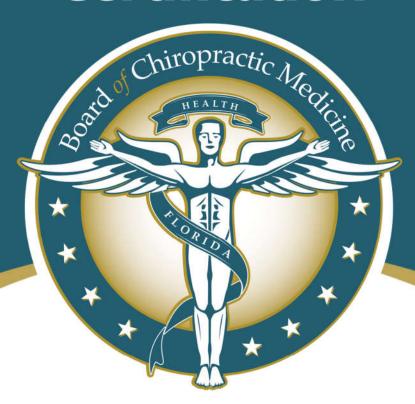
# Application for Chiropractic Acupuncture Certification



Board of Chiropractic Medicine P.O. Box 6330

Tallahassee, FL 32314-6330

Website: www.floridaschiropracticmedicine.gov Email: info@floridaschiropracticmedicine.gov

Phone: (850) 245-4355 FAX: (850) 922-8876





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or	Rev	enue	Re	ceip	ting	Only

	Chiropractic	Acupuncture	Certification	(1030)	\$205.00
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Total fee includes the following:

Application Fee \$100.00
Initial Certification Fee \$100.00
Unlicensed Activity Fee \$5.00

Fees must be paid in the form of a cashier's check or money order, made payable to the Department of Health. An applicant who is denied licensure or withdraws their application is entitled to a \$105.00 (Certification Fee and Unlicensed Activity Fee) refund. Requests to withdraw or for a refund must be made in writing. Fees are refundable for up to three years from the date of receipt.

#### 1. PERSONAL INFORMATION

					Middle		MM/DD/YYYY
Mailing Ad	dress: (The	address wh	ere mail and your l	icense should b	e sent)		
Street/P.O.	Вох				Apt. No.	City	· · · · · · · · · · · · · · · · · · ·
State			ZIP	Country		Home/Cell Telephone (Inp	ut without dashes)
Physical L	ocation: (Re	equired if ma	ailing address is a F	P.O. Box- This a	ddress will b	pe posted on the Department c	of Health's website
Street	(Place	e of Employi	ment)		Apt. No.	City	
State			ZIP	Country		Work/Cell Telephone (Inpu	ut without dashes)
We are requ Jniform Gu	idelines on E	that you furr Employee Se	election Procedure	(1978); 43 FR 3 d does not in an	38295 and 38 y way affect	luntary compliance with 41 CF 8296 (August 25, 1978). This i your candidacy for licensure. Hispanic or Latino	
	Female		American Indian Two or More Ra			Black or African American	Asian
provided.		e to be notif	ied via email you w	vill be responsib	le for checkir	e "Yes" box and fill in your em ng your email regularly and up	

#### 2. SOCIAL SECURITY DISCLOSURE

### This information is exempt from public records disclosure.

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

Last Name:		
First Name:		
Middle News		
Middle Name:		
Social Security Number:		
Octar Security Number:	(Input without dashes)	

**Social Security Information-**\* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at www.ssa.gov or by calling 1-800-772-1213.

A. List any other name(s) by which you have been known in the past. Attach additional sheets if necess	ary.
B. To be eligible for the certification, each applicant must hold a valid/current license to practice chiropractic medicine in the state of Florida.	
Provide your Florida Chiropractic License #: CH	
EDUCATION AND EXAM HISTORY	
A. Have you completed a 100-hour course in acupuncture provided by a college or university which is reby an accrediting agency approved by the United States Department of Education?	ecognized
Yes No	
Course Provider:	
All applicants must have certification of completion forwarded directly to the board office from course provider. Certification should be sent to:	your
Board of Chiropractic Medicine 4052 Bald Cypress Way Bin C-07 Tallahassee, FL 32399-3257	
B. Have you successfully completed the National Board of Chiropractic Examiners (NBCE) Acupuncture Examination? Yes No	е
The board adopts a passing score as set by the National Board of Chiropractic Examiners. All a must have official NBCE Acupuncture Examination scores sent from NBCE directly to the Board Chiropractic Medicine.	
You can find more information from NBCE at https://mynbce.org/score/transcript/	
APPLICANT SIGNATURE	
I, the undersigned, state that I am the person referred to in this application for licensure in the state of Flori	da.
I recognize that providing false information may result in disciplinary action against my license or criminal p pursuant to s. 456.067, 775.083 and 775.084, F.S.	enalties
Florida law requires me to immediately inform the board of any material change in any circumstances or constated in the application which takes place between the initial filing and the final granting or denial of the lice to supplement the information on this application as needed.	
Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial fill department.	ing with the
Applicant's Signature Date	
You may print out the application and sign it or sign digitally.    MM/DD/Y	YYY

Name:

3. APPLICANT BACKGROUND