



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

CHIROPRACTIC LICENSE BY EXAM REQUIREMENTS AND APPLICATION PROCESS OVERVIEW

This application is for a new graduate that has not been licensed in any jurisdiction.

Licensure Requirements

EDUCATION

Applicant must be a graduate from a chiropractic college accredited by or has recognized candidate status with the Council of Chiropractic Education or with the Commission on Accreditation of the Straight Chiropractic Academic Standards Association or meets equivalent standards.

All students at any chiropractic college chartered by the State shall have two years of pre-professional college credits from a college or university accredited by the Southern Association of Colleges and Secondary Schools or an accrediting agency of equal status and recognition prior to enrollment.

- Official copies of your pre-professional and chiropractic college transcripts may be emailed to Contact.Chiro@llr.sc.gov or mailed directly to the Board from the issuing institution.

EXAM INFORMATION

Applicants must pass Parts I, II, III, and IV with the National Board of Chiropractic Examiners (NBCE) recommended passing score. The NBCE Physiotherapy exam is not required for licensure unless you plan to practice therapeutic modalities.

For information on the National Board Exams please visit: <https://mynbce.org/welcome/>.

South Carolina Board of Chiropractic Examiners Ethics and Jurisprudence Examination.

Applicants shall be tested in South Carolina law and ethics and pass with a score of seventy-five. The link to take the online exam will be emailed once all required documents have been received by the Board.

Please select and review [Chapter 9](#) and [Chapter 25](#) for the Ethics and Jurisprudence Examination.

You will need to upload documentation to your application:

- 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
- Notarized Signature Affidavit
- [Notarized Verification of Lawful Presence form](#)
- Legal documentation of name change, if applicable
- [Written Explanation of Yes Answer Form](#), if applicable

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

- Official copy of your pre-professional education transcript
- Official copy of your chiropractic college transcript
- Scores from NBCE, if applicable

Payment in the amount of \$300 is due at the end of the application.

- A returned check fee of up to \$30, or an amount specified by law, may be assessed on all returned funds. All fees are non-refundable.

Note: Your application is good for one (1) year from the date of receipt. If all required information is not received within this one (1) year period, you must begin the application process from the beginning. This includes, but is not limited to, the application fee, transcripts, license verifications, etc.

You will receive a confirmation email when your application is received by the Board. This email may take up to 24 hours to receive.



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NOTARIZED SIGNATURE AFFIDAVIT
THIS FORM IS FOR USE WITH ELECTRONIC APPLICATIONS ONLY

I, _____, am the person described and identified and the person named in all documents presented in support of 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.

Applicant's Signature: _____ Date: _____

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

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____

{Seal}



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)