Colorado Division of Professions and Occupations
Office of Licensing—Chiropractic
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

REACTIVATION APPLICATION—CHIROPRACTOR

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Chiropractor in this state without a Colorado license. Submission of this application does not guarantee licensure. Therefore, do not make life or career decisions based on the probability that you may receive a license. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for licensure are outlined in the Colorado Revised Statutes, specifically 12-33-101, and the Board's Rules and Regulations. These documents are available online at www.dora.colorado.gov/professions/chiropractors.

In compliance with the Michael Skolnik Medical Transparency Act of 2010, all applicants are required to complete and maintain an online Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. The application forms must be completed in original ink or typed. Keep a copy of the completed application and supporting documents for your records. Failure to complete the application thoroughly or to submit all supporting documents may delay processing.

Application Expiration. Your application will be kept on file for one (1) year from the date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit required documents and complete your application process within one year. You will need to submit a new application packet and fee after that time.

Social Security Number is Required. Effective January 1, 2009, a Social Security Number is required for all licensees. The Division will consider an application to be incomplete when the applicant fails to submit his/her Social Security Number. Exceptions are made for foreign nationals not physically present in the United States and for non-immigrants in the United States on student visas who do not have a Social Security Number. These applicants must submit a signed Social Security Number Affidavit in lieu of a Social Security Number. You may call (303) 894-7800 to request that one be mailed to you.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address and contact information up-to-date in our database. All letters, renewal notices, and licenses are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

To apply to reactivate your inactive Colorado **Chiropractor** license:

- ☐ **Complete the attached application.** Return the completed application and all supporting documentation to the Office of Licensing.

- ☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado.* All fees are **non-refundable** and subject to change every July 1.

- ☐ **Provide documentation of any name change.** If your name has changed since you obtained a previously-issued license, or if your name is different on any of your supporting documentation, you must provide a copy of the legal document verifying the name change (i.e., marriage license, divorce decree, or court order).

- ☐ **Complete an online Healthcare Professions Profile.** Once your application is received and entered into the Division of Professions and Occupations database, you must create a Healthcare Professions Profile on our website at www.dora.colorado.gov/professions/hppp. You may begin checking the Healthcare Professions Profiling Program (HPPP) website within a few days of submitting your application. If you cannot create your profile within 14 days of submitting your application, or if you have questions or technical issues regarding your online profile, contact the Healthcare Professions Profiling Program at (303) 894-5942. **Your application is not considered complete, and a license will not be issued until you have submitted the online profile.**

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Chiropractic
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

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Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Division of Professions and Occupations
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www.dora.colorado.gov/professions

Reactivation Application
CHIROPRACTOR
Fee: $186

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Chiropractor License Number: _____ **Date License Inactivated:** _____

PART 1—APPLICANT INFORMATION

Name: Last:	First:	Middle:	Suffix:
Previous Name(s):			
Social Security Number: *	**Date of Birth** (mm/dd/yyyy)**:**	**Gender:** ☐ *Male* ☐ *Female*	
Place of Birth (city and state, or foreign country)**:**			
Mailing Address: *This is a* ☐ *Home* ☐ *Business*	PO Box, Street: City, State, Zip:		
Daytime Telephone Number: ( )	**E-mail Address:** *Preferred method for communication:* ☐ *Mail* ☐ *E-mail*		

PART 2—LICENSE INFORMATION

Date of your most recent CPR certification:

Since the date your Colorado license was made inactive, have you been practicing as a Chiropractor in the state of Colorado? ☐ YES ☐ NO

Since the date your Colorado license was made inactive, have you been practicing as a Chiropractor in another jurisdiction? ☐ YES ☐ NO

List below each jurisdiction, other than Colorado, in which you are or have ever been licensed as a Chiropractor (if needed, attach an additional sheet in the same format). If not applicable, enter N/A.

State	License Number	Year license issued	Disciplinary action against license?	Is this license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

Are there any pending complaints against you in any other jurisdictions? ☐ YES ☐ NO

► If **YES**, attach an explanation.

*Social Security Number Disclosure: Section 24-34-107(1) of the Colorado Revised Statutes requires that every application by an individual for a license issued pursuant to the authority set forth in Title 12, C.R.S., by the Department of Regulatory Agencies, shall require the applicant's Social Security Number. Disclosure of your Social Security Number is mandatory for purposes of establishing, modifying, or enforcing child support under Section 14-14-113 and Section 26-13-126, C.R.S.; locating an individual who is under an obligation to pay child support as required by Section 26-13-107(3)(a)(I)(A), C.R.S.; and reporting to the Health Integrity and Protection Data Bank as required by 45 CFR Sections 61.1 *et seq*. Failure to provide your Social Security Number for these mandatory purposes will result in the denial of your licensure application. Disclosure of your Social Security Number is voluntary for disclosure to other state regulatory agencies, testing and examination vendors, law enforcement agencies, and other private federations and associations involved in professional regulation for identification purposes only. Your Social Security Number will not be released for any other purpose unless provided for by law.

PART 3—CONTINUING EDUCATION AND COMPETENCY TO PRACTICE

If your license has been inactive **two (2) years or less** from the date your reactivation application is received in the Division of Professions and Occupations:

☐ By checking this box, I certify that I have completed 15 hours of continuing education (CE) annually within two (2) years immediately preceding application receipt, and that the CE meets the requirements of Rule 8.

If your license has been inactive **more than two (2) years** from the date your reactivation application is received in the Division, demonstrate competency to practice:

☐ By checking this box, I certify that I have completed 30 hours of continuing education (CE) within the two (2) years immediately preceding application receipt, and that the CE meets the requirements of Rule 8;

AND one of the following

☐ Verification of an active license to practice chiropractic in good standing from another state, along with proof of an active chiropractic practice in that state for a minimum of 600 hours over or in a 12-month period during the two (2) years immediately preceding the receipt date of the application;

—OR—

☐ Successful completion of the Special Purposes Examination for Chiropractic (SPEC) offered through the National Board of Chiropractic Examiners within two (2) years immediately preceding the receipt date of the application;

—OR—

☐ Supervised practice for a period of no less than six (6) months. This supervisor must be pre-approved;

—OR—

☐ Any other means approved by the Board.

PART 4—MILITARY QUESTIONS

1. Are you a Member of the U.S. military? ☐ YES ☐ NO
   - If **YES**, provide information below:

Branch:	Duty Station:

2. Are you the spouse of an active duty military member who has been relocated to Colorado and hold a currently valid and active credential to practice your profession in another state? ☐ YES ☐ NO
   - If **YES**, refer to the *Military Spouse Exemption Form* available on our website at: www.dora.colorado.gov/professions/military.

PART 5—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you ever been convicted of a crime? Conviction includes the acceptance of a guilty plea, a plea of *nolo contendere*, or the imposition of a deferred sentence. ☐ YES ☐ NO

PART 5—SCREENING QUESTIONS (Continued)

2. Are you currently on probation or parole, or under court supervision pursuant to a deferred judgment, sentence or prosecution? ☐ YES ☐ NO
3. Do you now abuse or excessively use, or have you in the last five years abused or excessively used, any habit forming drug, including alcohol, or any controlled substance that has a) resulted in any accusation or discipline for misconduct, unreliability, neglect of work, or failure to meet professional responsibilities; or b) affected your ability to practice as a chiropractor safely and competently? ☐ YES ☐ NO
4. Have you ever had a judgment entered against you in a civil malpractice suit or agreed to an out-of court settlement? ☐ YES ☐ NO
   - ► If **YES**, provide a copy of the Complaint, Response, Settlement or Judgment, and a letter of explanation for each matter.
5. Have you ever had a disciplinary action filed against you by any state agency (Chiropractic licensing board, attorney general's office, etc.)? ☐ YES ☐ NO
   - ► If **YES**, attach a copy of the action(s).
6. Have you ever been denied a license, permission to practice chiropractic or any other healing art, or permission to take an examination in any state, country, or U.S. federal jurisdiction? ☐ YES ☐ NO
7. Have you ever voluntarily surrendered a license to practice chiropractic or any other healing arts in any other state? (This does not include allowing your license to lapse solely due to non-payment of the renewal fee.) ☐ YES ☐ NO
8. In the last five years, have you been diagnosed with or treated for a condition that significantly disturbs your cognition, behavior, or motor function, and that may impair your ability to practice as a chiropractor safely and competently including but not limited to bipolar disorder, severe major depression, schizophrenia or other major psychotic disorder, a neurological illness, or sleep disorder? ☐ YES ☐ NO

PART 6—MALPRACTICE INSURANCE

☐ By checking this box, I certify that I am in compliance with the malpractice/professional liability requirements of Rule 3. (Board rules are available online at www.dora.colorado.gov/professions/chiropractors.)

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Applicant Signature **Date**