

**LOUISIANA BOARD OF CHIROPRACTIC EXAMINERS**  
APPLICATION INFORMATION FOR LICENSE TO PRACTICE CHIROPRACTIC IN LOUISIANA  
THIS IS NOT THE OFFICIAL APPLICATION FORM – USE FOR INFORMATIONAL PURPOSES ONLY  
**Secure Official Application Packet From LSBCE Office (225) 765-2322**

Each applicant must answer all questions fully and precisely. Insufficiency of the answers will be grounds for rejection of the application. All answers must be either printed legibly or typed, and sworn to by the applicant. Use additional sheets of paper, if necessary, to fully answer any questions. For identification purposes, the applicant shall submit with the application an un-retouched passport size photograph taken within the past six months, showing front view of head and shoulders. Please contact the Board office for application deadline and details.

**NOTICE:** This application must be completed in its entirety and accompanied by:

1. Application fee (money order, cashier's check or certified check-no personal checks or cash)
2. Attached photo
3. Notary's signature and seal where applicable

**I. PERSONAL INFORMATION (Please print or type)**

1. Name in full \_\_\_\_\_
2. Print name as you wish it to appear on license \_\_\_\_\_
3. Age \_\_\_\_\_ Male or female \_\_\_\_\_ Marital status \_\_\_\_\_
4. Height \_\_\_\_\_ Weight \_\_\_\_\_ Color of hair \_\_\_\_\_ Color of eyes \_\_\_\_\_
5. Date of birth \_\_\_\_\_ Place of birth(town/city, state ) \_\_\_\_\_
6. If foreign born, give date of entry into United States and date and place of naturalization. \_\_\_\_\_  
\_\_\_\_\_
7. Social Security Number \_\_\_\_\_
8. Home address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
9. Office address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State and Zip Code \_\_\_\_\_
10. Give length of time and dates in practice in each place since graduation, if applicable. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Do you have a High School diploma or equivalent? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, date of graduation \_\_\_\_\_  
City and State you received your H.S. diploma or GED \_\_\_\_\_
12. What colleges or universities have you attended other than chiropractic? \_\_\_\_\_  
\_\_\_\_\_ Semester hours \_\_\_\_\_ Degrees \_\_\_\_\_
13. From which chiropractic college did you graduate? \_\_\_\_\_  
Date of graduation \_\_\_\_\_
14. Under what name did you graduate? \_\_\_\_\_
15. Do you currently hold or have you in the past held a license in any other state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which state(s) and  
how was the license obtained? \_\_\_\_\_
16. Have you ever been refused a license by any examining board prior to applying to practice in Louisiana? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what state(s) \_\_\_\_\_
17. Have you had a license revoked by any state? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

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When? \_\_\_\_\_ Why? \_\_\_\_\_

18. Have you sat for any examination of the National Board of Chiropractic Examiners? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, mark parts taken and successfully passed. Part I \_\_\_\_\_ Part II \_\_\_\_\_ Part III(WCCE) \_\_\_\_\_ Part XIII(Physiotherapy) \_\_\_\_\_ Part IV(Technique) \_\_\_\_\_
19. Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_
20. Have you ever been arrested for excessive use of alcohol, narcotics, or other habit forming drugs? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain. \_\_\_\_\_
21. Have you ever been treated for mental or emotional illness, drug addiction or alcoholism? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_
22. Have you ever served with the armed forces? Yes \_\_\_\_\_ No \_\_\_\_\_ What branch? \_\_\_\_\_ Dates of service \_\_\_\_\_  
 Type of discharge \_\_\_\_\_

*I solemnly swear and attest that the statements made herein are true to the best of my knowledge and further that, if granted a license by the Louisiana Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address. I AM FULLY AWARE of the fact that my license can be revoked if I should violate the Louisiana Chiropractic Laws.*

\_\_\_\_\_  
 (PRINT YOUR NAME) (SIGNATURE ) (DATE)

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
 (Signature of Notary)

My commission expires \_\_\_\_\_, \_\_\_\_\_.

**II. CERTIFICATE OF MORAL CHARACTER (Please print or type)**

**Must be signed by one of the following: 1) dean of chiropractic college attending or graduated from, 2) registrar of chiropractic college attending or graduated from, 3) secretary of the state chiropractic association of the state in which you presently reside or practice, 4) secretary of the state board of chiropractic examiners of the state in which you presently reside or practice, or 5) a chiropractor in the area you currently practice or will practice.**

This certifies that I have been personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ year/s, and that I know h\_\_\_\_\_ to be of good moral character and hereby recommend h\_\_\_\_\_ to the Louisiana Board of Chiropractic Examiners as a most worthy person to be issued a license to practice Chiropractic in the State of Louisiana.

Name \_\_\_\_\_ Address \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

(No person is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish additional information on request by the Board concerning his or her character, education and standing.)

**III. RECIPROCITY (If Applicable)**

**A.) To the LOUISIANA STATE BOARD OF CHIROPRACTIC EXAMINERS: (Please print or type)**

This is to certify that Dr. \_\_\_\_\_, the person whose application is

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contained herein, was granted a license after written examination to practice Chiropractic by the \_\_\_\_\_ State Board of Chiropractic Examiners on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that said license is still in full force.

\_\_\_\_\_ BOARD OF CHIROPRACTIC EXAMINERS

\_\_\_\_\_  
 (PRINT YOUR NAME)

\_\_\_\_\_  
 (SIGNATURE) (DATE)

\_\_\_\_\_  
 (TITLE)

(Seal of Board)

\*\*\*\*\*

**B.) THE STATE OF \_\_\_\_\_**  
**COUNTY OF \_\_\_\_\_**

Before me, a notary public in and for \_\_\_\_\_ County, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, who being by me duly sworn, upon oath says: The Chiropractic license photostatic copy of which is attached hereto was issued under the laws of the state of \_\_\_\_\_, and under which I practiced Chiropractic in such state, was at the time of my removal in full force, and not suspended or canceled, and that I am the identical person whom said certificate was issued; that no proceeding has been instituted against me for the cancellation of said certificate to practice Chiropractic in said state by which the same was issued; and that no prosecution is pending against me in any State or Federal Court for any offense which, under the law of Louisiana, is a felony.

\_\_\_\_\_  
 (PRINT YOUR NAME)

\_\_\_\_\_  
 (SIGNATURE)

Subscribed and sworn to before me the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
 Notary Public in and for

My commission expires \_\_\_\_\_, \_\_\_\_\_ County \_\_\_\_\_

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**C.) RECOMMENDATION TO THE LOUISIANA BOARD FOR RECIPROCITY APPLICANT: (Please print or type)**

Being personally acquainted with \_\_\_\_\_ for \_\_\_\_\_ years, and recognizing the photograph attached hereto as one of the applicant, I the undersigned, certify that \_\_\_\_\_ he is not addicted to intoxicants or drugs and we recommend h\_\_\_\_\_ to the Louisiana Board of Chiropractic Examiners as a person of high moral character and worthy of professional recognition and confidence.

\_\_\_\_\_  
 (PRINT NAME) (DATE)

\_\_\_\_\_, D.C.  
 (SIGNATURE)

\_\_\_\_\_  
 (PRINT ADDRESS)