



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Chiropractic Examiners
110 Centerview Dr. • Columbia • SC 29210
P.O. Box 11329 • Columbia • SC 29211-1329
Phone: 803-896-4587 • Contact.chiro@llr.sc.gov • Fax: 803-896-4719
llr.sc.gov/chiro

APPLICATION FOR CHIROPRACTIC LICENSURE

Submit the following with your application to the above address:

- Application fee in the form of a check or money order in the amount of **\$300**.
(All fees are non-refundable. A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds.)
- Copy of your valid Driver's License, State Issued ID, Passport or Military ID
- Copy of your Social Security Card
- 2x2 passport-style photo taken less than six months prior to the application
- Legal documentation of name change, if applicable
- Notarized verification of lawful presence

Have submitted directly to the Board from the issuing agency or organization to the above address:

- Official copy of your pre-professional education transcript
- Official copy of your chiropractic college transcript
- Official License Verification from another state (if applicable)

Applying for Doctorate of Chiropractic Licensure as/by:

☐ New Graduate – Graduation Date: _____ ☐ Endorsement ☐ Out-of-State

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION

First Name: _____ Middle: _____ Last: _____

Have you ever legally changed your name? ☐ Yes ☐ No Former Name: _____

If yes, please submit legal documentation supporting the change. (Marriage certificate, divorce decree, etc.)

Home Address: _____ City: _____ State: _____ Zip: _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City: _____ State: _____ Zip: _____
(If different than above)

Phone: _____

Email: _____

Date of Birth: _____

Social Security No.: _____

Race: _____
(For statistical purposes only)

Gender: ☐ Female ☐ Male
(For statistical purposes only)

BUSINESS INFORMATION (If applicable)

Business Name: _____ Email: _____

Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

EDUCATION INFORMATION

List all professional education in chronological order until present date. Please have pre-professional and professional transcripts mailed directly to the Board from the college or program attended.

College/University	Location (City and State or Country)	Graduation Date	Degree

PROFESSIONAL EDUCATION INFORMATION (National Certifications)

List in chronological order from date of college graduation all professional education. Do not include continuing education coursework. Attach additional sheet(s) if needed.

Institution/Program	Location (City and State or Country)	Attendance Dates (MM/YR – MM/YR)	National Certification	Graduation/Program Completed?	Degree Earned

RECORD OF LICENSURE EXAMINATION

Complete the requested information below if licensure examination was taken in this state or any other state (National Boards and/or State Administered Examinations). List each examination below, using additional sheet(s) if necessary.

Name of Examination	Location (City and State or Country)	Date of Exam	Passed/Failed Score

RECORD OF LICENSURE INFORMATION (Endorsement Applicants Only)

List all states in which you have been licensed for any medical profession, regardless of status: Active, Inactive, Expired, Training etc. You will need to contact each State Board and request a License Verification to be mailed directly to the SC Chiropractic Board. We provide a License Verification Form as a courtesy; however, we will accept a state board issued form. (Attach additional sheet if needed).

State/Jurisdiction	License Type	License No.	Initial License Date	How was license obtained? (Endorsement, exam, etc.)

PRACTICE HISTORY (Endorsement Applicants Only)

List all related employment chronologically, most recent first, for the past five (5) years. If you have never been employed in the Chiropractic profession, please enter N/A. (Attach additional sheet, if needed.)

1. Company Name:		Company Address: (Street, City, State, Zip)	
Job Title:	Type of Employment:	Dates of Employment:	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated description of duties performed:	Hours worked per week:	Reason for leaving:	
2. Company Name:		Company Address: (Street, City, State, Zip)	
Job Title:	Type of Employment:	Dates of Employment:	
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	From: _____ To: _____	
Abbreviated description of duties performed:	Hours worked per week:	Reason for leaving:	

PERSONAL HISTORY INFORMATION

If you answer yes to any of the questions below, attach a letter of explanation and/or legal documentation.

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority? ☐ Yes ☐ No
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license? ☐ Yes ☐ No
3. Have you ever been disciplined or sanctioned with regard to a professional or occupational license, by any licensing authority, professional association, licensed facility, or staff of such facility? ☐ Yes ☐ No
4. To your knowledge, are there any unresolved or pending complaints against you with any federal or state licensing authority, professional association, licensed hospital or clinic, or staff of such hospital or clinic? ☐ Yes ☐ No
5. Have you ever been convicted (including a nolo contendere plea or guilty plea) of a felony of any kind or a non-felony crime involving drugs or moral turpitude, or of the unauthorized practice of chiropractic, whether or not sentence was imposed or suspended? ☐ Yes ☐ No
If yes, please have the court mail a final disposition of your case record directly to the board.
6. Do you currently have any disease, addictions, or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? ☐ Yes ☐ No

ATTESTATION

I, _____, am the person described and identified in this application. I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct. Should I furnish any false or incomplete information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license to practice chiropractic medicine in South Carolina.

Signature of Applicant

Date

Sworn and subscribed before me this ____ day of _____, 20____.

Notary Signature: _____

Print Notary Name: _____ (SEAL)

Notary Public for the State of: _____

Commission Expiration Date: _____

**Tape a recent 2 x 2
Passport Photo
(Less than 6 months old)**

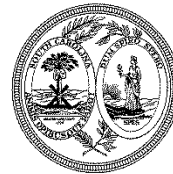
PRIVACY DISCLOSURE

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.



STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. ☐ I am a United States citizen; or
2. ☐ I am a Legal Permanent Resident of the United States eighteen years of age or older; or
3. ☐ I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.
4. ☐ Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)