



**South Carolina Department of Labor, Licensing and Regulation**  
**South Carolina Board of Chiropractic Examiners**  
**Synergy Business Park, Kingstree Building**  
**110 Centerview Drive**  
**P. O. Box 11329**  
**Columbia, SC 29211-1329**  
**(803) 896-4587    Website: [www.llr.state.sc.us/pol/chiropractors](http://www.llr.state.sc.us/pol/chiropractors)**

Complete the application by providing all of the requested information. Incomplete application will be returned. Please include your check or money order payable to the Board with the application. Fees are non-refundable.

**Applying for Doctorate of Chiropractic Licensure as:**

New Graduate    Endorsement    Volunteer

<b>PART I: Applicant Identifying Information</b>					
1. Last Name		2. First Name		3. Middle Name	4. Suffix (Jr., III)
5. Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.			6. Maiden Name		7. Social Security Number/Alien ID*
8. Public Address (Street or PO Box, City, State, Zip)					
9. Home Address (Street, City, State, Zip)					
9a. Home Phone		9b. Home Fax		9c. Home E-mail	
10. Business Name			10a. Business Address (Street or PO Box, City, State, Zip)		
10b. Business Phone		10c. Business Fax		10d. Business E-mail	
11. Identify Preferred Mailing address. <input type="checkbox"/> Public <input type="checkbox"/> Home <input type="checkbox"/> Business					
12. Place of Birth (List City, and State or Country)		13. Date of Birth MM/DD/YYYY	14. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	15. Race (For Statistical Purposes Only) <input type="checkbox"/> African-American/Black <input type="checkbox"/> Hispanic/Spanish Origin <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Oriental <input type="checkbox"/> Other	
<b>PART II: Education Information</b>					
Are you a graduate from a program outside the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>					
SCHOOL	LOCATION (City and State or Country)	DATES OF ATTENDANCE		GRADUATED Yes/No	HIGHEST GRADE COMPLETED OR DEGREE EARNED
		FROM (Month/Year)	TO (Month/Year)		
<b>Professional Education (National Certifications)</b>					
List in chronological order from date of graduation to the present <u>all</u> professional education <u>not including</u> continuing education coursework					
INSTITUTION and LOCATION	CERTIFICATIONS (i.e., CCSP, CACBT, DABCN)	DATES OF ATTENDANCE		DID YOU COMPLETE PROGRAM	
		FROM (Month/Year)	TO (Month/Year)		
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

\*The Social Security Number (SSN) is not subject to disclosure as public information. The disclosure of the SSN for identification purposes is authorized and mandated by federal statutes requiring state boards to report to the Healthcare Integrity and Protection Data Bank (HIPDB) and the National Practitioner Data Bank (NPDB), among other things.

**PART III: 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, use additional sheets if necessary.

Name of Examination	State or Country	Date of Examination	Passed/Failed/Score (If score, enter score)

**PART IV: Record of Licensure Information**

Complete the requested information below if you have ever been licensed, certified or registered to practice in any profession or occupation. Identify the method by which you obtained your license(s). Include jurisdiction both within and outside the United States. Failure to disclose all licenses held may result in denial of your application or other appropriate action. (Attach additional sheets if necessary.)

Jurisdiction	Credential Type	License Number/Name on License	How License Obtained (Type of Exam or Endorsement)	Date of <u>Initial</u> Issuance
State or Country of Original (Initial) Licensure:				
State or Country of Current licensure where you most recently practiced:				

**List Other Jurisdictions of Licensure:**


### PART V: Employment History

List all related employment chronologically, most recent first, for the past five (5) years. If you have never been employed in the profession you are applying for, insert "N/A" (Not Applicable) in Box 1. Photocopy this form, if additional space is required.

<b>1. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>2. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>3. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	
<b>4. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for leaving</b>	
<b>5. Company Name</b>		<b>Company Address (Street, City, State, Zip)</b>	
<b>Job Title</b>	<b>Type of Employment</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Dates of Employment</b> <b>From:</b> _____ <b>To:</b> _____	
<b>Abbreviated Description of Duties Performed</b>	<b>Hours Worked per Week</b>	<b>Reason for Leaving</b>	

## PART VI: Personal History Information

If you answer **yes** to any of the questions below, attach a letter of explanation 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 the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility, or staff of such facility? YES  NO
4. To your knowledge have any unresolved or pending complaints ever been filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic? YES  NO
5. Have you ever been arrested, charged or convicted (including a nolo contendere plea or guilty plea) in any state or federal court (other than minor traffic violations) whether or not sentence was imposed or suspended?  
**If yes, Please have the court mail a final disposition of your case record mailed directly to the board.** YES  NO
6. Currently or within the last five years, have you been treated for drug or alcohol addiction that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
7. Currently or within the last five years, have you been treated for any physical, mental, or emotional condition that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
8. Currently or within the last five years, have you developed any disease or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice? YES  NO
9. Have you ever held or applied for a South Carolina License? YES  NO

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## PART VII: 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.

**PART VIII: AFFIDAVIT**

I, \_\_\_\_\_, am the person described and identified, of good moral character, 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.

I hereby authorize the South Carolina Board of Chiropractic Examiners to utilize my Social Security Number (SSN) in making necessary reports to the Federation of Licensing Boards (FCLB) data center for compilation of information about applicants and licenses in order to coordinate licensure and disciplinary activities between the individual states' licensing boards, and to federal and state entities, as required by law.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Do not print)

Sworn to and subscribed me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Attach Photo Here  
 2x2  
  
 No Copies  
 (Sign and date back of photo)  
  
 Do Not Staple

**(Seal required here)**

**DID YOU REMEMBER TO:**

- Answer all applicable questions.
- Sign and date your photo on the back
- Sign and date the application and Verification of Lawful Presence
- Enclose money order or cashier's check made payable to LLR, Board of Chiropractic Examiners:
  - \$150.00 (application & initial licensure fee)
  - Passport photo (Must be a Passport Photo)
- Have official transcripts mailed directly from schools to the Board office.
- Have National Board Scores sent from the NBCE directly to the Board office.
- Have license verification(s) mailed from All states in which you have previously or currently licensed in. (Whether active or inactive)
- Student applicants must have a certification letter mailed directly to the Board office from the chiropractic college stating they are within ninety (90) days of graduation and confirming the expected date of graduation.

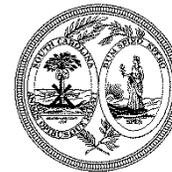
Check the status of your application online at <https://www.llr.state.sc.us/pol/chiropractors>

**For Office Use Only**

License No. _____  Approved by: _____  Approval Date: _____	Date Received: _____  Paid by: <input type="checkbox"/> Check <input type="checkbox"/> Money Order  Check/Money Order No: _____ Amount: _____  Control No. _____ Deposit No. _____
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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

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)