

Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689
www.pcshq.com

**Examination & Licensure Application
for the
Commonwealth of Massachusetts Board of Registration of
Chiropractors**

The Commonwealth of Massachusetts Board of Registration of Chiropractors has authorized Professional Credential Services to process its Chiropractor licensure applications. **Applicants must submit all of their information, as indicated in these instructions, directly to PCS.** The Board of Registration of Chiropractors is the final authority with respect to issuance of the license.

INSTRUCTIONS

All applicants for Massachusetts licensure must follow the process of either the "Initial Licensure" section or the "Licensure by Reciprocity" section as outlined below. All candidates must complete the licensure application, typewritten or neatly printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application must be answered.

INITIAL LICENSURE

Candidates who have never received licensure in another state must apply for Initial Licensure. PCS must receive the following to process your application:

- a. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (includes the *Certificate of Moral and Professional Character* form to be completed by three (non-related) chiropractors. The form is included with this application.).
- b. A certified transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
- c. An official transcript from a C.C.E. accredited Chiropractic College.
- d. A certified transcript indicating passing scores in NBCE Parts I, II, III, IV and Physiotherapy.
- e. Verification of licensure from all states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state to request this document be sent to PCS on your behalf.
- f. Payment of **\$267.00**, which is the application fee. (An additional license fee of **\$135.00** will be collected once the application is complete and all other requirements for licensure have been met.) Payment may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

LICENSURE BY RECIPROCITY

Candidates who have been licensed in another state must apply by reciprocity. Candidates must have been working as a Chiropractor for three years or more. If not, the candidate must apply by initial licensure. PCS must receive the following:

- a. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and any supporting documentation (includes the *Certificate of Moral and Professional Character* form to be completed by three non-related chiropractors. The form is included with this application.).
- b. A certified transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
- c. An official transcript from a C.C.E. accredited Chiropractic College.
- d. A Certified Transcript indicating passing scores in NBCE Parts I, II, III, IV, and Physiotherapy.
- e. Verification of licensure from all states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state to request this document be sent to PCS on your behalf.
- f. *Affidavit of Doctor* form indicating practice of chiropractic under the license of another state for at least 3 years. The form is included with this application.
- g. The completed Reciprocity form; this form is included with this application.
- h. Payment of **\$402.00**, which is the application fee. (A license fee of **\$135.00** will be collected once all other requirements for licensure have been met.) Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

MASSACHUSETTS JURISPRUDENCE EXAM

All candidates are required to take the Massachusetts Jurisprudence exam. After you are determined eligible for the exam, PCS will issue an authorization to test (ATT) to you for the Jurisprudence exam. Candidates have 90 days from the date of issuance of the authorization letter to take the examination. This ATT will also include information on how to schedule your interview with the Board. You will test and be given your results at a PSI testing center. Failing examinees will be given re-scheduling information; failing examinees must wait 90 days before retaking the examination.

The Massachusetts Jurisprudence exam is offered on a daily basis in testing facilities located throughout the United States and several foreign countries. This exam is one hour in length and contains 25 multiple-choice questions. Applicants must be fully cognizant of the Statutes and Rules and Regulations governing the practice of Chiropractic in the Commonwealth.

ADDITIONAL LICENSURE PROCEDURES

The Chiropractic Board interviews all chiropractic candidates prior to licensure. Information about how to schedule an appearance before the Board will be sent to you when your application is complete.

When all requirements are met (the forms are properly filled out, all documents are received, you have passed the Jurisprudence exam and appeared before the Chiropractic Board), you will be required to pay the state licensure fee of **\$135.00**. License numbers will be posted to the Board's web site within 10 business days of receipt of licensing fee payment. The Board will mail the wallet license within 6 weeks of the web site posting.

Some license applications will require the attention of the Board. You will be notified by PCS if your application must be addressed in this forum.

REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email. PCS staff is available Monday through Friday, 8:00 a.m. to 4:30 p.m. central time.

Toll-free: (877) 887-9727 Email: machiropractor@pcshq.com

MAIL COMPLETED APPLICATION MATERIALS TO:

Postal Address: Overnight Courier Address:

Professional Credential Services, Inc.
Attn: MA Chiropractor Coordinator
PO Box 198689
Nashville, TN 37219-8689

Professional Credential Services, Inc.
Attn: MA Chiropractor Coordinator
150 Fourth Avenue North, Suite 800
Nashville, TN 37219

Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219

Application for a Massachusetts Chiropractor License

Type of Applicant:

☐

Initial Licensure **\$267.00**

☐

Licensure by Reciprocity **\$402.00**

A. Biographical Information.

Provide your full name and mailing address. It is very important that this section be completed in full.

First Name

Middle Initial

Last Name

Other (Maiden)

Print your name as it should appear on your license

Are you a citizen of the United States?

☐

Yes

☐

No

Mailing Address and Contact Information

Street or PO Box

City

State

Zip Code

Telephone Number with Area Code

Fax Number

Email address

B. Education.

Provide undergraduate and graduate college/university information, major, degree, and date of graduation. Be sure to include your Chiropractic College. *Transcripts must be included in school-sealed envelopes sent with application OR sent to PCS directly from school.*

College/University

Location

Major

Degree & Date of Graduation

C. Licensure by Reciprocity.

This section is applicable to persons who have ever or currently hold licensure to practice as a chiropractor

List all professional licenses/certifications you hold in the United States or any other country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

State	Profession / License #	Date Licensed	Current	Lapsed	Revoked/ Suspended	Probation

D. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered. "The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases. Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

1. Have you ever had a chiropractic license revoked or suspended in the United States or any other country or foreign jurisdiction?
2. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any other country or foreign jurisdiction?
3. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed?
4. Do you have any pending/open complaints in any state you are licensed in?
5. Have you ever had any malpractice suits filed against you?

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

E. General Questions

Answer each of the questions listed. **If you answer no to any, please attach an explanation.**

1. Pursuant to MGL c.62C, s.49A, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law
2. Pursuant to MGL c. 119, s.51A and c. 112, s. 1A, I certify that I understand my obligation to report the abuse or neglect of children.

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Note: False or misleading information connected with any application may jeopardize your application/licensure status on the grounds of lack of good moral character.

F. Special Accommodations.

In accordance with the Americans with Disabilities Act, special accommodations will be provided at the examination site for applicants who qualify.

☐

Check here if you require special accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

G. Affidavit

By signing this application, the applicant attests that this section has been read and fully understood.

H. Applicant Signature.

Applicant must sign in the presence of a Notary Public and list date of birth.

I. Photo.

Applicant must attach a 2"x2" passport size photograph to the application. Photocopies or computer generated photographs **are not** accepted.

By my signature below, I certify, under the pains and penalties of perjury, that:

1. I am the applicant named in this application and by date of birth is ____MM ____DD ____YY
2. My Social Security Number issued by the US Social Security Administration ____-____-____
_____*
3. The information that I have provided pursuant to this application is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Board of Allied Health Professionals to deny, suspend, or revoke a license to practice as an Chiropractor, in accordance with Massachusetts law.
4. I shall abide by the rules and regulations of the Board of Allied Health Professionals, as contained in Chapter 259 of the Code of Massachusetts Regulations.
5. Pursuant to M.G.L.c. 119, s. 51A, and M.G.L.c. 112, s.1A, I understand my obligation to report the abuse or neglect of children.
6. Pursuant to M.G.L.c 62C, s. 49A, I have filed all Massachusetts State income tax returns and paid all taxes required by law.
7. "The Massachusetts Board of Registration of Allied Health Professions, Division of Professional Licensure, has been certified by the Criminal History Systems Board for access to all criminal case data. As an applicant for AT license, I acknowledge a criminal record check may be conducted for any existing criminal case information and that it will not necessarily disqualify me from licensure.
8. I understand that all fees are non-refundable and non-transferable.
9. I understand that if I submitted a Certification of Completion in lieu of an official transcript, I must ensure that the Board of Allied Health Professionals receives an official transcript within seven (7) business days of degree conferral. I further acknowledge that failure to do so will cause a delay in renewing my license and/or effectuate disciplinary action.
10. I'm aware that under that under Massachusetts law, chiropractors can only work in licensed or licensed exempt facilities.

Applicant's Signature (signed in the presence of a Notary Public) & Date of Birth (MM/DD/YYYY)

*Pursuant to G.L. c. 62C, s. 47A, the Division of Registration is required to obtain your Social Security Number and forward it to the Department of Revenue. The Department of Revenue will use your Social Security Number to ascertain whether you are in compliance with the tax laws of the Commonwealth.

On _____
Month/Day/Year

Print Name of Notary Public

Signature of Notary Public

My Commission expires on _____
Date

Affix applicant's
photograph here

On this _____ day of _____, 20_____, before me,
the undersigned notary public, personally appeared

(Applicant's name),
proved to me through satisfactory government issued evidence of identification,

which was _____, to be the person who signed
the preceding or attached document in my presence, and who swore or affirmed
to me that the contents of the document are truthful and accurate to the best of
(his) (her) knowledge and belief.

(Official
signature)

(Name Notary)

Seal of Notary

CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

To be completed by three Chiropractors (non-related)

Being personally acquainted with _____ and recognizing the photograph attached hereto as one of the applicant, I, the undersigned, certify that he/she is not to my knowledge currently using intoxicants and/or drugs, and is of good moral character, (refer to Section C), and I recommend him/her to the Massachusetts Board of Registration of Chiropractors as a person of high moral character and worthy of professional recognition and confidence.

1. I, _____, have known above for _____ years.
Print name

Address _____
Street City State

Signature _____

2. I, _____, have known above for _____ years.
Print name

Address _____
Street City State

Signature _____

3. I, _____, have known above for _____ years.
Print name

Address _____
Street City State

Signature _____

Include this form with your application and submit to Professional Credential Services.

Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219-8689 (615) 880-4275

Licensure by Reciprocity Applicants Only

AFFIDAVIT OF DOCTOR

I, the undersigned, do swear that I have practiced under the aforementioned license number

_____, dated _____, at the address(es) listed below, for a period of no less than
three years.

Name of Practice	Address	City	State	Zip Code	Phone number
Name of Practice	Address	City	State	Zip Code	Phone number
Name of Practice	Address	City	State	Zip Code	Phone number

Signature of Applicant _____

Include this form with your application and submit to Professional Credential Services.



DEVAL L. PATRICK
GOVERNOR

TIMOTHY P. MURRAY
LIEUTENANT GOVERNOR

GREGORY BIALECKI
SECRETARY OF HOUSING
AND ECONOMIC DEVELOPMENT

Commonwealth of Massachusetts
Division of Professional Licensure
Board of Chiropractors

1000 Washington Street • Boston • Massachusetts • 02118

BARBARA ANTHONY
UNDERSECRETARY OF OFFICE
OF CONSUMER AFFAIRS AND
BUSINESS REGULATION

MARK R. KMETZ
DIRECTOR, DIVISION OF
PROFESSIONAL LICENSURE

FROM: Massachusetts Board of Registration of Chiropractors
TO: Other U.S. state boards of chiropractic examiners that allow for reciprocity
RE: *Reciprocity requirement for Massachusetts*

Massachusetts regulations 233(CMR) 2.03 describes the requirement for chiropractic licensure in our state via the process of "reciprocity".

There is often confusion between what constitutes "licensure by reciprocity" versus "licensure by endorsement". Reciprocity describes a two-way process where **both states have mutually agreed** to accept each other's examination requirement for licensure based on equivalent conditions which existed at the time the individual seeking reciprocity obtained his or her license from their host state. Endorsement, on the other hand, describes a one-way process where the receiving state accepts an equivalent examination requirement which existed at the time the individual seeking reciprocity obtained his or her license from their host state, but where the host state would **not** reciprocate in kind.

To assist our fellow chiropractic state examining boards and our Massachusetts reciprocity applicants, we have developed this fact sheet. It contains two sections. First, it lists the examination requirement in Massachusetts for any given time period. And second, it provides us with the necessary documentation which confirms that your state would mutually reciprocate should a Mass. licensed chiropractor, licensed on the same date listed below, complete an application for licensure for your state via reciprocity.

DATE LICENSED

MASSACHUSETTS EXAMINATION REQUIREMENTS

prior to Dec./69	Graduate of an accredited chiropractic school or college, AND successful passage of a state-sponsored examination that included (testing in physical examination, case history, orthopedic/neurological examination, chiropractic adjustive techniques, and radiographic interpretation), AND a chiropractic state jurisprudence examination.
Dec./69-Sept./87	Same as above, AND completed 2-years of collegiate courses leading to a bachelor's degree in liberal arts or sciences, AND successful passage of the NBCE part I & II examination.
Oct./87-Sept./96	Same as above, AND successful passage of the NBCE part III examination.
Oct./96-Jan./99	Same as above, MINUS the previously described state-sponsored examination, AND successful passage of the NBCE part IV examination.
Feb./99-present	Same as above, AND successful passage of the NBCE Physiotherapy examination.

ATTESTATION:

The following applicant seeking reciprocity in Massachusetts, _____ obtained their chiropractic license in your state of _____ in _____ (mo./year).

Therefore, the state of _____ (will) (will not) mutually reciprocate with Massachusetts via reciprocity, regarding licensing applicants in your state who have a Mass. chiropractic license, three-consecutive years of experience, and have meet the examination requirements specifically outlined above.

Signed: _____ Position: _____



MATERIALS TO BE SUBMITTED

If you are applying for Initial Licensure:

1. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (including the *Certificate of Moral and Professional Character* form).
2. An official transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
3. An official transcript from a C.C.E. accredited Chiropractic College.
4. A certified transcript indicating passing scores in NBCE Parts I, II, III, IV and Physiotherapy.
5. Verification of licensure from all states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state to request this document be sent to PCS on your behalf.
6. Payment of \$267.00.

If you are applying for Licensure by Reciprocity:

1. A complete *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (including the *Certificate of Moral and Professional Character* form).
2. An official transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
3. An official transcript from a C.C.E. accredited Chiropractic College.
4. A certified transcript indicating passing scores in NBCE Parts I, II, III, IV and Physiotherapy sent directly from the NBCE.
5. Verification of licensure from all states in which you have been licensed, indicating you are in good standing, sent directly from the state board. This is necessary whether the license is current or expired.
6. Candidate is responsible for sending the required *Reciprocity Form* to state(s) where they hold a current or expired license. (The reciprocity form can be downloaded from the PCS web site.)
7. *Affidavit of Doctor* form indicating practice of chiropractic under the license of another state for at least 3 years.
8. Payment of \$402.00.



Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below:

- ☐ Certified Check
- ☐ Money Order
- ☐ Credit Card

Authorized payment amount: \$ _____ Please check one: ☐ Visa ☐ MasterCard

Card Number: _____ - _____ - _____ - _____ Exp: ____ / ____

Print name as it appears on account: _____

Authorized Signature: _____

Return this payment form with Application/Scheduling Form.

Note: This document will be shredded after it has been processed.