deemed as completed without a completed and signed *Waiver Agreement and Statement* form.

Fingerprinting should be conducted by a person who is appropriately trained to collect fingerprints. Your local law enforcement agency should be willing to assist you with completing the fingerprints. Some enforcement agencies offer electronic scanning (Livescan). Please visit our website at <http://www.ksbha.org/departments/licensing/licensingdept.shtml> for a listing of Livescan agencies. Have at least one form of picture identification for the law enforcement agency to examine.

If you do not utilize a Livescan agency, contact the Board at 785 296-7413 or 888-886-7205 to receive a fingerprint card or visit <https://www.fbi.gov/file-repository/standard-fingerprint-form-fd-258-1.pdf/view> to print a fingerprint card. If printing the card please print on card stock paper.

Please complete the applicant section of the fingerprint card. Ensure the appropriate data fields are completed prior to submitting the fingerprint card. Be sure to include name (including aliases, maiden and previous names), complete mailing address, social security number, citizenship, date of birth, and personal information (sex, race, height, weight, eyes, hair, place of birth). The spaces for OCA, FBI and MNU numbers can be left blank. Cards with missing or incomplete information will be rejected and must be resubmitted. Sign the card in front of the law enforcement officer. If you use Livescan, the agency may have a different form for you to complete.

Make a check or money order (do not send cash) payable to the Kansas State Board of Healing Arts for \$47. A fingerprint card submitted without payment will not be processed.

Provide the law enforcement officer with a stamped envelope addressed to KSBHA 800 Jackson LL-Suite A., Topeka KS 66612 to mail your fingerprint card or electronic scan, and fee. In addition, you may want to use a mailing service that allows for delivery confirmation to confirm your fingerprint card and payment have been received at the Board. Bent and folded cards will not be accepted and a new fingerprint card will be mailed to you for prints to be taken again.

A background check is valid for six (6) months. Application for licensure completed after the six (6) month period will be required to submit a new fingerprint card for a new clearance.

Any and all resubmissions of fingerprints cards require a \$47 as of February 1, 2015 to process. Resubmitted fingerprint cards will not be processed without payment.

Please complete, sign and return the *Waiver Agreement and FBI Privacy Act Statement* form with your application. Your application will not be deemed as complete without a completed and signed *Waiver Agreement and FBI Privacy Act Statement* form.

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) the Kansas State Board of Healing Arts to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies)

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information** (CHRI) to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

**WAIVER AGREEMENT
AND
FBI PRIVACY ACT STATEMENT (Cont.)**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly 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). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have **OR** have not been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature	Date		
Printed Name	Date of Birth		
Residential Address	City	State	Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:	Driver's License <input type="checkbox"/>	State Issued ID Card <input type="checkbox"/>
	Military ID Card <input type="checkbox"/>	
State/Branch: _____	ID Number: _____	

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

**AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.
2. Must provide a copy to the applicant.**



GENERAL INFORMATION AND INSTRUCTIONS FOR THE PRACTICE OF CHIROPRACTIC

Please visit www.ksbha.org for all statutes and regulations governing the practice of Chiropractic

Thank you for your interest in becoming licensed in Kansas. Please read the following information very carefully. This information is vital to the successful completion of your application. Often your questions are covered in this form. Please allow two (2) weeks after the submission of the application before contacting our office. **Do not** make a commitment to any work dates prior to be licensed.

Kansas does not have direct reciprocity with any state. It is highly recommended you make and keep copies, for your records, of all items submitted for review. In addition, when mailing you may want to request a delivery confirmation to confirm your application has been received at the Kansas State Board of Healing Arts (KSBHA) office. Portions of the application may be copied and sent to the appropriate place to be completed and mailed directly to the KSBHA. Do not fax original forms or documentation to the Board.

One of the missions of KSBHA is public protection through effective licensure and enforcement. One way the public is safeguarded is by issuing licenses to fully qualified, competent and ethical applicants. You will be asked a series of attestation questions. A "yes" answer is not an automatic disqualification from licensure. All applicants are considered on an individual basis. You may be requested to submit information or documents in addition to the requirements mentioned herein before the application will be deemed complete to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. Failure to fully disclose could constitute grounds alone for denial of your application. Please avoid some of the common excuses: "My attorney told me I don't have to disclose." or "I did not think the prior act had anything to do with my profession or that it was still on my record or that it happened so long ago." There is no excuse for not disclosing.

Kansas application fee: \$300.00. Kansas application fee must be submitted with the application and is **NOT** refundable. You may pay by check, debt card, Visa, MasterCard, Discover, American Express or money order. Make checks payable to KSBHA. Checks returned for any reason by the payer's financial institution must be replaced by a money order, certified check, debit card or credit card.

Visit the National Board of Chiropractic Examiners to request test scores at www.NBCE.org or call 800-964-6223. Kansas requires passage of Parts I, and II. In addition, Kansas requires passage of Part III if the applicant's graduation date was after June 17, 1988 and passage of Part IV if the applicant's graduation date was during or after April 1997. Physiotherapy is required with a 375 or above on the National Boards.

Applicants that matriculated in chiropractic programs prior to July 1, 1966 do not need to provide an undergraduate transcript. Applicants that matriculated in a chiropractic programs on or after July 1, 1966 must submit an undergraduate transcript(s) with a minimum of 60 pre-chiropractic hours. Each applicant who matriculates in a chiropractic college on or after January 1, 2000, must provide the final and official transcript from the undergraduate program as proof of a baccalaureate degree. If the baccalaureate degree was granted by a chiropractic school or program, at least 90 semester hours applicable to the baccalaureate degree shall be earned at an accredited school or college, with none of these hours applying to the doctor of chiropractic degree. Applicants must have passed Physiotherapy I and II or at least 120 hours of Physiotherapy.

For all malpractice claims include a written statement from the insurance company or insurance/personal/institution attorney. Include date of occurrence, name of the insurance company involved in your behalf, name of claimant(s), other defendant(s) and/or institution involved, list of all attorneys involved, case number and location of filing, status of the matter, and summary of the occurrence. Failure to provide complete information will result in delay of processing the application.

The National Practitioner Data Bank (NPDB) Report was mandated by Congress and tracks regulatory board disciplinary actions, certain actions resulting from peer review and malpractice payments. For all applications postdated on or after October 1, 2014 include a \$3.00 report fee for the Board to obtain the NPDB report.

DC licenses expire on January 31 and are renewed annually. Renewal will be required of all applicants receiving permanent licenses prior to November 1.

CHECK LIST: Did you complete the following?

ALL questions answered on the application

Enclose a head and shoulder photograph (size:2x3, taken within 90 days of application) #12

Notarize and sign the Release Addendum #1

Request verification(s) of licenses from states if applicable Addendum #4

Request an official and final transcript submitted by the professional school Addendum #5

Send the professional school certification to the school to complete Addendum #5

Submit Criminal Background Waiver Addendum #7

Request an official and final transcripts submitted by the undergraduate school, if applicable

Fees

Provide documentation to any "Yes" answers to #10

Notarize and sign the Oath #13

Request two (2) professional recommendation's signatures Addendum #2

Request the Exam scores

Notarize a copy of the Chiropractic Diploma Addendum #5

Complete the jurisprudence exam Addendum # 6

Submit Fingerprints



AUTHORIZATION AND RELEASE INFORMATION

Please complete if you would like for Board staff to talk with others concerning your application.

I, _____, hereby authorize the Kansas State Board of Healing Arts ("Board")
print name
to release and discuss any and all information pertaining to my application pending before the Board with the following **TWO** individual(s):

Name of Individual	Phone Number	E-mail Address	Relationship to Individual
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- Application Information (Initial, Reinstatements, Renewals, etc.) Payment Information License Verifications
 Status Changes Address Changes Healthcare Stabilization Fund Information Continuing Education Information
 Audit Information Former and/or Current Legal Documents Former and/or Current Legal Issues

Name of Individual	Phone Number	E-mail Address	Relationship to Individual
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- Application Information (Initial, Reinstatements, Renewals, etc.) Payment Information License Verifications
 Status Changes Address Changes Healthcare Stabilization Fund Information Continuing Education Information
 Audit Information Former and/or Current Legal Documents Former and/or Current Legal Issues

This Authorization and Release **expires one year** from date of signature reflected on this form. Prior to expiration, this Authorization and Release may be revoked in writing at any time. A reproduction of this Authorization and Release shall have the same effect as the original.

Signature

Date