

SECTION II : VERIFICATION OF LICENSURE (Please Print All Information)

INSTRUCTIONS TO LICENSING AUTHORITY: Please complete this section. Be sure to sign and date the certification. This form must be returned **directly** to the Office of the Professions. This form will not be accepted if returned by the applicant.

1) Name of licensee: _____
First Middle Last

2) Original Chiropractic License Number: _____ Date of Licensure: _____ / _____ / _____
Mo. Day Yr.

3) Was Chiropractor licensed based on successful completion of a clinical competency examination for **skills and knowledge** in:

X-ray Interpretation	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Physical Diagnosis	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Neurological and Orthopedic Testing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Chiropractic Technique	<input type="checkbox"/> YES	<input type="checkbox"/> NO

4) Date of Examination: _____ / _____ / _____ Name of testing organization: _____
Mo. Day Yr.

5) If Chiropractor was licensed without examination, please explain: _____

6) Has the licensee been disciplined in the past? YES NO
If Yes, explain: _____

7) Are there currently any charges pending against the licensee? YES NO
If Yes, explain: _____

CERTIFICATION

I certify that to the best of my knowledge and belief the foregoing is a true statement of the record of the applicant named on this form. I further certify that, other than those listed above, this licensing authority has never taken any disciplinary action against this person and that, in so far as the licensing authority has knowledge, there have been no charges preferred or sustained except as noted in questions 6 and 7 above.

Signature: _____ Date: _____ / _____ / _____
Mo. Day Yr.

Print name: _____ **(SEAL)**

Title: _____

Agency: _____

Address: _____

Phone: _____

Fax: _____

E-mail: _____

RETURN DIRECTLY
TO: 

**New York State Education Department, Office of the Professions, Division of Professional Licensing Services,
Chiropractic Unit, 89 Washington Avenue, Albany, NY 12234-1000.**