



**NMRLD**

NEW MEXICO  
REGULATION &  
LICENSING DEPARTMENT

## REQUIREMENTS FOR LICENSURE

- ❑ A completed application form
- ❑ A nonrefundable application and licensing fee of \$700.00 by personal check, cashier's check or money order, made to the New Mexico Chiropractic Board
- ❑ 2" x 2" photograph attached to the application
- ❑ A certified copy of your diploma
- ❑ Transcript from the national board of chiropractic examiners (parts I, II, III, IV and physiotherapy exam), demonstrating a passing score. \*(Transcripts must be sent directly from the National Board to the New Mexico Board)
- ❑ Verification of licensure and good standing in any state where the applicant holds a current or inactive license must be sent directly from the state licensing agency to the New Mexico Chiropractic Board
- ❑ Complete the jurisprudence exam with a score of at least seventy five (75) percent
- ❑ National Practitioners Data Bank self-query report (Sent directly from the Data Bank to the applicant, please mail the sealed envelope to the New Mexico Chiropractic Board)
- ❑ Federation of Chiropractic Licensing Board Background Check (CIN-BAD)



**APPLICATION FOR CHIROPRACTIC LICENSURE BY EXAMINATION**

*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**

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

