



NMRLD

NEW MEXICO
REGULATION &
LICENSING DEPARTMENT

REQUIREMENTS FOR EXPEDITED LICENSURE

- ❑ A completed application form
- ❑ A nonrefundable application and licensing fee of \$550.00 made to the New Mexico Board of Chiropractic Examiners and made payable by personal check, cashier's check or money order. Military Service Members and Veterans shall not be charged licensing fees and renewal fees for the first three years of licensure.
- ❑ Proof of a current license in good standing from an eligible jurisdiction as defined in these rules demonstrating active licensure as a chiropractor for at least two years immediately prior to application in New Mexico;
- ❑ Military Service Members and Veterans, additional documentation is required:
 - for military service member: a copy of military orders;
 - for spouse of military service members: copies of military service member's military orders, and marriage license;
 - for spouses of deceased military service members: copies of decedent's DD 214 and marriage license;
 - for dependent children of military service members: copies of military service member's orders listing dependent child or a copy of military orders, and one of the following: a copy of birth certificate, military service member's federal tax return, or other governmental or judicial documentation establishing dependency; or
 - for veterans (retired or separated): proof of honorable discharge, such as a copy of DD Form 214, DD Form 215, DD form 256, DD Form, 257, NGB Form 22, military ID card, a driver's license or state ID card with a veteran's designation, or other documentation verifying honorable discharge.



APPLICATION FOR EXPEDITED CHIROPRACTIC LICENSURE

*Application fees are non-refundable.
All license information provided is public information.*

Please print out the form and print legibly in Black or Blue ink. Attach additional pages if more space is required to respond to questions below.

*** Required Fields**

* Name: (Last, first, MI/Maiden):			
Business street address:			
Business city/state/zip:			
*Mailing address (if different):			
*Mailing city/state/zip:			
*Contact phone:		*E-mail address: All communications (including renewal notices) will be sent to this email address	
*Date of birth:		Birth place (City, state):	
Country:		*Social Security Number: Or Tax ID number:	
List all practice locations for the last ten years (if applicable)			
<i>Dates-from mo/yr to mn/yr</i>	<i>Street Address</i>	<i>City</i>	<i>State Zip</i>

EDUCATION

I received the degree of Doctor of Chiropractic at:

School/University:

Located in (city, state):

Admission date:

Completion Date:

PRE-CHIROPRACTIC COLLEGE AND DEGREES

<i>Dates-from mo/yr to mo/yr</i>	<i>College</i>	<i>Degree</i>	<i>Location</i>

CHIROPRACTIC COLLEGE EDUCATION

<i>Dates-from mo/yr to mo/yr</i>	<i>College</i>	<i>Degree</i>	<i>Location</i>



OTHER LICENSES

List all states or provinces in which you now hold or have ever held a license or permit to practice chiropractic (if applicable). Attach additional pages, if needed.

<i>State or Province</i>	<i>License number</i>	<i>Status</i>	<i>Date issued - date expired</i>

EXAMS

Have you taken the following exams?

<i>Passed</i>	<i>Exam</i>	<i>Date</i>	<i>Number of attempts</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	NATIONAL BOARDS I		
<input type="checkbox"/> Yes <input type="checkbox"/> No	NATIONAL BOARDS II		
<input type="checkbox"/> Yes <input type="checkbox"/> No	NATIONAL BOARDS III		
<input type="checkbox"/> Yes <input type="checkbox"/> No	NATIONAL BOARDS IV		

QUESTIONS

For any yes answers, provide detailed explanations on additional pages and attach official documentation from insurance companies, courts, hospitals, etc.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied a license, registration or certification or withdrawn an application from a state licensing board?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had your license, registration or certification disciplined, revoked, cancelled, suspended or placed on probation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence by a state licensing board?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any pending charges?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a crime?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you ever used, any narcotic, barbiturate, or other drug not prescribed by a licensed health care practitioner and otherwise illegal to possess or ingest?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you, during the past five years, had personal or legal problems with narcotics, alcohol or other dangerous drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you had a malpractice settlement or civil/criminal judgment against you?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently more than thirty days in arrears in payment of amounts required to be paid pursuant to an outstanding judgment and order for child support in any state?

I _____, under penalty of perjury, HEREBY DEPOSE AND STATE, that I am the person described and identified in this application and the information given by me is true and complete to the best of my knowledge and belief. I understand that any information contained in this application may be investigated and any false or dishonest answer to any question in this application may be grounds for denial or revocation of my license.

I further understand I cannot work as a chiropractic physician until I have received a license issued by the Regulation and Licensing Department.

Applicant's Signature _____ Date _____

