Alabama State Board
Of Chiropractic
Examiners

RULES & REGULATIONS
&
CODE OF ALABAMA

REVISED: September 2019
May 2019
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### APPENDIX
190-X-1-.01 Purpose. The Alabama State Board of Chiropractic Examiners was created to ensure that the people of Alabama are adequately provided with the services of qualified chiropractors. It is also the duty of the Board to ensure that the public is protected from the incompetent practice of chiropractic. This purpose is achieved through the establishment of minimum qualifications for entry into the profession, through the conduction of regular examinations, through the adoption of rules defining and expounding unlawful and unprofessional and dishonorable conduct, and through swift and effective discipline, for those practitioners and non licensed clinic owners who violate the applicable laws or rules promulgated thereunder.

Author: Board of Chiropractic Examiners

Statutory Authority: Code of Ala. 1975, §§34-24-144; 34-24-165.


190-X-1-.02 Composition And Selection Of Board.

(1) Composition and Selection of Board. The Board shall be composed of nine members, eight of which shall be licensed to practice and are currently practicing in Alabama who meet the qualifications set out in Code of Ala. 1975, §§34-24-140, 34-24-141 and one consumer member appointed by the Governor. Members serve staggered four-year terms and continue to serve until a new member is appointed/elected, and qualified. No member shall serve more than two consecutive terms. The Alabama State Board of Chiropractic Examiners shall conduct an annual election according to the terms set out in this rule. When a vacancy occurs, whether by expiration of the term, death, resignation of a member, or other cause, the vacancy shall be filled in the same manner as the original appointment/elections are made.

(2) Candidate/Elected Member Qualification. In order to qualify the potential candidate/elected member must meet the following qualifications:

(a) Be a citizen and a resident of Alabama who has resided in this State for at least five (5) years;

(b) Reside in the Congressional district from which they seek election, except for one African American elected from the state at-large;
(c) Be a graduate of a chartered chiropractic school which required actual attendance in the school as a prerequisite to graduation;

(d) Be actively licensed in Alabama and currently engaged in the clinical practice of chiropractic and have been so engaged for at least the five (5) immediately preceding years;

(e) Have renewed his or her license to practice chiropractic by September 30 of the year in which the election shall take place;

(f) Be of good moral character, with no board convictions in the five (5) years preceding qualification, no prior criminal convictions, and no recent history of drug or alcohol abuse; and

(g) Must not be presently on probation relating to the practice of chiropractic in any state including this state; and

(h) Candidates shall qualify by submitting their name to the executive director of the board during the qualifying period which shall be not less than twenty (20) days nor more than forty (40) days after notice is mailed.

(i) Each member of the board shall meet all qualifications to be a candidate for his or her seat on the board during his or her entire term. Any member who fails to continue to meet the qualifications for his or her seat shall forfeit his or her seat on the board and resign or the board seat shall be declared vacant by the board.

(3) Voter Qualification. In order to be eligible to vote in a board election you must meet the following qualifications:

(a) Reside in the respective congressional district.
(b) Certify your residency in the congressional district on your completed ballot.
(c) Have an active Alabama license.

(4) Ballots.

(a) Not less than fourteen (14) days after the deadline for qualification, each licensed chiropractor shall be mailed a ballot for the appropriate congressional district where the vacancy is to be filled.

(b) In order to be counted the ballot shall be mailed to the independent agency conducting the election, postmarked not
later than 14 business days after the ballots were mailed by the board.

(c) Only original, official ballots will be counted.

(d) The ballots shall be maintained for a period of six (6) months by the independent agency conducting the election.

(5) Ballot Counting.

The independent agency conducting the election shall tabulate eligible ballots and shall certify the results. The candidate receiving a simple majority of eligible ballots in the applicable congressional district shall be certified as the winner and deemed elected.

In the event no candidate in a congressional district receives the required majority there shall be a run-off election in the same manner as set out in Code of Alabama 1975 § 34-24-140.

The individual(s) certified as the winner of the election in their district shall take office immediately upon their election.


Authority: 34-24-140; 34-24-141; 34-24-144; 34-24-165

Author: Board of Chiropractic Examiners


190-X-1-.03 General Description Of Organization And Operation.

The Board is an independent agency of the State of Alabama. All costs of operating the Board, including administrative, legal, secretarial, clerical and investigative, are paid from legislative appropriation of fees collected by the Board. Any fee which is received by the board shall not be refunded. The
attorney general and his assistants may also provide legal services to the Board.

**Author:** Board of Chiropractic Examiners  
**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165.  

### 190-X-1-.04 Rules Of Order
All proceedings of the Board shall be governed by Roberts Rules of Order, except during disciplinary hearings and except where otherwise provided in these rules.

**Author:**  
**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165.  
**History:** Filed September 30, 1982.

### 190-X-1-.05 Quorum
Five (5) members of the Board shall constitute a quorum. However, the board may appoint hearing panels consisting of no fewer than three (3) board members. The consumer member of the board may be a member of each hearing panel. The hearing panels are authorized to conduct hearings in the same manner as the full board is authorized to conduct hearings.

**Author:** Board of Chiropractic Examiners  
**Statutory Authority:** Code of Ala. 1975, §34-24-140, 34-24-144.  

### 190-X-1-.06 Meetings

1. The Board shall meet as prescribed by the Code of Ala. 1975, §34-24-144 and other times the Board deems necessary.

2. The Board shall comply with the provision of the Alabama Open Meetings Act in connection with any meeting.

3. All meetings of the Board of Chiropractic Examiners, not including any part relating to the good name or character of an Individual, shall be open and public. Reports of
investigations or complaints alleging violation of any law or rule, documents subpoenaed by the Board, reports of any investigator or investigative agency appointed or employed by the Board, memorandum or reports of the Board’s counsel, memorandum or reports of the Board’s counsel relating to investigations or complaints alleging violation of any law or rule, statements of persons interviewed by the Board or any committee or member thereof unless made a public hearing, reports of information received by the Board or any member thereof in confidence, reports of sensitive personnel records or information, reports of pending criminal investigations or reports or information the disclosure of which would be detrimental to the best interest of the public shall be considered privileged and confidential and shall not be disclosed except to an agent, attorney or employee of the Board of Chiropractic Examiners. The foregoing non-public records or writings shall not be subject to subpoena except upon the express order of a court of competent jurisdiction.

Author: Board of Chiropractic Examiners


190-X-1-.07 RESERVED

Author:


History: Filed September 30, 1982.

190-X-1-.08 Voting. All Board members, including the president, are entitled to vote and are entitled to make or second motions. A majority of those members of the Board present and voting on any matter shall decide that matter before the Board. The president shall vote as a member of the Board and his/her vote shall count no more than the vote of any other member, except that in the event of a tie vote the president shall vote again to break the tie. Any vote that involves termination of any non-merit staff member or termination of any contract requires two-thirds vote of all nine (9) members to pass.

Author:


-5-9/2019
190-X-1-.09  **Use Of Forms.** All applications and requests for which the Board has prescribed a form must be made on the prescribed form. Forms used by the Board may be acquired from the Executive Director. Forms currently used are found in the Appendix A to these rules and / or at www.chiro.alabama.gov.

Author: Board of Chiropractic Examiners  

190-X-1-.10  **Executive Director.**

(1) The Board shall select an Executive Director who shall be responsible for the administration of Board policy. The Executive Director is designated as the agent for the Board for service of legal process upon the Board. All correspondence to the Board, including requests for information and all submissions and other requests, should be made to the Executive Director at the Board's headquarters as follows:

Office of the Executive Director  
Alabama State Board of Chiropractic Examiners  
126 Chilton Place  
Clanton, AL  35045

(2) The Board may employ other full or part time administrative staff, including an administrative assistant, secretaries or others, who shall work under the direction and supervision of the Executive Director.

(3) All Board administrative staff, including the Executive Director and the administrative assistant, shall be entitled to reimbursement for travel the same as other employees of the State of Alabama, including actual expenses for authorized out-of-state travel, and per diem and transportation costs for in-state travel.

(4) The Executive Director shall keep a record of all meetings of the Board. The place of each meeting, names of the members present, all official acts of the Board, and the votes shall be recorded in the minutes. The minutes shall be presented for approval or amendment at the next meetings of the Board. The minutes, not including any section relating to the good name or character of an individual, shall be open to public inspection.

Author: Board of Chiropractic Examiners  
190-X-1-.11 Records.

(1) "Public Record" for the purpose of these rules means all Board records which are reasonably necessary to record the business and activities required to be done or carried on by the Board so that the status and condition of such business and activities can be known by the public. Public records shall not include, but not necessarily limited to, reports of investigations or complaints alleging violation of any rule or law, documents subpoenaed by the Board, reports of any investigators or investigative agency appointed or employed by the Board, memorandum or reports of the Board’s counsel, memorandum or reports of the Board’s counsel relating to investigations or complaints alleging violation of any rule or law, statements of persons interviewed by the Board or any committee or member thereof unless made at a public hearing, reports of sensitive, personnel, confidential or health information, reports of pending criminal investigations or reports or information the disclosure of which would be detrimental to the best interest of the public. The foregoing non-public records or writings shall not be subject to subpoena except upon the express order of a court of competent jurisdiction.

(2) Specific public records are available for inspection at Board headquarters. Any person wishing to view public records should submit a request form detailing the record or records desired. An appointment will be scheduled with the Board staff who must locate and retrieve the requested records during regular business hours.

(3) Specific records may be obtained by submitting the above request and the fee as established in Rule 190-X-.1-.18. Effective: 11/1982; amended 10/2015;

Author: Board of Chiropractic Examiners


190-X-1-.12 Employment Of Agents, Etc. The Board may employ investigators, inspectors, attorneys and any other agents and employees and assistants as may from time to time be necessary, and may use any other means necessary to bring about and maintain a rigid administration and enforcement of the code and these rules.

Author: 
History: Filed September 30, 1982.

190-X-1-.13 Directory Of Licensees Published. The Board shall publish annually a directory listing all permit holders and all persons licensed to practice chiropractic in Alabama. Copies of the directory shall be made available from the Executive Director at cost as established in Rule 190-X-.1-.18.

Author: Board of Chiropractic Examiners

Author: Board of Chiropractic Examiners

190-X-1-.14 Funds For Scholarships, Etc. This Board is authorized to accept any public or private funds, grants, appropriations, or other monies to be used for scholarships for qualified persons to study chiropractic in an approved chiropractic college.

Author: 
History: Filed September 30, 1982.
190-X-1-.15  **Donations Of Equipment, Supplies, Etc.** This Board is authorized to accept any donation of funds, equipment, supplies, or other goods or services from any source.

**Author:**

**Statutory Authority:**  Code of Ala. 1975, §§34-24-144, 34-24-165.

**History:** Filed September 30, 1982. **Amended:** Filed January 31, 1990.

190-X-1-.16  **Declaratory Rulings.**

(1) The Board may issue declaratory rulings upon petition of any person substantially affected by a rule, with respect to the validity of the rule, or with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by the Board, or with respect to the meaning and scope of any order of the Board. Any such petition shall comply with the requirements of Code of Alabama 1975 §41-22-11 and the following:

(a) All petitions shall be in writing and shall be sent to the Executive Director of the Alabama Board of Chiropractic Examiners by registered mail with return receipt requested and shall specifically state that it is a "request for a declaratory ruling."

(b) The petition shall state with particularity facts sufficient to show the person/entity seeking relief is substantially affected by the rule in question and shall also state sufficient facts to permit the Board to make a valid determination.

(2) Provided that the petition or the matters stated therein arise from an actual question or controversy, the Board shall do one or more of the following:

(a) Issue a declaratory ruling with respect to the validity of one of the Board's rules; or

(b) Issue a declaratory ruling with respect to the applicability to any person/entity, property or state of facts of any rule of the Board or statute enforceable by the Board; or

(c) Issue a declaratory ruling with respect to the meaning and scope of any order of the Board.

(3) If the petition does not meet the requirements set out above, the petition shall be returned and the party shall be
notified in writing of this failure and shall further be notified of their right to submit the petition again.

Author:
**Statutory Authority:**  Code of Ala. 1975, §§34-24-144, 34-24-165, 41-22-11.
**History:**  Filed September 30, 1982. Amended 4/2016; 6/2018

190-X-1-.17  **Advisory Opinion.**

((1)  The Board may, in its discretion, issue an advisory opinion upon written request.

Author:
**History:**  Filed January 31, 1990. Amended 6/2018

190-X-1-.18  **Fees.**  Fees shall be as follows:

(1)  License Application Fee  $150
An applicant for a license shall submit to the Board the application fee of $150.00.

(2)  Exam Application Fee  $150
An applicant for licensure or permit must submit an examination fee in the amount of $150.00.

(3)  Original License or Permit  $75
An applicant for a license or permit shall submit to the Board the initial issuance fee of $75.00.

(4)  Clinic Owner Non Licensed  $300
An applicant for a permit shall submit to the Board an initial or renewal application as prescribed by the Board, along with a permit fee in the amount of $300.00.

(5)  Permit or License Replacement or Duplicate  $75
The fee for any replacement permit or license shall be $75.00. Upon request, a duplicate chiropractic license or facility permit may be issued upon payment of a fee in the amount of $75.00.

(6)  Renewal-Active  $300
The annual license renewal fee is $300.00.

(7)  Renewal-Retired  $150
The annual fee for maintenance of a retired license is $150.00.

(8)  Renewal-Inactive  $150
The annual fee for an inactive license is $150.00.
(9) Late Fees for Licensees and Clinic Owner
Non Licensed $100 - $300
The late penalty for renewal during the month of October is one hundred ($100), for renewal during the month of November is two hundred dollars ($200) and for renewal during the month of December is three hundred dollars ($300).

(10) Reinstatement $150 - 2,500
Any licensee or permit holder who allows his/her license/permit to lapse past December 31 must apply to the Board for a reinstatement of the license or permit and must submit to the Board a reinstatement fee of $150.00 together with all back fees including the highest late renewal fee. Any Licensee or permit holder who allows his/her license/permit to lapse past January 31 must also pay a penalty in the amount of $2,500.

(11) Preceptor Doctor $25/month ($75/quarter)
Shall submit $25.00 monthly (payable the first quarter with the preceptor application and thereafter quarterly in advance.)

(12) Disciplinary Fines $1,000-4,000 per violation
(a) The Board may impose a fine not to exceed $4,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class A violations):
1. Section 34-24-166(b)(1);
2. Section 34-24-166(b)(2);
3. Section 34-24-166(b)(3);
4. Section 34-24-166(b)(4);
5. Section 34-24-166(b)(5);
6. Section 34-24-166(b)(6);
7. Section 34-24-166(b)(9);
8. Section 34-24-166(b)(10);
9. Section 34-24-166(b)(11);
10. Section 34-24-166(b)(12); and
11. Section 34-24-166(b)(15);

(b) The Board may impose a fine not to exceed $2,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class B violations):
1. Section 34-24-166(b)(7); and
2. Section 34-24-166(b)(8);

(c) The Board may impose a fine not to exceed $1,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class C violations):
1. Section 34-24-166(b)(13);
2. Section 34-2-4-166(b)(14);
3. Section 34-24-166(b)(16); and
4. Section 34-24-166(b)(17)
(13) Disciplinary Costs Up to $8,000 per guilty count
The Board may impose actual costs up to $8,000 per violation.

(14) Annual Directory $50
Copies of the directory shall be made available from the
Executive Director upon the payment of $50 per copy.

(15) CCE Provider/Course Approval Application $75/per module
(16) 5 Year CCE History $25 per licensee
(17) Permit holder or Licensee Listing (paper list) $50
(18) The following fee schedule will apply to all
organizations (except state and local government agencies)
requesting information from the licensee or clinic databases:
(a) A fee of ten cents ($.10) per record, up to (10)
data fields, and a fee of one cent ($.01) for each data field
exceeding ten (10) will be charged. These fees apply to data
released via email or CDROM disks in Microsoft Excel format;
(b) Additional charges will incur for (but may not be
limited to) the cost of CDROM disks ($2.00) each), plus postage;
(c) A minimum total fee of ($75.00) will be charged
for each request.
(d) State and local government agencies will be exempt
from all charges except for materials used. These agencies may
choose to supply their own CDROM disks and pick up the data,
thereby avoiding all charges.
(19) Mailing Labels (paper) $60
(20) License Verification $12.50
Any permit holder or licensee who requires written verification
of his/her Alabama license or permit may request certification
upon payment of a fee of $12.50 each.

(21) Copy of Rules (paper) $50
(22) Copies .50 cents/page plus postage
(23) NSF Fee Max allowed by law
Pursuant to Code of Ala. 1975, 8-8-15, this fee must accompany
any check, or other negotiable instrument drawn on a bank or
other depository institution and made payable to the Board, if
the instrument is not paid or is dishonored by the institution.
(24) Fee to resend Mail $25
(25) Rule Subscription $10 (annual subscription)
(26) Licensure by Credentials
(a) Application Fee $1,000
(b) Application Hearing Fee (if applicable) $2,000

-12-9/2019
190-X-1-.19 **Criteria For Approval Of Continuing Education.**

All continuing education providers must apply for course approval from the Alabama Board in order for a licensee in Alabama to receive credit for license renewal. Blanket approval is given for Board approved chiropractic continuing education courses in other states for licensees who live and practice in that state to use for Alabama license renewal as long as the course is presented on topics which fall within the current scope of practice in Alabama.

1. Applications for approval shall:
   (a) Be on the form prescribed by the Board;
   (b) Be accompanied by the fee set by the Board;
   (c) Include a detailed list of dates and locations for each seminar or module within a 365 day range;
   (d) Include a sample CCE verification form;
   (e) Include a CV for each speaker;
   (f) Include a course syllabus;
   (g) Include draft or final advertising brochures.

2. A separate application with documentation, etc. must be submitted for each seminar or module.

3. Applications for online courses must contain a start date and finish date for the course which may not be more than 365 days.

4. Any request for approval should be submitted to the Board no less than thirty (30) days prior to offering of the course.
(5) A condition of approval shall be that the course is pertinent to the practice of chiropractic. Continuing education may include, but is not limited to, attendance at lectures, college and post graduate courses, scientific sessions of conventions, research, graduate studies, teachings, video tapes, internet courses or home study courses. Continuing education programs may include, but are not limited to, programs that address the following:

(a) Government regulations

(b) Clinical and technological subjects including but not limited to techniques and procedures in the Alabama scope of chiropractic or recognized specialties, chiropractic equipment, diagnosis and treatment planning and radiology.

(c) Risk Management

(d) CPR

(6) Programs meeting the general requirements of this rule may be developed and offered by any of the following agencies or organizations:

(a) National, state, district or local chiropractic associations;

(b) Accredited colleges or schools;

(c) Individuals or organizations established to provide chiropractic post graduate courses;

(d) The Red Cross;

(e) American Heart Association.

(7) After examination of the subject material, the Board, in its discretion, may grant credit towards license renewal. In determining whether credit is granted and the number of credit hours granted, the Board shall consider the apparent quality of the material taught and its professional value to the practitioner.

(8) The Board of Chiropractic Examiners shall have the right to monitor or audit any course or program to determine whether that course or program is in compliance with these rules. Any fees associated with such audit must be waived by the provider. No continuing education credit will be awarded as part of the audit.

-14-9/2019
(9) Dates and locations may be added to an approved course by submitting a letter to the Board office containing the title, approval number, new dates and locations.

(10) Providers shall provide the Alabama Board or each participant with adequate documentation of his / her successful completion of the course. The documentation shall include but it not limited to:

(a) Name and license number of the participant;
(b) Name of the course provider;
(c) Name and title of the course;
(d) Hours/ CEU’s completed;
(e) Date of completion;
(f) Authorizing signature, and
(g) Board issued approval number.

(11) The Board will notify the continuing education providers of the approval or disapproval of a course. The notification will include the number of the approval.

Author: ASBCE

CHAPTER 190-X-2
LICENSURE

190-X-2-.01 Requirements For Licensure By Examination.

(1) All applicants, who graduated from chiropractic college after January 1, 2010, shall have a bachelors degree from an accredited college or university or an academic graduate degree from a regionally accredited college or university and evidence of passing a nationally recognized standardized test commensurate with the referenced degree. In addition, the applicant shall be a graduate of a chartered chiropractic school or college accredited by the council of chiropractic education which teaches only attendance courses and requires a minimum four-year standard college course.

(2) Each applicant shall submit a properly completed Alabama Bureau of Investigation (ABI) Form – 46 and required processing fees for a criminal background report.
Each applicant shall submit Federal Bureau of Investigation (FBI) fingerprint cards and required processing fees for an FBI criminal background report.

The applicant shall submit an application fee and an examination fee in the amounts set forth by Board Rule. The fees must be in the form of a cashier’s check, bank certified check, or money order only. These fees are non-refundable.

Each applicant shall be of good moral character, a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.

Application Required

(a) Application Form. Each applicant for licensure shall fully complete an application form prescribed by the Board.

(b) Documentation. The documents indicated below must be received by the Board before an application will be processed.

1. The following must be submitted to the Board directly from the respective institution, organization or state licensing agency:

   (i) A wallet or passport size photograph.

   (ii) A certified transcript of the applicant's college grades showing graduation from an accredited college or university with a bachelor's degree.

   (iii) A certified transcript of the applicant's chiropractic college grades showing graduation from an approved chiropractic college.

   (iv) A certified copy of the applicant's transcript of scores of the National Board of Chiropractic Examiners showing the applicant has passed the necessary examinations administered/required by that Board.

   (v) Verification(s) of licensure (out of state license holders only).

   (vi) Verification that the applicant is a citizen of or is legally present in the United States by submitting any of the form(s) or type(s) of documentation specified on the application.

(c) Notarization Required. Paper applications must be signed and notarized.

(d) Deadline for Application. Complete application, including all documents and any fees must be received and approved by the Board before an examination is scheduled.

Examination Required.

(a) National Board Examination. Each applicant who matriculated into chiropractic college after January 1, 1973, must pass one of the following combinations of examination:

1. NBCE I, II, III & IV
2. NBCE I, II and SPEC

(b) Alabama Board Examination.
1. In addition to the examination referenced in (a) above, each applicant must pass an examination administered by the Board relating to State Law and Regulations.

2. Passing Grade. A score of seventy-five percent is required.

3. Re-examination. An applicant must pay a fee of $150 before a re-examination is scheduled.

4. Scores Released. The Board shall notify each examinee of the examination results within 30 days of the examination.

(8) Issuance of License.

(a) Fee. The applicant shall pay the fee as established in Rule 190-X-.1-.18 for the issuance of a license.

(b) Time Limitation. An applicant shall not practice chiropractic until payment of the appropriate license issuance fee. An applicant who passes all required examinations but has not paid the license issuance fee and obtained a license within 12 months following the date of passing must reapply.

(c) Signatures Required and Effective Date. Each license shall be signed by the Executive Director and the President of the Board. The license shall be recorded with the judge of probate where the doctor practices as specified in the Code of Alabama 1975, §34-24-164, and evidenced by the return of the completed form or proof of recordation to the Board office.


Author:

190-X-2-.02 RESERVED

Author:
190-X-2-.03  RESERVED
Authority:  

190-X-2-.04  RESERVED
Author:  Board of Chiropractic Examiners

190-X-2-.05  RESERVED
Author:  Alabama Board of Chiropractic Examiners

190-X-2-.06  RESERVED
Author:  Board of Chiropractic Examiners
190-X-2-.07 **No Temporary Permit Issued.** The filing of an application with this Board neither constitutes the issuance of a temporary license or non licensed owner nor grants any other special privilege, except as provided in Rule 190-X-7-.02.

**Author:**
**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-145, 34-24-165.

190-X-2-.08 **Verification of Licensure.** Any permit holder or licensee who requires written verification of his/her Alabama permit or license may request certification upon the payment of a fee as established in Rule 190-X-.1-.18.

Effective: June 22, 1993, amended 8/2015

**Author:**
**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165.

190-X-2-.09 **Recordation Of License.**

Each person issued a license shall comply with recording requirements of Code of Alabama 1975, §34-24-164 and furnish to the board documentation within 10 days of the recordation provided for in that section.

**Author:**
**Statutory Authority:** Code of Ala. 1975, §§34-24-1 - 34-24-6, 34-24-144, 34-24-164, 34-24-165.

190-X-2-.10 **Display Of License.** Each chiropractor shall at all times display conspicuously in his/her principal office his / her initial certificate of licensure.

**Author:**
**Statutory Authority:** Code of Ala. 1975, §§34-24-1 - 34-24-6, 34-24-133, 34-24-144, 34-24-165.
190-X-2-.11 Renewal Of License.

(1) Annual Renewal Required. Each license shall be subject to renewal on September 30 of the year for which it is issued and every person having a valid license may on or before September 30th renew the license for the ensuing year by completing the renewal application, submitting documentation as set forth below and with the payment to the State Board of Chiropractic Examiners of the fees set forth below.

(2) Continuing Professional Education Required. A minimum of 18 hours of continuing education as approved by the Alabama State Board of Chiropractic Examiners is required annually for license renewal.

(a) As a condition of licensure renewal, a chiropractor must obtain every year a minimum of two (2) hours of continuing education in Board approved courses on chiropractic regulation and compliance with the Alabama Chiropractic Practice Act and Board rules. The two (2) hours are included in the minimum of 18 hours.

(b) Any individual who is initially licensed as a chiropractor in this state after October 1, 2011 shall complete as part of the continuing education requirement four (4) hours of continuing education in Board approved courses on chiropractic regulation and compliance with the Alabama Chiropractic Practice Act and Board Rules as a condition of renewal for the year following their initial licensure.

(c) The requirement set forth in (a) and (b) above may be satisfied by distance-based continuing education in addition to the distance-based education allowed in paragraph (3).

(3) No more than one third (1/3) of the required hours may be completed in a distance based continuing education format which complies with the provisions of this rule. Annually shall mean October 1 - September 30 of each year.

(a) All providers of distance based continuing education courses must be an entity approved by the Board as set forth by Board Rule 190-X-1-.19.

(4) The continuing educational requirement for the purpose of license renewal for any person who has graduated from a recognized CCE chiropractic college within the licensure year immediately preceding the licensure year indicated on the license renewal form except hours required in (2)(b) above may be met through attendance at a recognized CCE chiropractic college (a minimum of 18 hours). This applies only to the first license renewal period after initial licensing.
During the grace period (October 1 to December 31) for renewal, a licensee may complete any continuing education requirements for renewal that the licensee failed to complete during the prior fiscal year. Hours obtained during the grace period do not qualify or apply to the deferral procedure outlined below. Hours must be received in the board office before January 1 to avoid reinstatement.

(5) Educational Requirement May Be Waived Or Deferred.
(a) A licensee who cannot complete the continuing educational requirements because of personal physical illness or disability, military service or other circumstances beyond the licensee's control which the board deems to be sufficient to impose a hardship may apply for a waiver or deferral of time to complete the continuing education requirements. Any waiver or deferral of time to complete the education requirements will be granted solely in the discretion of the board.
(b) A licensee seeking a waiver or deferral must make application on the form provided by the Executive Director of the Board, prior to the December 31 license expiration for completion of the education requirement. For waivers or deferrals due to illness, the application form must be accompanied by a written statement from a physician stating the diagnosis, prognosis and length of time the licensee will be unable to practice or attend an educational program. Waivers or deferrals due to personal physical illness or disability may be granted only to a licensee who has suffered a personal illness or personal disability of a nature that prevented or will prevent him/her from engaging in the active practice of chiropractic for a significant portion of the continuing education period.
(c) All licensees seeking waiver or deferral shall provide full and complete written documentation of the grounds supporting the reasons for which a deferral is sought. A licensee who request a waiver or deferral of time to complete the required hours of continuing education shall not engage in the active practice of chiropractic beyond December 31 of any year and until the board grants the licensee’s request for waiver or deferral.

(6) Renewal Fee Required.
(6)(a) A licensee shall pay the fee as established in Rule 190-X-.1-.18. The renewal fee may be paid by cashier check, certified check, money order, or credit card.
(b) A licensee who is prevented from practicing chiropractic by reason of physical disability, temporary active duty with any of the armed forces of the United States, or while any licensee is completely retired from the practice of chiropractic may request a waiver or reduction of the fee for annual renewal. The waiver or reduction shall be effective so long as the disability, temporary active duty or complete
retirement continues. Licensee must notify the Board within fifteen (15) days from the onset of any claimed physical disability, temporary active duty or complete retirement as set forth above. Licensee shall notify the Board within fifteen (15) days when any such condition no longer is applicable. Forms for waiver or reduction of fees must be obtained from the Office of the Executive Director.

(7) Late Penalty. A penalty shall be charged any person who fails to complete the renewal by September 30 as established in Rule 190-X-.1-.18.

(8) A chiropractor may continue to practice until December 31 of the year for which a license is issued subject to Code of Ala. 1975, Section 34-24-165(b).

(9) The license of any chiropractor who fails to renew on or before January 1st shall be automatically suspended. Any chiropractor whose license is automatically suspended shall be allowed reinstatement if on or before January 31st the chiropractor submits documentation of compliance for conditions of renewal and submits payment of the applicable reinstatement fee. Any chiropractor who seeks reinstatement due to nonrenewal after January 31st shall comply with the requirements of Code of Alabama 34-24-176.


Author: Board of Chiropractic Examiners


190-X-2-.12 Reinstatement Of Lapsed License/Clinic Permit

Any chiropractor who has not renewed their license by December 31st of any year or who has not reinstated their license by January 31st of the following year who desires to return to the active practice of chiropractic shall submit an application for reinstatement and a nonrefundable reinstatement fee and penalty as established in Rule 190-X-.1-.18. In addition, the applicant shall possess good moral character and meet the educational requirements existing at the time of initial licensure. As a condition of reinstatement, the board may require the completion a designated number of continuing education hours, the successful completion of a refresher course(s) at an accredited chiropractor college approved by the board, passing of a law exam or all of the above. The board shall also require any other requirements imposed by any applicable statutory provision.

Any permit holder who has not renewed the permit by December 31 of any year or who has not reinstated the permit by January 31 of the following year who desires to continue operation of their practice shall submit an application for reinstatement and a non-refundable reinstatement fee and penalty as established in Rule 190-X-.1-.18. In addition the applicant shall possess good moral character and meet the requirements existing at the time the initial permit was issued. The Board shall also require any other requirements imposed by any applicable statutory provision.

Author: Board of Chiropractic Examiners

190-X-2-.13 Replacement License/Permit, Name Change or Duplicate.

(1) Replacement
(a) Replacement license/permit must be requested in writing. The request for replacement must include the reason for request.

(b) Replacement license/permit must be marked “replacement license/permit.”

(c) Replacement license/permit should contain date that original license/permit was issued and must be signed by the Board President and the Executive Director and contain the date the duplicate is issued.

(d) Fee to be set by the Board.

(2) Change of name on License/Permit.

(a) Any individual desiring a change of name on their license/permit must notify the Board in writing and enclose the following:

(i) The reason for the name change (i.e. the legal document used to change the name.)

(ii) Original license/permit, if available.

(iii) Fee to be set by the Board

(b) The original license/permit will be destroyed upon issuance of a new license/permit so marked as “change of name license/permit.”

(3) Duplicate.

(a) Duplicate license/permit must be requested in writing. The request for duplicate must include the reason for request.

(b) Duplicate license/permit must be marked “Duplicate license/permit.”

(c) Duplicate license/permit should contain date that original license/permit was issued and must be signed by the Board President and the Executive Director and contain the date the duplicate is issued.

(d) Fee to be set by the Board.

Author: Board of Chiropractic Examiners


190-X-2-.14 Retirement Of License.

(1) Any licensee who is no longer in active practice may apply to the Board for retirement of his/her license by...
submitting an affidavit to that effect on a form supplied by the Executive Director.

(2) A retiree is excused from the continuing education requirement of Rule 190-X-2-.11(2).

(3) The annual renewal fee for maintenance of a retired license may not be more than one-half that provided for an active license.

(4) A retired license shall be automatically suspended if not renewed on or about January 1st. Any chiropractor whose license is automatically suspended shall be allowed reinstatement if on or before January 31st the chiropractor submits documentation of compliance for conditions of renewal and submits payment of the applicable reinstatement fee. Any chiropractor who seeks reinstatement due to nonrenewal after January 31st shall comply with the requirements of Code of Alabama 34-24-176.


Author: Board of Chiropractic Examiners

190-X-2-.15 Licensure By Reciprocity.

(1) The Board may license an applicant if the applicant is licensed in another state which under like condition grants reciprocal licensure without examination to chiropractors duly licensed by examination in this state, and that in the opinion of the board, has standards of practice or licensure equal to or stricter that the requirements imposed by this state subject to the following conditions:

(a) The applicant for licensure by reciprocity must possess a license in good standing in all states in which the applicant is licensed. At the time of the application, the
applicant must have practiced chiropractic for at least five (5) years and for the preceding three (3) years the applicant must have been actively licensed and practicing chiropractic in the reciprocating state.

(b) The applicant must not be the subject of any pending complaint or investigation in any state or jurisdiction in which the applicant holds or has held a license. The applicant must provide all information, including any information or documentation requested by the Board, in connection with any pending complaint or investigation for the Board’s review. The pendency of any complaint or investigation may be considered by the Board as a reason for denying licensure by reciprocity.

(c) The applicant must not have been disciplined in any state in which he or she holds or has held a license resulting from conduct which would constitute a violation of any of the grounds set forth in Code of Ala. 1975, Section 34-24-166.

(d) The applicant shall not have been convicted of a felony or misdemeanor involving moral turpitude. A plea of nolo contendere shall be considered a conviction.

(e) The applicant must be current with continuing education requirements of the other state.

(f) The applicant must not have been found guilty of any actions in any state which could have resulted in discipline pursuant to Code of Ala. 1975, §34-24-166.

(2) The applicant must complete all forms required by the Board including but not limited to an application for licensure by reciprocity. In addition, as part of the application process, and in order for the application to be considered complete, it shall be the responsibility of the applicant to submit the following:

(a) All applicable fees.

(b) Certification from the Board in each state where the applicant is currently licensed or previously held a license that the applicant’s license is currently in good standing or was during the time the applicant possessed such a license. This certification from the Board(s) shall also include a statement that the applicant is in compliance with the provisions of paragraph (1)(a)-(c) above.

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(c) any and all available information pertaining to the examination taken by the applicant which resulted in licensure in the other state(s).

(d) a certified transcript of applicant’s chiropractic college grades sent directly from the school.

(e) a certified transcript of any National Board examinations sent directly from NBCE.

(f) An affidavit attesting to the applicant’s compliance with all the provisions of this rule.

(3) In addition to the requirements listed above, the Board may, as a requirement of the application process, require the applicant to appear for a personal interview.

(4) The Board may consider as part of the application process whether the applicant has ever failed a licensure examination and the applicant shall be required to submit any documentation requested by the Board in connection with such failure.

(5) The Board may consider as part of the application process whether the applicant has ever been denied licensure in any state, regardless of the type of licensure. Upon request of the Board, the applicant shall submit any documentation in connection with such denial.

(6) Any applicant for licensure by reciprocity as a condition to the granting of such license must successfully pass an Alabama jurisprudence examination.

Author: S Bolton

190-X-2-.16 Inactive License (Out of State).

(1) Any licensee who is in active practice outside the state of Alabama may apply to the Board for an Inactive (Out of State) License.
(2) A inactive license must complete renewal as provided in rule 190-X-2-.11(1)(2)(3)(4)(5).

(3) The annual fee for an inactive license shall be one-half of the amount required by 190-X-2-.11(6).

(4) Any licensee who desires to change the status of their license from Inactive to Active shall submit a Status Change Application and any required documentation to the Board. The applicant must receive a renewal card reflecting Active status prior to any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.


Author: Board of Chiropractic Examiners

190-X-2-.17 Non Licensed Chiropractic Practice Ownership.

(1) Definition. For the purpose of this rule, practice shall mean an office, clinic or other place that offers or provides chiropractic services which is owned in whole or in part by a non-licensed person or entity.

(2) Permit Required.

(a) A practice shall not offer or provide chiropractic services without all non-licensed owners’ first obtaining a permit or renewal permit from the Board.

(b) An applicant for a permit shall submit to the Board an application as prescribed by the Board, along with a permit fee and an examination fee in the amounts set forth by Board Rule. The application must be signed by all owner(s), if a sole proprietorship, or by an authorized representative, if a partnership, corporation, Limited Liability Company or Limited Liability Partnership.

Each applicant shall be of good moral character, a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.
The following information shall be included in the application and upon renewal:

1. The legal name of the practice and street address, telephone and facsimile numbers of the practice;

2. The type of entity (Sole proprietorship, partnership, corporation, Limited Liability Company, or Limited Liability Partnership);

3. The name, address and percentage of ownership of each person or entity;

4. The name and license number of each chiropractor licensed by the Board who is employed or otherwise engaged to offer or provide chiropractic services at the practice. Each such applicant, i.e. the individual or the person most directly involved should be of good moral character.

As a condition of the issuance of the initial non-licensed permit, the applicant if an individual(s) or if an entity the person(s) who will be most directly involved in the operation of the practice shall successfully pass a jurisprudence examination to be administered by the Board.

No permit or renewal will be issued on an incomplete submission. Applications or renewals that are submitted without all of the required documents, information and/or fees will be deemed incomplete and returned to the applicant.

Practice permits shall not be required for licensed hospitals as defined in Sections 22-21-7, Code of Ala. 1975.

Late Fees. A practice which does not renew the permit by September 30 shall pay late fees in the same amount as outlined in Board Rule 190-X-1-.18(9).

Continuing Education Required. As a condition for renewal of a non licensed permit, the clinic owner(s) if an individual(s) or if an entity the person(s) who will be most directly involved in the operation of the practice shall obtain a minimum of two (2) hours of continuing education in Board approved courses on chiropractic regulations and compliance with the Alabama Chiropractic Practice Act and Board Rules between October 1 and September 30 of each year.

The clinic owner(s) of any non licensed clinic that is initially issued a permit in this state after October 1,
2011 shall complete as part of the continuing education requirement four (4) hours of continuing education in Board approved courses on chiropractic regulation and compliance with the Alabama Chiropractic Practice Act and Board Rules as a condition of renewal for the year following the initial permit issuance.

(3) Any licensed chiropractor who offers or provides chiropractic services for or in a practice as defined in this rule without said practice having first obtained a permit or a timely renewal shall be considered in violation of the Alabama Chiropractic Practice Act. A practice permit shall be subject to the provisions of the Alabama Chiropractic Practice Act in regard to issuance and renewal of the permit or the acts or omission of any licensed chiropractor employed or otherwise engaged to offer or provide chiropractic services.

(4) A clinic may continue to operate until December 31 of the year for which a permit is issued subject to Code of Ala. 1975, Section 34-24-165(a).

(5) The permit of any non licensed owner who fails to renew on or before January 1st shall be automatically suspended. Any non licensed owner whose permit is automatically suspended shall be allowed reinstatement if on or before January 31st the non licensed owner submits documentation of compliance for conditions of renewal and submits payment of the applicable reinstatement fee. Any non licensed owner who seeks reinstatement due to nonrenewal after January 31st shall comply with the requirements of Code of Alabama 34-24-176.


Author: J Ward

190-X-2-.18 Inspections.

(a) Whenever the Board determines as a result of a complaint that there is probable cause for doing so, the Board may inspect the practice location or records of any chiropractor or permit holder.
(b) Any of the inspections referenced above may be conducted by a Board member(s) or any duly authorized representative of the Board.

(c) The Board may, after Notice and hearing provided for in this chapter, refuse to grant a license or permit or any renewal thereof or to impose disciplinary sanctions outlined in this chapter if any applicant, licensee or permit holder refuses to allow any inspection as set forth above.

Author: J Ward


190-X-2-.19 Application; Licensure by Credentials.

(1) Definitions: The following definitions shall apply to these rules:

(a) LICENSURE BY CREDENTIALS. Licensure by credentials is to be used to evaluate the theoretical knowledge and clinical skill of a chiropractor when an applicant holds a chiropractic license in another state.

(b) BOARD. Board shall mean the Board of Chiropractic Examiners of Alabama.

(c) ACT. Code of Alabama, (1975) § 34-24-120 et seq.

(2) To be eligible for licensure by credentials in the State of Alabama, the applicant shall meet the provisions of Code of Alabama, (1975) § 34-24-162.1 and this Rule, which are as follows:

(a) The chiropractor must have been engaged in the active practice of chiropractic or in full time chiropractic education for no less than five thousand (5,000) hours over the five (5) year period immediately preceding the application.

(b) The applicant shall possess a current, valid, unrevoked, unexpired and unlimited license issued by another State Board of Chiropractic. In addition, the applicant shall have passed an initial licensure examination acceptable to the Board which was at least equivalent to the examination required by the Board for applicants for licensure by examination at the time of their application.

(c) The Board of Examiners in the state of current practice shall verify or endorse that the applicant’s license is in good standing without any restrictions.

(d) The chiropractor shall not be the subject of pending or final disciplinary action in any state in which
the individual has been licensed which shall be verified through inquiry to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the Federation of Chiropractic Licensing Board CINBAD Databank for Disciplinary Information, or any other pertinent Bank currently existing or which may exist in the future.

(e) The applicant shall provide a written statement agreeing to be interviewed at the request of the Board.

(f) The applicant must successfully pass a written jurisprudence examination to be designed and administered by the Board.

(g) The applicant shall submit affidavits from two licensed chiropractors practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.

(h) The applicant must complete an application for licensure by credential.

(i) Upon the Board's request, the applicant shall execute any necessary release or authorization to obtain information in connection with the application or the requirements of this rule.

(j) The applicant must be a graduate of a chiropractic school or college approved by the board and shall provide the Board with an official transcript with school seal from the school of chiropractic which issued the applicant's professional degree or execute a request and authorization allowing the board to obtain the transcript.

(k) The applicant must not be the subject of any pending or final action from any hospital revoking suspending, limiting, modifying, or interfering with any clinical or staff privileges.

(l) The applicant must not have been convicted of a felony, a misdemeanor involving moral turpitude, any offense relating to controlled or legend drugs or any offense which would interfere with or impair the ability to practice chiropractic with reasonable skill and safety to his or her patients.

(m) The board may consider or require other criteria including, but not limited to, any of the following:

1. Questioning under oath.
2. Results of peer review reports from constituent chiropractic societies or federal chiropractic services.
3. Substance abuse testing or treatment.
4. Proof of no physical or psychological impairment that would adversely affect the ability to practice chiropractic with reasonable skill and safety.
5. Participation in continuing education.
6. Background checks for criminal or fraudulent activities.
7. An agreement to initiate practice within the State of Alabama within a period of one year.
8. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, nonrenewed, or modified.
9. In the event an applicant has or is practicing in a state which allows an applicant to prescribe or administer drugs, the applicant has not been the subject of any disciplinary action or is subject to the pendency of any disciplinary action or enforcement proceeding of any kind in connection with these activities. This section applies regardless of whether or not a separate permit or license was issued to engage in the described activities.

(3) The Board may refuse to grant a license to an applicant who does not comply with the requirements of 34-24-166(a) or who has engaged in any acts constituting the grounds for discipline pursuant to Code of Alabama, (1975) § 34-24-166(b).

(4) An applicant shall submit to the Board with the application, a non-refundable fee to be determined by the Board. If an applicant is granted a license, this fee includes the licensing fee for the first licensing year.

(5) An applicant granted a license by credentialing will be subject to the Act and all Board rules.

If all criteria and requirements are satisfied and the Board determines, after notice and hearing, that the individual committed fraud or in any way falsified any information in the application process, the license may be revoked by the Board or the Board may impose other disciplinary sanctions allowed by the provisions of the Act.

Amended 1/09; 4/2016 (2), (2)(b)

Author: Board

Statutory Rulemaking Authority: Code of Alabama, (1975) § 34-24-162.1 and §34-24-144

CHAPTER 190-X-3

SPECIALTY CERTIFICATION

190-X-3-.01 Acupuncture.

(1) Definition. Acupuncture as used in this rule means a modality consisting of stimulating various points on or within the human body or interruption of the cutaneous integrity by specific needle insertion.
Practice Permitted. No person licensed to practice chiropractic in Alabama shall practice Acupuncture unless they have complied with the following requirements:

(a) A minimum of one hundred hours of study.

(b) Pass an examination administered by a school or college of chiropractic approved by the Board or pass the National Board of Chiropractic Examiners Acupuncture examination.

Statement of Policy. It is the policy of the Board to approve the course of study in acupuncture at any accredited college of chiropractic, the general curriculum of which has previously been approved by the Board, which teaches acupuncture as a part of its curriculum and which stages examinations for certification.

Author: Board of Chiropractic Examiners


190-X-3-.02 Chiropractic Physiological Therapeutics.

Definition. Chiropractic Physiological Therapeutics includes, but is not limited to, modalities which produce electrical current, light, air, water, thermal (hot and cold), percussion, vibration, traction, massage, sonic wave; colonic irrigation, and rehabilitation equipment (bracing and casting).

Practice Permitted. No person licensed to practice chiropractic in Alabama shall practice Chiropractic Physiological Therapeutics unless they have complied with the following requirements:

(a) A minimum of one hundred twenty hours of study.

(b) Pass an examination administered by a school or college approved by the Board or pass the National Board of Chiropractic Examiners Physiotherapy examination. This applies to all persons licensed to practice chiropractic in Alabama who matriculated in a chiropractic college on or after January 1, 1988.

Author: Board of Chiropractic Examiners
RULE 190-X-3-.03 REQUIREMENTS FOR CERTIFICATION TO PERFORM DRY NEEDLING

(1) Definition. Dry Needling is a technique within the scope of chiropractic medicine where the practitioner uses a filiform needle to stimulate trigger points and treat neuromuscular pain and deficit in functional movement. Dry Needling is appropriately indicated only after an examination and diagnosis consistent with its use where specific anatomical entities are identified according to physical signs.

Dry Needling does not include stimulation of auricular or distal points nor auricular detoxification, the latter being strictly limited to the five ear-part treatment protocol for detoxification, substance abuse or chemical dependency as set out by the National Acupuncture Detoxification Association.

(2) Must complete in order to perform Dry Needling, a licensed chiropractor:

(a) Must be certified and maintain certification in acupuncture as mandated by Board Rule 190-X-3.01 and any future amendment thereto; and/or

(b) Submit documentation of completion of a Dry Needling course of study approved by the Board, which at a minimum shall include 12 hours of live face to face Dry Needling study.

Online or distance based courses do not qualify as an approved course of study.

(3) Specific and written informed consent shall be obtained prior to performing Dry Needling and made a permanent part of the patient’s record. At a minimum, the informed consent must include risks and benefits of the procedure(s).

In addition, the patient record must clearly indicate and document the performance of the procedure(s), how the patient tolerated the procedure(s) and outcome. This documentation shall be in addition to the record keeping requirements of Board
Rule 190-X-5.09, any future amendments or any requirements adopted in the future.

(4) Dry Needling is a non-delegable procedure to be performed only by licensed chiropractors meeting the requirements of this Rule.

(5) Dry Needling must be performed in a manner consistent with generally accepted standard of practice to include clean needle techniques and all applicable standards relating to infection control.

(6) Upon request by the Board, any licensed chiropractor performing Dry Needling must submit within 10 days documentation demonstrating compliance with this Rule, to include but not limited to the required informed consent, sampling of patient records and infection control procedures. Failure to provide the requested information may result in the Board taking appropriate measures to prevent the licensed chiropractor from performing Dry Needling until compliance is demonstrated in addition to any other disciplinary action deemed appropriate.

Author: Board
Statutory Rulemaking Authority: Code of Alabama, (1975) § 34-24-144 and §34-24-165
History: New Rule: Filed August 20, 2018; Effective November 19, 2018
Amended January 18, 2019; Effective May 17, 2019

CHAPTER 190-X-4
DISCIPLINARY ACTIONS

190-X-4-.01 Complaints.

(1) Complaints alleging any violation of the laws of the State of Alabama or rules of this Board may be lodged by any person with the Executive Director by submitting a written complaint. A copy of a complaint form is available on the Board’s website.

(2) In carrying out its investigations, the Board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documentary evidence and materials as set forth in Code of Ala. 1975, Section 34-24-140.
At any time during the course of an investigation, the Board may, within its discretion, issue a Letter of Concern to the licensee or permit holder who is the subject of the investigation. A Letter of Concern shall consist of a private, confidential, written communication from the Board to the licensee or permit holder, the contents of which shall be specified by the Board. A Letter of Concern shall not be considered a disciplinary action and is not intended to communicate a finding on the part of the Board that a licensee to whom the Letter of Concern is directed will be charged with or has been found guilty of wrong doing. The purpose of the Letter of Concern is to provide notice to the licensee or permit holder under investigation that the Board has concluded that the alleged actions or conduct in question may not be in accord with provisions of Code of Ala. 1975, Section 34-24-120 et seq.

The issuance of a Letter of Concern shall not preclude the Board from taking any other action authorized by law. A Letter of Concern shall be deemed a non-public record under the provisions of Rule 190-X-1-.06. The board shall notify the person or persons whose complaint led to the Board’s decision to send a Letter of Concern. The Board may make public statistical reports concerning the number and type of Letters of Concern issued by the Board.

Author: Board of Chiropractic Examiners


190-X-4-.02 Complaint Investigation Procedure.

(1) In the event a complaint is filed against a licensee or permit holder, or it is determined from other information that an investigation is necessary, the procedure for investigation shall be as follows:

(a) The complaint or other information will be investigated by a committee.

(b) if the committee determines after its investigation that probable cause exists, the procedure outlined in Code of Ala. 1975, Section 34-24-120 et seq. shall be followed. In the event the committee determines
that probable cause does not exist, no further action will be taken and the complaint will be considered closed.

Author: Steve Dodd, Assistant Attorney General


190-X-4-.03 RESERVED

Author: Board of Chiropractic Examiners


190-X-4-.04 Pre-Hearing Discovery.

(1) Any party to a contested case before the Board may seek discovery by the filing of a motion or request with the Board’s Hearing Officer. It shall be within the discretion of the Board’s Hearing Officer to allow any such discovery.

(2) The method(s) or type(s) of discovery allowed and/or any limitations or conditions of the same shall be within the discretion of the Board’s Hearing Officer; however, interrogatories or request for admissions shall not be allowed.

(3) The Board’s Hearing Officer shall also have the authority to perform those acts set forth in Code of Alabama, (1975) §41-22-12(e).

Author: Board of Chiropractic Examiners


190-X-4-.05 **Disciplinary Hearings.**

(1) Conduct of Hearing.

Hearing Officer. The Board shall appoint a person to act as an impartial hearing officer at any disciplinary hearing. Such hearing officer shall preside at the hearing and shall rule on all questions of evidence and procedure, notwithstanding any other provisions of these rules to the contrary.

(2) The procedure and format of the hearing shall be the same as that utilized in non-jury civil cases in the Circuit Courts of this State. Additionally, the Board is allowed the right to examine any witness called by either party.

(3) Order. The Board shall render a final Order within forty-five (45) days of the date of the hearing, which shall be in writing and made part of the record and include findings of fact and conclusions of law specifically stated. The licensee and/or permit holder shall be delivered a copy of the Order by certified mail, return receipt requested, and a copy shall be mailed first class to the attorney of record.


(5) Emergencies. The Board may in any emergency situation, when danger to the public health, safety, and welfare requires, suspend a license and/or permit without hearing or with an abbreviated hearing in accordance with the Code of Alabama 1975 41-22-19(4) and 34-24-174(c).

(6) Other. The hearing shall otherwise be conducted in compliance with the provision of the Alabama Administrative Procedures Act.

**Author:** Steve Dodd, Assistant Attorney General  
**Effective:** 3/6/90, amended 9/92, (a) (f) (g) (h) amended 5/99, (1) (f) (2) (4) amended 3/2009, (1) (a) (b) (c) (d) (e) (f) (2) (3) (4) (5) amended 8/2013, amended 4/2019 (3) amended filed 7/25/2019; effective 9/8/2019
190-X-4-.06 Discipline.

(1) Upon a finding that a licensee or permit holder has violated any enumerated provision of Code of Ala. 1975, §§34-24-123, 34-24-161(e), or 34-24-166, or any rule adopted pursuant thereto, the Board may invoke disciplinary action as outlined in §34-24-166(c). Failure to comply with any final order of the board, including, but not limited to, an order of censure or probation, is cause for suspension or revocation of the license or permit.

(2) Fines. Upon finding that a licensee or permit holder has violated any enumerated provision of law governing the practice of chiropractic or any rule adopted pursuant thereto, the Board may impose the following schedule of fines for each such violation. The Board shall not renew the annual certificate of registration of any licensee or permit holder against whom an administrative fine has been assessed by the Board until the fine is paid in full.

(a) The Board may impose a fine not to exceed $4,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class A violation):

1. Section 34-24-166(b)(1);
2. Section 34-24-166(b)(2);
3. Section 34-24-166(b)(3);
4. Section 34-24-166(b)(4);
5. Section 34-24-166(b)(5);
6. Section 34-24-166(b)(6);
7. Section 34-24-166(b)(9);
8. Section 34-24-166(b)(10);
9. Section 34-24-166(b)(11);
10. Section 34-24-166(b)(12);
11. Section 34-24-166(b)(13); and
12. Section 34-24-166(b)15.

(b) The Board may impose a fine not to exceed $2,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class B violation):

1. Section 34-24-166(b)(7); and
2. Section 34-24-166(b)(8);

(c) The Board may impose a fine not to exceed $1,000 for each violation of any of the following provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto (Class C violations):

1. Section 34-24-166(b)(14);
2. Section 34-24-166(b) (16); and
3. Section 34-24-166(b) (17).

(3) Additional Discipline. Upon finding the licensee or permit holder has violated any enumerated provision of law governing the practice of chiropractic or any rule adopted pursuant thereto, the Board may impose the following additional penalties:

(a) Revoke the license or permit.
(b) Suspend the license or permit.
(c) Enter a censure on the license or permit.
(d) Place the license or permit on probation fixing a period and terms best adapted to protect the public health and safety and to rehabilitate the licensee.
(e) Impose restrictions on the scope of practice of the licensee.
(f) Impose peer review
(g) Impose professional education requirements.
(h) Issue a reprimand to the licensee or permit holder.

(i) Order and direct a licensee to submit to a physical, mental or lab examination as outlined in §34-24-166.

(4) Stay of Execution of Order. The Board may, in its discretion, permanently or temporarily stay the execution of its order to revoke or suspend respondent's license or permit.

(5) Considerations. In determining whether disciplinary action should be invoked, or whether a fine should be imposed and in what amount, and whether execution of the order should be stayed, and upon what conditions, the Board shall consider all relevant factors, including, but not limited to, the following:

(a) the severity of the offense;

(b) the danger to the public;

(c) the number of repetitions of offenses;

(d) the length of time since the violation;

(e) the number of complaints filed against the licensee or permit holder;

(f) the length of time the licensee has practiced or permit holder has had permit;

(g) the actual damage, physical or otherwise, to the patient;

(h) the deterrent effect of the penalty imposed;

(i) the effect of the penalty upon the licensee's or permit holder’s livelihood;

(j) any efforts of rehabilitation; and

(k) any other mitigating or aggravating circumstances.

190-X-4-.07 Costs.

(1) Upon a finding that licensee or permit holder has violated any enumerated provision of Code of Ala. 1975, §34-24-120 et seq., or any rule adopted pursuant thereto, the Board may impose the following costs against any person whose license or permit is refused, revoked, or suspended, and/or against who any fine has been imposed.

(a) The Board may impose costs in the amount of up to $8,000 in connection with any hearing held in connection with the refusal of a license pursuant to Code of Ala. 1975, §34-24-166(a).

(b) The Board may impose costs for the actual amount incurred not to exceed $8,000 for each violation of any of the provisions of law governing the practice of chiropractic or any rule adopted pursuant thereto.

Author: Board of Chiropractic Examiners
Conflicts And Bias.

(1) No Board member shall participate in any disciplinary hearing before the Board or vote in such a hearing who has a disqualifying conflict or bias against the licensee or permit holder who is the subject of the hearing.

(2) Any challenge to a Board member(s) participation based upon any alleged conflict or bias shall be filed within the time set for the filing of Motions as established by the Hearing Officer. Any such challenge must be accompanied by an affidavit(s) stating with specificity the basis for the alleged conflict or bias.

Author: Board of Chiropractic Examiners

CHAPTER 190-X-5
PROFESSIONAL CONDUCT

190-X-5-.01 Oath. Each applicant for a license to practice chiropractic in Alabama shall be required to sign and affirm the following oath on his/her application form:

"I solemnly swear (or affirm) and attest that the statements made herein are true to the best of my knowledge, and further that if granted a license by the Alabama State Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address; to give assistance in procuring evidence against, and in the prosecution of those who violate
any of the provisions of the Alabama Chiropractic Practice Act or Board Rules. I agree to faithfully follow the laws and rules relating to the practice of chiropractic medicine, including the provisions of the Alabama Chiropractic Practice Act and Board rules. If I violate those laws or rules, I fully understand that I am subject to discipline, up to and including revocation of my license."

Author: Alabama State Board of Chiropractic Examiners

190-X-5-.02 Cooperation With The Board.

(1) Statement of Policy. Each licensed chiropractor or permit holder is requested and is expected to cooperate with the Board in all matters.

(2) Report of Violations. Any chiropractor or permit holder who has knowledge of violations of any provision of Code of Ala. 1975, §§34-24-120, et seq., or of these rules shall report such to the Board for investigation. When possible, the chiropractor or permit holder shall procure evidence that will aid in the prosecution of the violator. Failure to comply with the requirements of this rule will constitute unprofessional conduct as defined in Rule 190-X-5-.05, and Code of Ala. 1975, 34-24-166(b)(2)(3).

Author:

190-X-5-.03 Notification Of Change Of Address. Each licensed chiropractor or permit holder shall file their mailing, office, and residential and email address with the Executive Director of the Board and notify the Board of any changes of address in writing within fifteen (15) days of such address changes.
(1) Written notice shall list old addresses and new addresses and effective date of change. Notice may be submitted via facsimile, email or regular mail.

**Author:**

**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165.

**History:** Filed September 30, 1982. **Amended:** Filed September 18, 1997; effective October 23, 1997. **Amended:** Filed September 7, 1999; effective October 12, 1999. **Amended:** Filed June 18, 2009; effective July 23, 2009. **Amended:** Filed October 3, 2011; effective November 7, 2011.

**190-X-5-.04 Advertising.**

(1) A chiropractor or non-licensed clinic owner shall not make or cause to be made a false communication about the chiropractor or the chiropractor’s services. A communication is false if it contains a material misrepresentation of fact or law or omits a material fact rendering the statement when considered as a whole to be false.

(2) A communication is defined as information in any manner or medium designed or intended to attract public attention to the chiropractor or his/her practice.

(3) The chiropractor or non-licensed clinic owner shall have ultimate responsibility for all communications which are approved by him or her or his or her agents or associates. All communications regardless of form, including but not limited to recorded and printed communications, shall be approved by the chiropractor. In the case of broadcast communications, the actual transmission shall be retained and in the case of printed communications, a copy of the publication in which the communication is displayed shall be retained. Copies of communications, including but not limited to the transmission and publication referenced above, shall be retained by the chiropractor for one hundred eighty (180) days following the final appearance or use of the communication. The chiropractor is responsible for making copies of the communications available to the Board within ten (10) days following a request by the board.

Effective: 1/14/08, (2)(3) amended 6/2013

**Author:** Alabama State Board of Chiropractic Examiners


190-X-5-.05 Immoral Or Unprofessional Conduct Prohibited.

(1) The following conduct on the part of a licensee or permit holder is prohibited:

(a) Immoral,

(b) Unprofessional.

(2) Immoral or unprofessional conduct is defined as that conduct which violates those standards of professional behavior which through professional experience have become established, by consensus of the opinion of the Board members, as reasonably necessary for the protection of the public interest.

(3) Advertising which is false or fraudulent is considered unprofessional.

**Author:** G. Kuhlmann

**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165, 34-24-166(2).


190-X-5-.06 Solicitation.
(1) Statement of Policy. It is the policy of the Board that solicitation by chiropractors and/or permit holders in this state should be regulated so as to effectuate the duty of the State of Alabama to protect the health, safety and welfare of its residents, while not abridging any rights guaranteed to such licensees or to the public by the Constitutions of the United States and the State of Alabama, as construed by the United States Supreme Court and the Alabama Supreme Court. The Board has a substantial interest in protecting the public from fraud, undue influence intimidation, overreaching and other forms of vexatious conduct as well as protecting the tranquility and privacy of the home and of personal injury victims and their loved ones against intrusive, unsolicited contacts by licensees. The practices prohibited by this rule are hereby found and declared to constitute immoral or unprofessional conduct in violation of Code of Ala. 1975, §34-24-166(b)(2)(3), and Rule 190-X-5-.05 and/or fraud in obtaining money or other thing of value in violation of Code of Ala. 1975, §34-24-166(b)(1).

(2) Certain Practices Prohibited.

(a) Direct in-person uninvited solicitation except as authorized in paragraph (4) below, a licensee or permit holder, or a person or entity acting on their behalf, shall not by any direct, in-person, uninvited solicitation solicit an engagement to perform professional services. A licensee or permit holder, or a person or entity acting on their behalf, who has engaged in direct, in-person, uninvited solicitation shall not accept employment resulting from that solicitation, except that a licensee may accept employment from a close friend, relative, former patient (if the solicitation is germane to the former treatment), or one who the licensee reasonably believes to be a patient.

(b) Written communication. All written communications sent by or on behalf of a licensee shall conform to the advertising guidelines of Rule 190-X-5-.04 and this rule.

(3) Definition. For the purpose of this rule, the term "direct, in-person, uninvited solicitation" shall be deemed and construed to mean any communication which directly or implicitly requests oral response from the recipient. Examples of such acts of uninvited solicitation include, but are not limited to, any uninvited in-person visits or conversations or telephone calls to a specific potential
patient. However, such indirect forms of solicitation as giving speeches, conducting educational seminars, distributing professional literature by mail, except as prohibited above, or other forms of delivery that are not "in-person" and writing books and articles are not prohibited.

(4) Solicitation of Accident Victims.

(a) A chiropractor or a person or entity acting on their behalf, may only solicit a victim of an acupuncture as follows:

1. By telephone seven days after the accident.

2. By written communication sent at least three days after the accident. Written communication shall include letter, postcard, pamphlet, email, text, twitter, Facebook or any other form of social media or electronically generated communication.

(b) If a mail is utilized, the outside of each envelope in 10-point bold type at the bottom left hand corner of the front of the envelope, there will be printed in capital letters in a color clearly distinguishable from the color of the background page, this is an advertisement.

(c) On the first and last page of any mailing, in the same type size as the content of the mailing, shall be contained the following paragraph in a color different from the color of the text on the background page.

NOTICE: THIS IS A SOLICITATION. Your name and address and information relative to the accident in which you were involved were acquired from public documents. You are under no obligation to respond to this mailing. Recipients of this solicitation should understand the importance of employing a health care provider and inquiry into the doctor's qualifications and experience is recommended.

(d) If electronic communication is utilized the language required in (b) above must appear in clearly distinguishable capital letters in the subject line and the language required in (c) above must appear in clearly distinguishable capital letters at the beginning and end of the communication.
(e) Senders shall take reasonable steps to avoid calling or sending written communications to minors.

(f) A sample copy of each written communication shall be retained by the sender for a period of one year.

(5) Permissible Communication. Any form of invited communication to a potential client is permissible provided such communication conforms to the advertising guidelines of Rule 190-X-5-.04.

(6) Any current licensed doctor of chiropractic wishing to contract for or perform research that requires solicitation must obtain prior approval of same from the Board.

Author: Board of Chiropractic Examiners


190-X-5-.07 Trust Accounting Procedures For Pre-Payment Plans. A chiropractor who offers any treatment plan which includes payment of fees for services, goods or appliances to be performed or supplied in the future i.e. prior to the furnishing or supplying of any services, goods or appliances shall comply with all of the following requirements.

(a) Maintain for each patient a signed statement which explains fully and completely the services, goods or appliances to be provided and the terms and conditions of payment. This statement shall include provisions for an accounting to the patient upon request as well as provisions for the return of all unearned fees in the event the patient chiropractic relationship is terminated.

(b) The treatment plan shall include an accurate description of the services, goods or appliances to be performed or supplied as well as the period of time in which
the referenced services, goods or appliances will be performed or supplied.

(c) Complete records of such account funds shall be maintained for five (5) years after the performance or supplying of the services goods or appliances or from the termination of treatment. In addition, records shall include a ledger of all funds received and payments made which must be patient specific.

Author: Alabama State Board of Chiropractic Examiners
Amended (a)(b)(c)(d)(f) 10/2016

190-X-5-.08 Exploitation Of Patients For Financial Gain.

(1) Statement of Policy. The over utilization of chiropractic services or practice by exercising influence on a patient in such a manner as to exploit the patient or a third party payor for the financial gain of a licensee or a third party is hereby found and declared to constitute unprofessional conduct in violation of Code of Ala. 1975, §34-24-166(3).

(2) Definition of Over utilization Generally. Over utilization of chiropractic services or practice is defined as services or practices rendered, or goods or appliances sold by a chiropractic physician to a patient for financial gain of the chiropractic physician or a third party which are excessive in quality or quantity to the justified needs of the patient or are excessive in price.

(3) Over utilization, Specifically. Over utilization occurs when:

(a) The physician's written chiropractic records do not justify or substantiate the quantity or number of chiropractic services, or practices rendered, or goods or appliances sold by a chiropractic physician to a patient;

(b) A claim or claims for chiropractic services, practices, goods or appliances is submitted to that patient or third party payor which represents multiple charges for one specific chiropractic diagnostic service or treatment practice, good or appliance.

(c) A charge or claim for chiropractic services, practices, goods or appliances exceeds the usual and
customary charges for such services, practices, goods or appliances to the extent that the charge or claim is unconscionable.

(d) A charge or claim is submitted to the patient or to a third party payor for services, practices, goods or appliances which were not rendered or supplied.

(e) A chiropractic doctor renders any chiropractic services, practices, goods or appliances for which a fee may be charged after such time as a patient has requested but has not been provided with a written itemized statement of any chiropractic services, practices, goods or appliances to be rendered during a particular office visit, and the corresponding fees that will be charges for such services.

(4) A chiropractor shall not engage in the following:
   (a) Routinely waive co payments or deductibles for the purpose of financial gain; or
   (b) Waive co payments or deductibles for the purpose of enticing or encouraging individuals to become patients.

Author: Board of Chiropractic Examiners

190-X-5-.09 Chiropractic Records Required; Release Of Records.

(1) The Board finds and declares that the maintenance of an adequate record in the treatment of a patient is an essential component of the standard of care. Chiropractors and clinic permit holders should maintain legible well documented records reflecting the history, findings, diagnosis and course of treatment in the care of a patient. Patient records should be maintained by the treating chiropractor. Any licensee or clinic permit holder or permit holder who fails to keep for a minimum of five (5) years all written chiropractic records which justify the particular course of treatment of the patient engages in unprofessional conduct as defined in Rule 190-X-5-.05.
(2) The Board finds and declares that, while physical chiropractic records may rightfully be considered the property of the licensee or the chiropractic clinic facility where the licensee may be employed, the chiropractic patient is just as rightfully entitled to the information contained in any chiropractic records related to his or her care for any legitimate purposes, which such legitimate purposes certainly includes the obtaining of second chiropractic or medical opinions.

(a) Upon request of a patient or authorized agent of a patient, licensees and clinic permit holders are required to, at a minimum, turn over to a patient or his or her authorized agent legible and accurate copies of any pertinent chiropractic records of the patient when requested to do so by the patient or his or her authorized agent for a legitimate purpose which is stated in writing and signed by the patient. The reasonable costs of reproducing copies of written or typed documents, or reports shall not be more than one dollar ($1) for each page of the first 25 pages, not more than 50 cents ($.50) for each page in excess of 25 pages, and search fee of five dollars ($5). If the records are mailed to the person making the request, reasonable costs shall include the actual costs of mailing. A person may also charge the actual cost of reproducing X-rays and other special chiropractic records.

(b) The release of chiropractic records hereunder may not be made contingent upon payment of any other fee or charge owed by the patient. Failure to provide records to a patient upon request in accordance with this rule shall constitute immoral or unprofessional conduct as defined in Rule 190-X-5-.05.

(c) The fees provisions of this rule shall not apply to records subpoenaed by the State Board of Chiropractic Examiners.

(3) Request for records from another healthcare practitioner or the Board of Chiropractic Examiners must be released within 10 working/business days.

(4) Upon receipt of a properly signed and executed release from the patient, the licensee or clinic permit holder, at his discretion, may release the original or a copy of x-ray film and a copy of the patient records, etc. to the patient or their designee.
(5) If the Board receives a complaint against a licensee or clinic permit holder where the licensee or clinic will not release the records to a patient at the patient’s request, a letter from the Board will be sent via Certified Mail to the licensee/permit holder to release the records to the patient within 10 days of receipt of the certified letter, and submit proof that the records have been mailed to the patient (via Certified Mail) to the Board within 10 days as well. The licensee/permit holder must either submit to the Board proof of the mailing of the records or respond to the Board as to why the records cannot/will not be mailed within 10 days of receipt of the certified letter from the Board.

(6) If the Board has not received proof that the records have been released to the patient, or has not received a response from the licensee/permit holder within 15 days of the date the request was mailed from the Board’s office, the chiropractor will be subject to discipline for unprofessional conduct.

(7) Transfer or Disposal of Records. When a licensee retires, terminates employment or otherwise leaves a chiropractic practice, the licensee/permit holder is responsible for ensuring that active patients receive reasonable notification and are given the opportunity to arrange for the transfer of their patient records. Such notification shall be provided no later than 30 days after retirement, termination or any other reason for leaving. A licensee or the chiropractic clinic which employs the licensee should not withhold information from a departing chiropractor which is necessary for the notification of patients. A licensee/permit holder or their estate(s) transferring patient records in connection with the sale of a practice shall notify the active patients no more than 30 days preceding the sale that the records are being transferred and should provide the patient with information sufficient to secure the transfer of the patient record.

Author: Board of Chiropractic Examiners
190-X-5-.10 Inability To Practice Chiropractic With Reasonable Skill And Safety To Patients.

(1) Statement of Policy. The Legislature has declared that a chiropractor or permit holder may be disciplined due to the inability to operate a clinic or practice chiropractic with reasonable skill and safety by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals or any other substance, or as a result of any mental or physical condition.

(2) Board Intervention. It is the duty and obligation of the Board to promote the early identification, intervention, treatment and rehabilitation of chiropractors licensed or permit holders to practice in this State who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. The Board may enter into an agreement pertaining to the areas, functions, or responsibilities set forth in Code of Ala. 1975, Section 34-24-166(g).

(3) Requirement and Criteria for Examination. Every permit holder who accepts the privilege of operating a clinic and every licensee who accepts the privilege of practicing chiropractic in the State of Alabama by actually practicing or by the making and filing of an annual renewal upon a showing of probable cause that the chiropractor or permit holder is not capable of physically or mentally practicing chiropractic or operating a clinic with reasonable skill and safety to patients, shall be deemed to have given consent to submit to a mental, physical or laboratory examination, or any combination thereof, and to waive all objections to the admissibility of the testimony or examination reports of the examining physician on the ground that the reports constitute privileged doctor patient communications.

(4) If there is an issue of whether or not a permit holder or licensee is physically or mentally capable of operating a clinic or practicing chiropractic with reasonable skill and safety to patients, upon a showing or
probable cause to the Board that the permit holder or licensee is not so capable, the Board may order and direct the permit holder or licensee to submit to a physical, mental, or laboratory examination, or any combination thereof, to be performed by a physician designated or approved by the Board. The expense of the examination shall be borne by the permit holder or licensee who was examined.

Effective: 10/1/82, amended 2(b) 1/98, amended 2(c) 6/98, amended 11/2003, (1)(c) amended 6/2013
Author: G. Kuhlmann


(1) The Board finds and declares that any licensee who delegates professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience or licensure to perform them, engages in immoral, unprofessional or dishonorable conduct as defined in Rule 190-X-5-.05.

(2) The Board finds and declares that licensees who are employed by clinics or other facilities owned by non-licensees jointly and severally accept the professional responsibility and strict liability under the laws governing the practice of chiropractic and/or these rules and regulations for any violations which may be committed by the non-licensed owner(s), or committed by any non-licensed agent or employee acting at the direction of a non-licensed owner(s), or committed by any non-licensed agent or employee at the direction of another non-licensed agent or employee of a clinic or other facility owned by a non-licensee.

Author:
190-X-5-.12  **Aiding Unauthorized Practice Prohibited.** The Board finds and declares that any licensee who aids, assists, procures or advises any unlicensed person to practice chiropractic as defined in Code of Ala. 1975, §§34-24-120, et seq., engages in immoral, or unprofessional conduct as defined in Rule 190-X-5-.05.

**Author:**

**Statutory Authority:** Code of Ala. 1975, §§34-24-144, 34-24-165, 34-24-166(2).

**History:** Filed September 30, 1982.

190-X-5-.13  **Professional Signs.**

(1) Any permit holder or chiropractor who is actively engaged in the operation of a clinic or the practice of chiropractic is required to place a sign or cause or require a sign to be placed in a conspicuous place at the entrance of the office or place of practice which must include the following information:

(a) The name of the practice. If the name of the practice is other than the name of the participating chiropractors, then the name of all chiropractors practicing at that location shall appear following or beneath the name selected.

(b) The word chiropractor, chiropractic, chiropractors, chiropractic physician or chiropractic physicians. These terms shall be displayed with similar prominence as the name of the practice.

(c) If any permit holder or licensed chiropractor is unable to comply with this rule because of circumstances such as being a member of a multi-discipline practice, not owning or controlling the building where the practice is located, etc., the chiropractor shall document and use their best efforts to have their name listed and in similar prominence the word chiropractor, chiropractic, chiropractors, chiropractic physician or chiropractic physicians at the entrance of the office place of practice.

**Author:** Board of Chiropractic Examiners

**Statutory Authority:** Code of Ala. 1975, §§34-24-1 - 34-24-6, 34-24-33, 34-24-144, 34-24-161, 34-24-166.
190-X-5-.14  RESERVED
Author: J Ward

190-X-5-.15  Use Of Lasers. Lasers approved by the Federal Drug Administration for therapeutic use may be utilized by a chiropractor as a treatment device provided the laser is used only within the allowable scope of practice of chiropractic in this state. The chiropractor is responsible for adhering to any laws applicable to the use of the above referenced lasers and knowing and following the appropriate protocol for their use.
Author: James Ward
Statutory Authority: Code of Ala. 1975, §§34-24-165(c), 34-24-166(2).

CHAPTER 190-X-6
AMENDMENT OF RULES

190-X-6-.01  Rule Making Proceedings.

(1) Petition for adoption of Rules

(a) Any person who wishes to propose that the Board adopt, repeal or amend any rule may do so on the form prescribed by the Board and supplied by the Executive Director.
The Board shall meet and consider any petition for adoption, repeal or amendment within sixty days of its submission.

Notice.

(a) The Board shall give at least thirty-five (35) days notice of any proposed action on any rule by publication in the Alabama Administrative Monthly in compliance with Code of Ala. 1975, 41-22-5; and by letter, a copy of proposed changes which is sent to the Alabama Administrative Monthly, to all legally constituted associations of chiropractors in the State of Alabama that has supplied the Executive Director with an address.

(b) Any person who wishes to receive notice by mail of all proposed actions on rules may do so by requesting such notice from the Executive Director and paying an annual charge of $10.00 to cover costs of the mailings. All annual subscriptions begin October 1 and expire September 30.

Public Hearings. The Board shall permit all interested persons reasonable opportunity to submit data, views or arguments concerning any proposed rule action. Data, views or arguments submitted in writing must be received by the Executive Director at least two (2) days before the date specified in the notice as the day of the public hearing. Those persons wishing to appear before the Board to present data, views or arguments orally must submit a request to appear before the Board to the Executive Director, and such request must be received by the Executive Director at least five (5) days before the deadline for comment.

Board Decision. The Board shall fully consider all written and oral submissions concerning every proposed rule action. Upon adoption of a rule, the Board, if conflicting views are submitted on the proposed rule, shall issue a concise statement of the principal reasons for and against its adoption, incorporating therein its reasons for overruling any considerations urged against its adoption.

Emergency Rules. In the event the Board finds that an immediate danger to the public health, safety or welfare requires adoption of a rule upon fewer than thirty-five (35) days notice or that action is required by or to comply with a federal statute or regulation which requires adoption of a rule upon fewer than thirty-five (35) days
notice, the Board may adopt an emergency rule under the provision of the Administrative Procedure Act, Section 5(2).

(6) Compliance With Administrative Procedure Act. All rules adopted by the Board shall otherwise substantively and procedurally comply with the provisions of the Alabama Administrative Procedure Act.

Author: Board of Chiropractic Examiners


190-X-6-.02 RESERVED

Author: Board of Chiropractic Examiners


190-X-6-.03 RESERVED

Author: Board of Chiropractic Examiners


190-X-6-.04 RESERVED

Author:


190-X-6-.05 RESERVED

Author:


190-X-6-.06  RESERVED
Author:  

CHAPTER 190-X-7 PRECEPTOR AND EXTERN PROGRAM

190-X-7-.01  Preceptor Doctor.
(1) Definition:  This preceptor program is designed to provide experience and practice for unlicensed or student doctors before or after graduation as further qualified by this section in cooperation with sponsoring licensed doctors and participating chiropractic colleges.
(2) All preceptor doctors must:
   (a) Be approved by the Alabama State Board of Chiropractic Examiners for each participation.
   (b) Have an active Alabama license.
   (c) Be in active practice in Alabama for three (3) years or more.
   (d) Provide evidence of malpractice insurance for themselves and the extern and provide the location and submit a schedule showing when the extern will working be under direct on premises supervision for said program.
   (e) Contribute a fee as established in Rule 190-X-.1-.18 (payable the first quarter with the preceptor application and thereafter quarterly in advance) to the Alabama State Board of Chiropractic Examiners to defray expense of administration of this program only when the Preceptor actually has an extern in the office. Recent graduate compensation is between the parties involved.
   (f) Have no Class A or B violations of Board rules for two (2) years and have no present investigations for possible Board violations.
   (g) Complete application which states that he or she has read and understands Code of Alabama 1975, 34-24-145, and Board rules and regulations pertaining to this program.
(3) Violations of this program by the Preceptor is considered Unprofessional Conduct.
(4) In cases where more than one licensed doctor is in the clinic, each one who will direct the unlicensed student must be approved as outlined above.
(5) The board shall notify the preceptor doctor when the applicant is approved for each tier.
Rule 190-X-7-.02 Extern.

(1) Extern. A student enrolled in their last year at a Board approved chiropractic college accredited by the Council of Chiropractic Education or a recent chiropractic graduate of such an accredited school who is issued a limited license to practice under the direct on-premises supervision of a sponsor licensed to practice chiropractic in the state of Alabama and in the case of a student, under the supervision of the accredited school.

(2) Qualifications. In order to receive a permit as an Extern the following applies:

(a) Student

1. In addition to the requirements imposed in Code of Alabama 1975 §34-24-145, the following qualifications must be met:

   (i) Currently enrolled in the final academic year at an approved chiropractic college which maintains a standard of training acceptable to the Board.

   (ii) Documentation of successfully completing the written examination Parts I and II of the National Board of Chiropractic Examination.

(b) Graduate

1. In addition to the requirements imposed in Code of Alabama 1975 §34-24-145, the following qualifications must be met:

   (i) Graduated within six (6) months preceding the filing of an application from an approved chiropractic college maintaining a standard of training acceptable to the Board and not yet licensed in any other state.

   (ii) Documentation of successfully passing Parts
I, II and III of the National Board of Chiropractic Examination.

(iii) Successfully passing Part IV of the National Board of Chiropractic Examination within twelve (12) months following the date of graduation.

(c) Any student or graduate must submit an application which shall include a provision that in executing the application the applicant agrees to comply with the provisions of the Alabama Chiropractic Practice Act and all the Rules adopted by the Board. In addition, a student, in order to be approved, must have submitted a current and complete licensure application, including any fee and documentation, required by all student applicants for licensure.

1. For purpose of this rule the following meanings shall apply.

(i) Tier I applicants are those whose results from any required background checks have not yet been received. Tier I applicants are not allowed to adjust, or make any diagnosis or treatment directly with the patient. Tier II extern can perform same services as a chiropractic assistant as long as under the direct supervision of the preceptor doctor and may observe the preceptor doctors treatment of patients.

(ii) Tier II applicants are those who have successfully complied with all requirements set out in this rule. Tier II applicants should be able to have full patient treatment privileges as long as under the direct supervision of the preceptor doctor. A student who graduates is no longer eligible to possess a permit to participate in the preceptorship program unless at the time of graduation the requirements of Part IV of the National Board of Chiropractors Examination have not been satisfied. In that event, participation in the preceptor program may continue for no longer than twelve (12) months following the date of graduation.

(d) Anyone approved as an extern shall only deliver chiropractic services under the direct on-premises supervision of an approved preceptor. The chiropractic services delivered are those specified in the Alabama Chiropractic Practice Act or in any Rule adopted by the Board.

RULE 190-X-7-.03 Establish Director of Preceptor and Extern Program

(1) The director of this program shall be a licensed Alabama doctor in active practice and be appointed by a majority vote of the Board of Examiners. The director will serve a term of one year and may be re-appointed.

(2) Duties of the director of the Preceptor Extern Program should be, but are not necessarily limited to:

(a) Reviewing qualification and approval or denial of acceptance of prospective preceptor doctors or extern.

(b) Confirming that applicants are notified of acceptance or denial of application within two (2) weeks of approval in writing to the address on the application.

(c) Monitoring the rules and regulations, recommend necessary changes to the Board of Examiners and in general administer the program within the established guidelines.

(d) Checking either by phone or on-site visit with each preceptor doctor at least quarterly and provide a short report at the Board meetings.

(e) Notifying the Board president or the Board liaison of known violations of the rules.
(3) The director of this program shall not have disciplinary or administrative powers other than those established by the Board of Examiners.

(4) Funds to pay the actual expenses incurred will be paid from the $25.00 monthly payments made by participating doctors.

(5) Director may receive no monetary compensation other than actual expenses incurred while discharging outlined duties.

Effective: 3-6-90, (1) amended 7-24-91, amended 2/2000; amended 03/2013 (2)(a)

Author: Board of Chiropractic Examiners


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APPENDIX
I. GENERAL QUALIFICATIONS
   A. An applicant must be a graduate of a Council on Chiropractic Education accredited Chiropractic College. (Code of Alabama, 34-24-160)
   B. An applicant who graduated from chiropractic college after January 1, 2010 shall have a bachelor’s degree.
   C. The Board reserves the right to take into consideration and pass upon the moral character of an applicant for licensure. Applicants who submit their claims for judgment by the Board are in honor bound to accept its verdict without complaint.

II. DOCUMENTATION  FAX copies are not accepted.
   A. Direct all correspondence and questions to:
      Alabama State Board of Chiropractic Examiners
      126 Chilton Place
      Clanton, AL 35045
      1-800-949-5838
   B. Printed application must be signed, notarized mailed to the above address.
   C. The following documentation must be submitted:
      i. Transcript of chiropractic college grades directly from college
      ii. Transcript of bachelor’s degree directly from college
      iii. Transcript of National Board Part I, II, III and IV grades directly from the National Board (See IV for more details)
      iv. Transcript of National Board Part I, II and SPEC directly from the National Board (see IV for more details) (if applicable)
      v. Signed wallet or passport size picture attached to upper left hand corner of application form if not uploaded with online application
      vi. Verification of Licensure from other states (must submit if you ever held a license in another state)
      vii. Two fingerprint cards and the ALEA Release Form (will be mailed to you once we receive your online application.)
      viii. Money order or cashier check payable for $37.00 made to ALEA Records & Identification

III. JURISPRUDENCE EXAM FEE
   A. $150.00 paid with online application. Fees are not refundable.

IV. NATIONAL BOARD REQUIREMENT:
   A. Any applicant who matriculated in a chiropractic college after 1/1/73 must have completed Part I and II of the National Board examination in order to be eligible to make application for licensure to this Board.
   B. Any Extern applicant must have completed Part I and II of the National Board examinations in order to be eligible to apply for the Extern / Preceptor program.
   C. Beginning April 1, 1998 National Board parts III and IV or National Board SPEC (for D.C.s having practiced for at least three years).

V. EXAMINATION FOR LICENSURE
   A. Each applicant must pass the online jurisprudence (State Law and Rule) examination administered by this Board.
   B. Examinations are given in the English language.
   C. Deadline to complete the exam: As soon as all documentation, fees are received applicants will
be emailed login information for the exam and will only have seven (7) days from the notification to complete the exam.

D. GRADING: 75% or better of all questions asked will make an applicant eligible for licensure provided all other requirements are met and that the applicant’s moral character does not disqualify him/her.

E. RESULTS: Examination results will be emailed to the applicant.

VI. LICENSE ISSUANCE:
A. FEE- $75.00- paid with online application. Fees are not refundable.
B. DEADLINE- License must be issued within 12 months of passing Alabama Jurisprudence Exam.
C. RECORDING OF LICENSE: If practicing in Alabama, the license will become effective upon recordation with the Judge of Probate in the county in which the licensee will practice as evidenced by the return of a form supplied by the Board office.

VII. EXTERN PROGRAM: Contact Board office for additional requirements.

VIII. ANNUAL LICENSE RENEWAL
A. Annual license renewal online application opens August 15 and must be completed prior to September 30 to avoid additional fees.
B. Continuing Education: Each fiscal year (October 1- September 30), licensees are required to obtain eighteen (18) hours of Alabama State Board of Chiropractic Examiners approved continuing education including (2) hours of Alabama Law except New Licensees must obtain (4) hours of Alabama Law prior to first renewal.
C. License Renewal fee is $300.00 for Active license.
D. All Address changes must be submitted to the Board office within 15 days, and must be in writing.

Note: If you require special accommodation due to a disability as defined by the American Disability Act 1990, Public Law 101-335, please inform the Board at the time you send in your documentation.

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at www.alea.gov or call (334) 353-4340. ** Your application cannot be finally processed until the appeal is decided.
ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR LICENSURE TO PRACTICE CHIROPRACTIC

SIGNATURE ON BOTTOM OF PHOTOGRAPH *ALL SPACES MUST BE COMPLETED

PERSONAL BACKGROUND Use Typewriter or Print Legibly (Applications which cannot be read will be rejected)

FULL NAME ____________________________________________ D. C.
Name as you wish it to appear on License __________________________
Current Address ____________________________________________ Telephone with area code ______________
City _______________ County _______________ State ______ Zip Code ______
Permanent Address _________________________________________ Telephone with area code ______________
City _______________ County _______________ State ______ Zip Code ______
Name and Address of nearest relative not residing with you.

_________________________ ___________________________ ___________________________ ___________________________
Height Weight Eye Color Sex

Age ___ Hair color ______________ Drivers License Number ____________ State_______
Date of Birth ______________ Place of Birth ____________________________
Social Security Number ______________ Email _______________________
Are you a citizen of the United States or legally present in the United States? Yes No _____
In order to process your application, you must verify you are a citizen of or are legally present in the United States
by submitting any of the form(s) or type(s) of documentation described on the list on the last page of this application.

Ten-year history of Resident Address (List location and number of years at each location)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

Attach extra sheet if additional space is needed.
EDUCATIONAL BACKGROUND

Bachelor’s Degree in ________________________________

School Name: __________________________________________

Names of Undergraduate Colleges / Schools you have attended and dates of attendance.  _________

__________________________________________ Degree __________________________

__________________________________________ Degree __________________________

__________________________________________ Degree __________________________

Names of Chiropractic Colleges / Schools you have attended and dates of attendance.

__________________________________________ Degree __________________________

__________________________________________ Degree __________________________

__________________________________________ Degree __________________________

Give date(s) and Results (Pass or Fail) of each section of the National Boards taken.

Part I __________________________________________

Part II __________________________________________

Part III __________________________________________

Part IV __________________________________________

Spec __________________________________________

Acupuncture ____________________________________

Physiotherapy __________________________________

Ethics and Boundaries __________________________

LICENSING BACKGROUND

List States in which you have been licensed to practice chiropractic

__________________________________________ Current _____________ Non Current _____________

__________________________________________ Current _____________ Non Current _____________

__________________________________________ Current _____________ Non Current _____________

Have you ever been licensed in Alabama? ______ Dates __________ to ________________

Have you ever taken the Alabama Chiropractic Examination? ______ Date ________________

Have you ever been refused examination or failed an examination by any state chiropractic licensing
board? _____________ If yes, where and when? ____________________________
License Disciplinary Action Background

Has your license(s) ever been suspended __________ cancelled _______ revoked ________
If yes, attach a separate sheet of paper with explanation to this application.

Have you ever been convicted of a felony or crime, which involves moral turpitude? __________
If yes, attach a separate sheet of paper with explanation to this application.

Is any criminal prosecution pending against you in any state, province, federal or other court? ___ If yes, attach a separate sheet of paper with explanation to this application.

Are there charges pending against you for violation of any state Chiropractic Law and / or Rule? _If so, where? ____________________________

I solemnly swear (or affirm) and attest that the statements made herein are true to the best of my knowledge. And further, that if granted a license by the Alabama State Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my mailing address, residence address and the physical location of my office at all times. I agree to give assistance in procuring evidence against, and in the prosecution of violators of the Alabama Chiropractic Practice Act (Law) and Administrative Rules. I am fully aware of the fact that if I am convicted of violating the Alabama Chiropractic Practice Act (Law) and / or Administrative Rules that my license may be revoked and in such event I agree to surrender my license to the Alabama State Board of Chiropractic Examiners.

__________________________________________  _________________
Signature of Applicant                           Date

Recommendations

Recommendations by two (2) licensed Chiropractic Doctors are required. (Preferably Alabama Chiropractic Doctors)

Being personally acquainted with the applicant identified on page one of this application form for _____ years, and recognizing the picture attached to page one of the application form as one of the applicant, I recommend this applicant to the Alabama State Board of Chiropractic Examiners as a person of high moral character and worthy of professional recognition and confidence.

Name (Please print) ___________________________ D.C.  Date signed: ___________________
Signature ____________________________________

Being personally acquainted with the applicant identified on page one of this application form for _____ years, and recognizing the picture attached to page one of the application form as one of the applicant, I recommend this applicant to the Alabama State Board of Chiropractic Examiners as a person of high moral character and worthy of professional recognition and confidence.

Name (Please print) ___________________________ D.C.  Date signed: ___________________
Signature ____________________________________
AFFIDAVIT

State of ____________________________                     County of ____________________________

On this ________ day of ____________________________, 20____ personally appeared before me, a
Notary Public within and for the County and State aforesaid, ____________________________ (Applicant’s
name), who being duly sworn, says that he / she is the person referred to in the application for licensure
to practice Chiropractic in Alabama. That he / she has complied with the requirements of the Law and
Administrative Rules, and that he / she subscribes to and will uphold the principles incorporated in the
Constitution of the United States of America.

Sworn to before me this ________ day of ____________________________, 20____.

____________________________                           ______________________________
Notary Public Signature and Seal                               Applicants Signature

My Commission Expires: ________________________________

I hereby authorize the Alabama State Board of Chiropractic Examiners to request and the recipient of any
such request to release any and all information which refers, relates or pertains to me, including but not
limited to any file or records maintained or in the possession of any regulatory board or agency, insurance
company, governmental agency or other entity or individual and further to include but not limited to any
information concerning my physical or mental health and any evaluations, treatment, aftercare, monitoring
or aftercare and/or any compliance therewith. I understand and agree this authorization and release is in
connection with my application for licensure and to assist and enable the Alabama State Board of
Chiropractic Examiners to make a determination of my qualifications for licensure.

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being
possessed of sound mind and legally competent to complete this request, the applicant authorizes the
Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said
applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own
Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by
visiting the website of the Alabama Law Enforcement Agency (ALEA) at www.alea.gov or call (334)
353-4340. ** Your application cannot be finally processed until the appeal is decided.

____________________________                           ______________________________
Notary Public Signature and Seal                             Applicants Signature

____________________________                           ______________________________
Date                                               Date

My Commission Expires: ________________________________
As a part of your application please provide: one (1) document from list A or one (1) document from list B and one (1) from list C

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>OR</td>
<td>Documents that Establish Identity</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3. School ID card with a photograph</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4. Voter's registration card</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5. U.S. Military card or draft record</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
<td>6. Military dependent's ID card</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td></td>
<td>8. Native American tribal document</td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
</tr>
</tbody>
</table>

Applicants may submit one selection from List A or a combination of one selection from List B and one selection from List C
ALABAMA BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR LICENSURE BY RECIPROCITY

PROCEDURES OUTLINE

Attach to Application:
1. $150 non-refundable fee (money order or cashier’s check only)
2. Signed Waiver/Affidavit Form
3. One 2” X 2” photograph (e.g., color or black and white, passport photo or non-Polaroid)
4. Citizenship or legal presence documents
5. Two fingerprint cards and ALEA Release Form
6. Submit money order or cashier check payable for $37.00 made to ALEA Records & Identification.
7. Applicant must complete an application for license by reciprocity.

Please make sure all application questions have been completed and your application is signed and notarized. Return the signed and notarized application and attachments to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton, Alabama 35045

Arrange for these items to be sent directly from the state or jurisdiction or other entity to the ASBCE:

1. Official certificates of good standing from each state or jurisdiction in which you are or were previously licensed (must include test scores).
2. Official transcripts of all National Board of Chiropractic Examiners taken; including NBCE Part I, Part II, the Written Clinical Competency, and the Physiotherapy, if available.
3. Official chiropractic college transcripts.

* Official means a document which is either certified or notarized and contains a seal, if available, of the applicable entity. Official shall also mean that the document is sent directly from the applicable entity and not from the applicant. Duplicate documents, illegible documents or documents not properly notarized, certified and / or under seal will not be accepted.

It is your responsibility to monitor the progress of this application. The Board will only contact you when necessary, for example upon initial receipt, if a questions arises, if additional information is required, if necessary to provide information about the jurisprudence examination; and of course when a decision is made regarding the application.
ALABAMA JURISPRUDENCE EXAMINATION

In addition to the other application requirements, the applicant must successfully complete the Alabama Jurisprudence Examination prior to licensure. This examination will be scheduled only if you have met all other requirements for licensure. Applicants will be provided with login information for the online exam via email and will be given seven (7) days from the notification to complete exam. The online exam must be passed before the application can be considered completed and ready for licensure approval. Following the jurisprudence examination, results will be emailed to applicants within 10 days.

NOTICES/REQUIREMENTS

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at www.alea.gov or call (334) 353-4340. ** Your application cannot be finally processed until the appeal is decided.

In order for your application for licensure by reciprocity to be considered, you must comply with all requirements.

Request for accommodations for a disability recognized by the American With Disabilities Act must be made in a form and manner required by the Board. You may request accommodations through the Board's office.

Applicants who hold/held a license in other states must contact the licensing board of those states and request that a certificate of standing be sent to the ASBCE (must include test scores). These certificates must be sent directly from the state board office, not from the applicant. Copies or duplicates of any kind are not acceptable. Allow at least five to six weeks for processing of these certificates.

All applicants must pay a fee of $150 (cashier's check or money order only) made out to "Alabama State Board of Chiropractic Examiners". This fee is non-refundable.
USE OF INFORMATION

The purpose of all information required to be submitted as part of the process of licensure by reciprocity is to enable the ASBCE to determine whether you are eligible for such licensure. Failure to provide all required or requested information will prevent the ASBCE from considering your application.

All information submitted will be maintained in your file and will be subject to disclosure and inspection pursuant to the laws of the State of Alabama and the Rules of the ASBCE.

The Alabama Board of Chiropractic Examiners (ASBCE) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at www.alea.gov or call (334) 353-4340. ** Your application cannot be finally processed until the appeal is decided.
AUTHORIZATION AND RELEASE

(Please print your name clearly and give whatever identifying information is needed by the supplying entity, e.g., social security numbers etc).

I, _______________________________ swear that I am the person described in and identified in the records being requested.

I hereby authorize the recipient of this form to release to the Alabama State Board of Chiropractic Examiners or any of its members, officers, agents, employees, representatives or attorneys any and all test scores or records, including any information relating to my professional, ethical, and physical qualification for licensure required to be submitted or in connection with my application for licensure by reciprocity. I further release the Alabama State Board of Chiropractic Examiners, its members, officers, agents, employees, representatives or attorneys from any and all liability in connection with the request, receipt, review and / or dissemination of this information, its use in the application process or for any other use in performance of the Alabama State Board of Chiropractic Examiners’ statutory duties and obligations.

All such items should be sent directly to:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON, AL 35045

Signature of Applicant

AUTHORIZATION AND RELEASE

The purpose and intended use of this information is to enable the Alabama State Board of Chiropractic Examiners to determine whether an applicant meets statutory and rule requirements for licensure.

I hereby authorize the recipient of this form to release to the Alabama State Board of Chiropractic Examiners or any of its members, officers, agents, employees, representatives or attorneys any and all test scores or records, including any information relating to my professional, ethical, and physical qualification for licensure required to be submitted or in connection with my application for licensure by reciprocity. I further release the Alabama State Board of Chiropractic Examiners, its members, officers, agents, employees, representatives or attorneys from any and all liability in connection with the request, receipt, review and / or dissemination of this information, its use in the application process or for any other use in performance of the Alabama State Board of Chiropractic Examiners’ statutory duties and obligations.

Applicants may use this form to request information be sent directly to the ASBCE.
Request to send test scores – Affidavit of Applicant
ALABAMA BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR LICENSURE by RECIPROCITY

GENERAL APPLICANT INFORMATION

MANDATORY PHOTOGRAPH REQUIREMENT

Each applicant must paper clip a 2” X 2” signed photograph of themselves to their application. Polaroid photographs will not be accepted. Photographs may be in black and white or color, must include a full-face view from the shoulders up, and must contain no images of other persons. Photographs must have been taken within six months of the examination.

Clip 2” x 2” Photo Here

Please type or print the following information:

<table>
<thead>
<tr>
<th>1. Last Name</th>
<th>2. First Name</th>
<th>3. Full Middle Name</th>
<th>4. Suffix (e.g., JR, SR, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

5. Current Address (If PO Box, must provide street address as well as city, county, state, zip code and country)

<table>
<thead>
<tr>
<th>6. Permanent Mailing Address including postal code (If different from current address listed above)</th>
<th>(Must provide street address, city, county, state, zip code and country)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Maiden Name, Surname, or Any Other Names You Have Been Known By

8. Place of Birth (List city, county, jurisdiction, zip code and country)

<table>
<thead>
<tr>
<th>8a Are you a citizen of the United States or legally present in the United States? Yes No</th>
<th>9. Age</th>
<th>10. Date of Birth MM/DD/YYYY</th>
<th>11. Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Male</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>☐ Female</td>
</tr>
</tbody>
</table>

12. Contact Information (Name, address)

(a) Telephone Numbers:
    Work:
    Home (optional):

(b) E-mail Address

(c) Fax Number (optional)

d) Social Security Number

13. Any Other Contact Information (optional)

Reciprocity Application of

Applicant must print name _____________________________ Date _____________________________

Rev. 10/16
Reciprocity App
### 14. Colleges Attended Other Than Chiropractic (Attach additional page(s) if necessary)

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM (Month/Year)</td>
<td>TO (Month/Year)</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

### 15. Chiropractic College Information (attach additional page(s) if necessary)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>DEGREE EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM (Month/Year)</td>
<td>TO (Month/Year)</td>
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</tr>
</tbody>
</table>

### 16. SPECIALIZED TRAINING (Residency, Professional Training, Vocation Training, Practical or Clinical Training) (Attach additional page(s) if necessary):

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE</th>
<th>DEGREE OR CERTIFICATION EARNED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FROM (Month/Year)</td>
<td>TO (Month/Year)</td>
</tr>
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</tr>
</tbody>
</table>

### 17. Name state(s) in which you hold/held a chiropractic license, length of time, and current standing (active, inactive, or other) in each state (attach additional page(s) if necessary):

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Years of Licensure</th>
<th>Current Standing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>To</td>
</tr>
</tbody>
</table>

### 18. For the last five years please list any and all practice address(es):

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION</th>
<th>CONTACT INFORMATION</th>
<th>PERIOD OF PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice, Clinic or Institution</td>
<td>PO Box, Street Address City, State, Zip, Country</td>
<td>Area Code and Telephone Number</td>
<td>From (Month/Year) To (Month/Year)</td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
HISTORICAL PROFESSIONAL / CHIROPRACTIC INFORMATION

- Please answer each of the following questions by putting a check (✓) in the appropriate box on the right.
- You must answer each question with a “Yes” or “No”. No other response is acceptable.
- All “Yes” answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.
- Applicants should be aware that answering “Yes” to some questions may necessitate special screening procedures by the board.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

<table>
<thead>
<tr>
<th>QUESTIONS</th>
<th>POSSIBLE ANSWERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>19. Have you ever had any application for any professional license denied by any licensing authority?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>20. Have you ever been denied the privilege of taking an examination required for any professional licensure?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>21. Have you ever voluntarily surrendered your chiropractic license, allowed it to lapse, or had a limited license issued by any chiropractic licensing authority</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>22. Has your chiropractic license ever been the subject of disciplinary action, or sanctioned by any chiropractic licensing authority, including but not limited to refusal to grant, revocation, suspension, conditioned, limited, restricted or qualified in any way?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>23. Has any other professional license ever been the subject of disciplinary action by any health professional licensing agency, including the refusal to grant, revocation, suspension, conditioned, limited, restricted or qualified in any way?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>24. To your knowledge, have any complaints ever been filed against you which remain unresolved or pending?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>25. Have you ever been convicted, pled guilty or pled nolo contendre (no contest) to a felony or misdemeanor?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>26. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice) which has not been previously reported to the board?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>27. Do you have a health related condition, which in any way may impair or limit your ability to practice chiropractic with reasonable skill and safety?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>28. If you are required to use medication, does it in any way impair or limit your ability to practice chiropractic with reasonable skill and safety?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>29. If you answered yes to either question number 27 or 28, are the limitations or impairments caused by your ongoing health related condition reduced or ameliorated because you receive ongoing treatment (with or without medications)?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>30. If you answered yes to either question number 27 or 28, are the limitations or impairments caused by your ongoing health related condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>31. Do you participate or are you required to participate in any professional program designed to monitor or assist a chemical, physical, or psychological impairment?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>32. Have you ever engaged in the illegal use of any drugs?</td>
<td>YES ☑️ NO ☐</td>
</tr>
<tr>
<td>33. If yes to the question immediately above, are you currently participating in a supervised rehabilitation program or professional assistance program?</td>
<td>YES ☑️ NO ☐</td>
</tr>
</tbody>
</table>
34. Have you ever been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

35. Do you currently have any other condition or impairment, not reported in any question in this application, which may limit your ability to practice chiropractic with reasonable skill and safety?

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**WAIVER**

I, _____________________________________________, authorize any and all educational institutions, chiropractic colleges, third party payers or administrators, licensing boards, hospitals, treatment facilities, medical or health care providers or any other person or entity maintaining records on me, to provide said records to the Alabama State Board of Chiropractic Examiners (ASBCE) upon their request. I release the foregoing from any and all liability in connection with the release of the requested records.

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at [www.alea.gov](http://www.alea.gov) or call (334) 353-4340. **Your application cannot be finally processed until the appeal is decided.**

Social Security Number __________________________

__________________________________________________

Signature of Applicant Date

**FOR BOARD USE ONLY:**

<table>
<thead>
<tr>
<th>Form Related Information</th>
<th>Payment Information</th>
<th>Received Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incomplete Form Returned To Licensee</td>
<td>Check #</td>
<td></td>
</tr>
<tr>
<td>Date Received Form</td>
<td>Amount</td>
<td></td>
</tr>
<tr>
<td>Staff Initials</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>CINBAD Check Results:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Reciprocity Application of ________________________________

Applicant must print name __________________________ Date ___________
AFFIDAVIT

By completing this application, I hereby request that the Alabama State Board of Chiropractic Examiners approve the examination(s) resulting in my licensure in ____________________________ (state or jurisdiction) as evidence of qualification for Alabama licensure by reciprocity.

I agree that while my application is pending, I shall notify the Board within five (5) days of learning of any information, which contradicts changes, or more fully answers on any information previously provided.

I agree I will cooperate with the Board in connection with the processing of my application or any request for information which shall be submitted in a timely manner.

Further, I, the undersigned, being duly sworn, do state upon oath that the answers given in the application submitted herewith are true and correct, and I agree, if issued a license, to abide by the laws of the State of Alabama relating to the practice of chiropractic and all Board rules.

I affirm by completing and signing this form, I represent that I have read and understand all information contained on the page entitled NOTICES/REQUIREMENTS, the warning regarding AUTHORIZATION AND RELEASE; the information contained in the WAIVER, and the information contained in the AFFIDAVIT.

_________________________________  _____________________
Signature of Applicant  Date

_________________________________
Signature of Notary  (SEAL)

This ________ day of __________________, 20__

(This page must be signed, notarized and returned with your application.)
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Applicants may submit one selection from List A
Or a combination of one selection from List B and one selection from List C

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td>1.</td>
<td>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2.</td>
<td>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4.</td>
<td>Voter's registration card</td>
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<td></td>
</tr>
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<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td>6.</td>
<td>Military dependent's ID card</td>
<td></td>
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</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
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<td>(1)</td>
<td>The same name as the passport; and</td>
<td>8.</td>
<td>Native American tribal document</td>
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<td>(2)</td>
<td>An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
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<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
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For persons under age 18 who are unable to present a document listed above:

| 10.    | School record or report card |
| 11.    | Clinic, doctor, or hospital record |
| 12.    | Day-care or nursery school record |

1. | A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |

2. | Certification of Birth Abroad issued by the Department of State (Form FS-545) |

3. | Certification of Report of Birth issued by the Department of State (Form DS-1350) |

4. | Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |

5. | Native American tribal document |

6. | U.S. Citizen ID Card (Form I-197) |

7. | Identification Card for Use of Resident Citizen in the United States (Form I-179) |

8. | Employment authorization document issued by the Department of Homeland Security |

Reciprocity Application of__________________________________________
Applicant must print name__________________________________________
Date__________________________________________________________
Rev. 10/16
Reciprocity App
CHECKLIST FOR APPLICATION

Attach to Application:
1. $1000.00 initial application fee (money order or cashier's check only) Fees are non-refundable
2. One 2" X 2" signed photograph (e.g., color or black and white, passport photo or non-Polaroid
3. A written statement agreeing to be interviewed at the request of the Board.
4. Submit affidavits from two licensed chiropractors practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability
5. **Application hearing fee, of $2,000, if applicable, must be submitted separately.**
6. Two fingerprint cards and ALEA Release Form.
7. Submit money order or cashier check payable for $37.00 made to ALEA Records & Identification.
8. Applicant must complete an application for license by credential.

Please make sure all application questions have been completed and your application is signed and notarized. Return the signed and notarized application and attachments to:

**Alabama State Board of Chiropractic Examiners**
126 Chilton Place
Clanton, Alabama 35045

Arrange for these items to be sent directly from the state or jurisdiction or other entity to the ASBCE:
1. **Official** certificates of good standing from each state or jurisdiction in which you are or were previously licensed (must include state examination test scores)
2. **Official** transcripts of all National Board of Chiropractic Examiners taken; including NBCE Part I, Part II.
3. **Official** chiropractic college transcripts.

* Official means a document which is either certified or notarized and contains a seal, if available, of the applicable entity. Official shall also mean that the document is sent directly from the applicable entity and not from the applicant. Duplicate documents, illegible documents or documents not properly notarized, certified and / or under seal will not be accepted.
It is your responsibility to monitor the progress of this application. The Board will only contact you when necessary, for example upon initial receipt, if a question arises, if additional information is required, if necessary to provide information about the jurisprudence examination; and of course when a decision is made regarding the application.

ALABAMA JURISPRUDENCE EXAMINATION

In addition to the other application requirements, the applicant must successfully complete the Alabama Jurisprudence Examination prior to licensure. This examination will be scheduled only if you have met all other requirements for licensure. The examination is given online and must be passed before the application can be considered completed and ready for licensure approval. Following the jurisprudence examination, results will be mailed or emailed directly to applicants within 7 to 10 working days. No results will be given over the phone before or after the results have been mailed.

NOTICES/REQUIREMENTS

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at www.alea.gov or call (334) 353-4340. ** Your application cannot be finally processed until the appeal is decided.

In order for your application for licensure by credentials to be considered, you must comply with all requirements.

In the event you are eligible to take the Alabama jurisprudence examination as part of the licensure by credentials application process, any request for accommodations for a disability recognized by the American with Disabilities Act must be made in a form and manner required by the Board. You may request the applicable form through the Board’s office.

Applicants who hold/held a license in other states must contact the licensing board of those states and request that a certificate of standing be sent to the ASBCE (must include state examination test scores). These certificates must be sent directly from the state board office, not from the applicant. Copies or duplicates of any kind are not acceptable. Allow at least five to six weeks for processing of these certificates.

All applicants must pay the initial application fee of $1000.00 and the application hearing fee of $2000.00 if applicable. All fees are non-refundable.
USE OF INFORMATION

The purpose of all information required to be submitted as part of the process for licensure by credentials is to enable the ASBCE to determine whether you are eligible for such licensure. Failure to provide all required or requested information will prevent the ASBCE from considering your application.

All information submitted will be maintained in your file and will be subject to disclosure and inspection pursuant to the laws of the State of Alabama and the Rules of the ASBCE.

The Alabama State Board of Chiropractic Examiners (ASBCE) does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.
AUTHORIZATION AND RELEASE

(Please print your name clearly and give whatever identifying information is needed by the supplying entity, e.g., social security numbers etc).

I, _________________________________ swear that I am the person described in and identified in the records being requested.

I hereby authorize the recipient of this form to release to the Alabama State Board of Chiropractic Examiners or any of its members, officers, agents, employees, representatives or attorneys any and all test scores or records, including any information relating to my professional, ethical, and physical qualification for licensure required to be submitted or in connection with my application for licensure by credentials. I further release the Alabama State Board of Chiropractic Examiners, its members, officers, agents, employees, representatives or attorneys from any and all liability in connection with the request, receipt, review and / or dissemination of this information, its use in the application process or for any other use in performance of the Alabama State Board of Chiropractic Examiners’ statutory duties and obligations.

All such items should be sent directly to:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON, AL 35045

Signature of Applicant

AUTHORIZATION AND RELEASE

The purpose and intended use of this information is to enable the Alabama State Board of Chiropractic Examiners to determine whether an applicant meets statutory and rule requirements for licensure.

I hereby authorize the recipient of this form to release to the Alabama State Board of Chiropractic Examiners or any of its members, officers, agents, employees, representatives or attorneys any and all test scores or records, including any information relating to my professional, ethical, and physical qualification for licensure required to be submitted or in connection with my application for licensure by credentials. I further release the Alabama State Board of Chiropractic Examiners, its members, officers, agents, employees, representatives or attorneys from any and all liability in connection with the request, receipt, review and / or dissemination of this information, its use in the application process or for any other use in performance of the Alabama State Board of Chiropractic Examiners’ statutory duties and obligations.

Applicants may use this form to request information be sent directly to the ASBCE.
Request to send test scores – Affidavit of Applicant
Rev. 10/18/05
SELECT ALABAMA STATUTES AND RULES

Before completing all the required forms, you should read and become familiar with the Alabama Chiropractic Practice Act, Code of Alabama, (1975), Section 34-24-120 et seq. and the Rules of the Alabama State Board of Chiropractic Examiners, all of which are included as part of the application package.

Alabama Rules 190-X-2-.01 / 190-X-2-.19

A practitioner who is licensed in another state or jurisdiction may request that the examination resulting in the practitioner's licensure in that state or jurisdiction be considered for Alabama for licensure by credentials. The Board shall consider requests according to the requirements including but not limited to items A to O.

A. The applicant must submit the required application for licensure by credential, with supporting documents and all appropriate fees established.

B. The applicant must be actively licensed in the other state or jurisdiction (having examination standards equivalent to Alabama standards) at the time of application, and for the preceding five (5) years with a minimum of 5,000 hours during the relevant period.

C. The applicant must remain in good standing in the other state or jurisdiction until the applicant is licensed in Alabama.

D. The applicant must be current with continuing education requirements of the state or jurisdiction in which the applicant currently practices.

E. The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the Board of Chiropractic Examiners of Alabama as an equivalent to the Alabama standards. For purposes of this requirement, these exam standards shall include passing the National Chiropractic Board Examination Parts I and II administered by NBCE.

F. The Board of Examiners in the state of current practice shall verify or endorse that the applicant's license is in good standing without any restrictions.

G. The chiropractor shall not be the subject of pending or final disciplinary action in any state in which the individual has been licensed which shall be verified through inquiry to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the Federation of Chiropractic Licensing Board CINBAD Databank for Disciplinary Information, or any other pertinent Bank currently existing or which may exist in the future.

H. The applicant must not be the subject of any pending or final action from any hospital revoking suspending, limiting, modifying, or interfering with any clinical or staff privileges.

I. The applicant must not have been convicted of a felony, a misdemeanor involving moral turpitude, any offense relating to controlled or legend drugs or any offense which would interfere with or impair the ability to practice chiropractic with reasonable skill and safety to his or her patients.

J. The applicant shall provide a written statement agreeing to be interviewed at the request of the Board.

K. The applicant must have all other states or jurisdictions in which the applicant holds or has held a license to practice forward any and all available information pertaining to the examination taken by the applicant which resulted in licensure in the other state or jurisdiction.

L. The applicant must successfully pass a written jurisprudence examination to be designed and administered by the Board.

M. The applicant shall submit affidavits from two licensed chiropractors practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.

N. Upon the Board's request, the applicant shall execute any necessary release or authorization to obtain information in connection with the application or the requirements of this rule.

O. The Board may consider or require other criteria including, but not limited to, any of the following:
   a) Questioning under oath.
   b) Results of peer review reports from constituent chiropractic societies or federal chiropractic services.
   c) Substance abuse testing or treatment.
   d) Proof of no physical or psychological impairment that would adversely affect the ability to practice chiropractic with reasonable skill and safety.
   e) Participation in continuing education.
f) Background checks for criminal or fraudulent activities. * Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check.
Being possessed of sound mind and legally competent to complete this request, the applicant
authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history
information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal
any portion of his/her own Criminal History Record Information (CHRI) that he/she believes
to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement
Agency (ALEA) at www.alea.gov or call (334) 353-4340.
g) An agreement to initiate practice within the State of Alabama within a period of one year.
h) Proof of professional liability coverage and that coverage has not been refused, declined,
cancelled, non-renewed, or modified.
i) In the event an applicant has or is practicing in a state which allows an applicant to prescribe or
administer drugs, the applicant has not been the subject of any disciplinary action or is subject
to the pendency of any disciplinary action or enforcement proceeding of any kind in connection
with these activities. This section applies regardless of whether or not a separate permit or
license was issued to engage in the described activities.

The Board may refuse to grant a license to an applicant who does not comply with the requirements of 34-24-
166(a) or who has engaged in any acts constituting the grounds for discipline pursuant to Code of Alabama,
(1975) § 34-24-166(b).

An applicant granted a license by credentialing will be subject to the Act and all Board rules.

If all criteria and requirements are satisfied and the Board determines, after notice and hearing, that the
individual committed fraud or in any way falsified any information in the application process, the license may
be revoked by the Board or the Board may impose other disciplinary sanctions allowed by the provisions of the
Act.
ALABAMA BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR LICENSURE by CREDENTIALS

GENERAL APPLICANT INFORMATION

MANDATORY PHOTOGRAPH REQUIREMENT

Each applicant must paper clip a 2” X 2” signed photograph of themselves to their application. Polaroid photographs will not be accepted. Photographs may be in black and white or color, must include a full-face view from the shoulders up, and must contain no images of other persons. Photographs must have been taken within six months of the examination.

Please type or print the following information:

2. Last Name
3. First Name
4. Full Middle Name
5. Suffix (e.g., JR, SR, etc.)
6. Current Address (If PO Box, must provide street address as well as city, county, state, zip code and country)
7. Permanent Mailing Address including postal code (If different from current address listed above) (Must provide street address, city, county, state, zip code and country)

8. Place of Birth (List city, county, jurisdiction, zip code and country) Are you a citizen of the United States or legally present in the United States? Yes No
9. Age
10. Date of Birth MM/DD/YYYY
11. Gender
   □ Male
   □ Female

12. Contact Information

   (d) Telephone Numbers:
      Work:
      Home (optional):

   (e) E-mail Address

   (f) Fax Number (optional)

13. Any Other Contact Information (optional)

14. State or Jurisdiction and exam scores and dates taken for licensure in that state:
15. Colleges Attended Other Than Chiropractic (Attach additional page(s) if necessary)

<table>
<thead>
<tr>
<th>COLLEGE OR UNIVERSITY NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM (Month/Year)</th>
<th>DATES OF ATTENDANCE TO (Month/Year)</th>
<th>DEGREE EARNED</th>
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16. Chiropractic College Information (attach additional page(s) if necessary)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM (Month/Year)</th>
<th>DATES OF ATTENDANCE TO (Month/Year)</th>
<th>DEGREE EARNED</th>
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17. SPECIALIZED TRAINING (Residency, Professional Training, Vocation Training, Practical or Clinical Training) (Attach additional page(s) if necessary): (Armed Forces or Public Health Services)

<table>
<thead>
<tr>
<th>INSTITUTION NAME</th>
<th>LOCATION (City and State or Country)</th>
<th>DATES OF ATTENDANCE FROM (Month/Year)</th>
<th>DATES OF ATTENDANCE TO (Month/Year)</th>
<th>DEGREE OR CERTIFICATION EARNED</th>
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17. Name state(s) in which you hold/held a chiropractic license, length of time, and current standing (active, inactive, or other) in each state (attach additional page(s) if necessary):

<table>
<thead>
<tr>
<th>State</th>
<th>License Number</th>
<th>Years of Licensure</th>
<th>Current Standing</th>
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18. For the last five years please list any and all practice address(es):

<table>
<thead>
<tr>
<th>NAME</th>
<th>LOCATION</th>
<th>CONTACT INFORMATION</th>
<th>PERIOD OF PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PO Box, Street Address</td>
<td>Area Code and Telephone Number</td>
<td>From (Month/Year) To (Month/Year)</td>
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<td></td>
<td>City, State, Zip, Country</td>
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HISTORICAL PROFESSIONAL / CHIROPRACTIC INFORMATION

- Please answer each of the following questions by putting a check (✔) in the appropriate box on the right.
- You must answer each question with a “Yes” or “No”. No other response is acceptable.
- All “Yes” answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.
- Applicants should be aware that answering “Yes” to some questions may necessitate special screening procedures by the board.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

| QUESTIONS                                                                                                                                                                                                                                                                                                                                 | POSSIBLE ANSWERS |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 19. Have you ever had any application for any professional license denied by any licensing authority?                                                                                                                                                                                                                   | YES ☐ NO ☐        |
| 20. Have you ever been denied the privilege of taking an examination required for any professional licensure?                                                                                                                                                                                   | YES ☐ NO ☐        |
| 21. Have you ever voluntarily surrendered your chiropractic license, allowed it to lapse, or had a limited license issued by any chiropractic licensing authority                                                                                                                                                              | YES ☐ NO ☐        |
| 22. Has your chiropractic license ever been the subject of disciplinary action, or sanctioned by any chiropractic licensing authority, including but not limited to refusal to grant, revocation, suspension, conditioned, limited, restricted or qualified in any way?                                                  | YES ☐ NO ☐        |
| 23. Has any other professional license ever been the subject of disciplinary action by any health professional licensing agency, including the refusal to grant, revocation, suspension, conditioned, limited, restricted or qualified in any way?                                             | YES ☐ NO ☐        |
| 24. To your knowledge have any complaints ever been filed against you which remain unresolved or pending?                                                                                                                                                                          | YES ☐ NO ☐        |
| 25. Have you ever been convicted, pled guilty, or pled no contest (no contest) to a felony or misdemeanor?                                                                                                                                                                                                   | YES ☐ NO ☐        |
| 26. Have you ever been named as a defendant to a civil suit related to your profession (i.e. malpractice) which has not been previously reported to the board?                                                                                                                                                      | YES ☐ NO ☐        |
| 27. Do you have a health related condition which in any way may impair or limit your ability to practice chiropractic with reasonable skill and safety?                                                                                                                                                  | YES ☐ NO ☐        |
| 28. If you are required to use medication does it in any way impair or limit your ability to practice chiropractic with reasonable skill and safety?                                                                                                                                                         | YES ☐ NO ☐        |
| 29. If you answered yes to either question number 27 or 28, are the limitations or impairments caused by your ongoing health related condition reduced or ameliorated because you receive ongoing treatment (with or without medications)?                                                        | YES ☐ NO ☐        |
| 30. If you answered yes to either question number 27 or 28, are the limitations or impairments caused by your ongoing health related condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice?                                | YES ☐ NO ☐        |
| 31. Do you participate or are you required to participate in any professional program designed to monitor or assist a chemical, physical, or psychological impairment?                                                                                                                                  | YES ☐ NO ☐        |
| 32. Have you ever engaged in the illegal use of any drugs?                                                                                                                                                                                                                                                   | YES ☐ NO ☐        |
| 33. If yes to the question immediately above, are you currently participating in a supervised rehabilitation program or professional assistance program?                                                                                                                      | YES ☐ NO ☐        |
34. Have you ever been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?

| YES | NO |

35. Do you currently have any other condition or impairment, not reported in any question in this application, which may limit your ability to practice chiropractic with reasonable skill and safety?

| YES | NO |

**WAIVER**

I, ________________________________, authorize any and all educational institutions, chiropractic colleges, third party payers or administrators, licensing boards, hospitals, treatment facilities, medical or health care providers or any other person or entity maintaining records on me, to provide said records to the Alabama State Board of Chiropractic Examiners (ASBCE) upon their request. I release the foregoing from any and all liability in connection with the release of the requested records.

Per 34-24-160(b) and 34-24-165(f):
The fingerprints will be utilized to conduct a federal and state criminal background check. Being possessed of sound mind and legally competent to complete this request, the applicant authorizes the Alabama Board of Chiropractic Examiners to obtain any and all criminal history information on said applicant from the ALEA and/or FBI. Applicant may challenge or appeal any portion of his/her own Criminal History Record Information (CHRI) that he/she believes to be incomplete or inaccurate by visiting the website of the Alabama Law Enforcement Agency (ALEA) at [www.alea.gov](http://www.alea.gov) or call (334) 353-4340. ** Your application cannot be finally processed until the appeal is decided.

Social Security Number ____________________________

_________________________________________ Date ______________________________

Signature of Applicant Date

**FOR BOARD USE ONLY:**

<table>
<thead>
<tr>
<th>Form Related Information</th>
<th>Payment Information</th>
<th>Received Stamp</th>
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<tbody>
<tr>
<td>Incomplete Form Returned To Licensee</td>
<td>Check #</td>
<td></td>
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<tr>
<td>Date Re-received Form</td>
<td>Amount</td>
<td></td>
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<tr>
<td>Staff Initials</td>
<td>Date</td>
<td></td>
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<tr>
<td>CINBAD Check Results:</td>
<td></td>
<td></td>
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<tr>
<td>Background check submitted:</td>
<td></td>
<td></td>
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<tr>
<td>Background results received:</td>
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</tbody>
</table>

Licensure by Credentials Application of ________________________________
Applicant must print name ________________________________ Date ____________________
Rev. 10/2016 Licensure by Credentials App
AFFIDAVIT

By completing this application, I hereby request that the Alabama State Board of Chiropractic Examiners approve the examination(s) resulting in my licensure in ____________________________ (state or jurisdiction) as evidence of qualification for Alabama licensure by credentials.

I agree that while my application is pending, I shall notify the Board within five (5) days of learning of any information which contradicts changes or more fully answers on any information previously provided.

I agree I will cooperate with the Board in connection with the processing of my application or any request for information which shall be submitted in a timely manner.

Further, I, the undersigned, being duly sworn, do state upon oath that the answers given in the application submitted herewith are true and correct, and I agree, if issued a license, to abide by the laws of the State of Alabama relating to the practice of chiropractic and all Board rules.

I affirm by completing and signing this form, I represent that I have read and understand all information contained on the page entitled NOTICES/REQUIREMENTS, the warning regarding AUTHORIZATION AND RELEASE; the information contained in the WAIVER, and the information contained in the AFFIDAVIT.

____________________________________  ______________________
Signature of Applicant                  Date

____________________________________
Signature of Notary                     (SEAL)
This __________ day of ________________, 200___

(This page must be signed, notarized and returned with your application.)
As a part of your application please provide: one (1) document from list A or one (1) document from list B and one (1) from list C

### LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

| LIST A Documents that Establish Both Identity and Employment Authorization | LIST B Documents that Establish Identity | LIST C Documents that Establish Employment Authorization |
| --- |
| 1. U.S. Passport or U.S. Passport Card | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 3. School ID card with a photograph | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | 4. Voter's registration card | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. | 5. U.S. Military card or draft record | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | 6. Military dependent's ID card | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | 7. U.S. Coast Guard Merchant Mariner Card | 5. Native American tribal document |
| | | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | For persons under age 18 who are unable to present a document listed above: | 8. Employment authorization document issued by the Department of Homeland Security |
| | 10. School record or report card |
CONTINUING EDUCATION APPLICATION

Form approved by the Federation of Chiropractic Licensing Boards 4/96-Does not guarantee program approval.
Check with board prior to submission as acceptance of form may vary from state to state.

BOARD(s) circle all you wish to apply to:  AL  AK  AZ  AR  CA  CO  CT  DE  DC  FL  GA  HI  ID  IL  IN  IA  KS  KY  LA  ME  MD  MA  MI  MN  MS  MO  MT  NE  NV  NH  NJ  NM  NY  NC  ND  OH  OK  OR  PA  RI  SC  SD  TN  TX  UT  VT  VA  WA  WV  WI  WY

This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must accompany this application. Two copies (with attachments) must be submitted. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. Acceptable program criteria may vary among boards.

NAME OF COURSE OR SEMINAR

1. Organization or school presenting course

2. Contact information for person filling out this application:
   Name ___________________________ Phone (_____) __________ FAX (_____) __________ Email ___________________________
   Address __________________________________________________________________________________________

3. Name of cosponsor (if applicable) _________________________________________________________________

4. Date(s) course will be offered
   __________________________________________
   __________________________________________
   __________________________________________

5. Fee to be charged to participant _______ Fee covers ___________________________________________________

6. What best identifies the educational experience: (please circle-not all formats accepted by all boards)
   (a) Lecture  (b) Convention  (c) Forum  (d) Workshop  (e) Home Study
   (f) Video Presentation  (g) Other: ________________________________________________________________

7. Exact hours course is scheduled for ________________________________________________________________
   ___________________________________________________
   ___________________________________________________

8. Number of continuing education hours requested ____________________________________________________

9. Name(s) of instructors (attach CV’s or resumes)
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

10. Provide name of attendance officer, method of certifying/assuring attendance, who maintains attendance records for verification?
    _______________________________________________________________________________________________

11. List text(s) and equipment used as aids____________________________________________________________

12. a. Is course approved/sponsored by any school having status with the CCE?  YES  NO
    b. Is course approved/sponsored by any other healing arts school college?  YES  NO
    If YES to either, name school _________________________________________________________________

13. Is an examination or evaluation process part of the program? Describe ___________________________________________________________________________

rev 7/01
14. Are any promotional publications or advertisements being used? □ YES □ NO
   If YES, please attach final or draft copies (if draft, please mail a copy of the final version later).

15. Does this course include practice building, either as a part of the program itself, or as an optional offering? □ YES □ NO
   If YES, please explain ____________________________

16. Does this course either promote a product or apparatus or offer a product or apparatus as an optional item for inspection by those attending? □ YES □ NO
   If YES, please explain ____________________________

17. Will those attending be given a product as a gift or at a reduced price? □ YES □ NO
   If YES, please explain ____________________________

18. TOPICS AND HOURS REQUESTED FOR APPROVAL:
   No. of Hrs
   (A) Principles of Practice/Philosophy of Chiropractic
   (B) Examination Procedures/Diagnosis
   (C) Physical therapy/Physiological therapeutics
   (D) Nutrition
   (E) Adjustive technique
   (F) Radiographic technique/safety
   (G) Diagnostic imaging interpretation
   (H) Insurance reporting/Procedures
   (I) Practice management
   (J) Philosophy of Chiropractic
   (K) Risk Management
   (L) Basic sciences
   (M) Research trends
   (N) Medical/legal
   (O) HIV Prevention / education
   (P) Boundaries issues
   (Q) Scope of practice
   (R) Other (Specify) ____________________________

   Total Number of Hours Requested for Approval ____________________________

19. I hereby certify that all information listed above is correct and nothing has been omitted. The required enclosures are also included.

   Print name ____________________________ Signature ____________________________
   Title ____________________________

APPLICATION FEE ARRANGEMENTS

   A syllabus or course outline may be submitted in lieu of hourly breakdown for long term courses.

   Approved by the board: YES □ NO □
   Name: ____________________________ Date: ____________________________ Approval #: ______________

NOTE: PRIOR APPROVAL OF A CONTINUING EDUCATION COURSE BY A CHIROPRACTIC REGULATORY BOARD DOES NOT ASSURE FUTURE APPROVAL. APPROVAL OF A CONTINUING EDUCATION COURSE BY ONE BOARD DOES NOT IMPLY OR ASSURE APPROVAL BY OTHER BOARDS.
PETITION FOR ADOPTION OF RULE

I. Petitioner

Name: ______________________________
Address: ____________________________
Phone: ______________________________

II. Nature of Change

I propose that the Alabama Board of Chiropractic Examiners

A. ( ) adopt the following new rule.

B. ( ) amend Rule _________________ as follows.

C. ( ) repeal Rule _________________ in total.

III. Text of Proposed Rule

If you check box "A" above, type the rule you propose in the space below. If you check box "B" above, type the currently effect rule in the space below, adding any proposed language. Proposed new language should be underlined and proposed deletions should be stricken through. For example, if a rule currently provides that: Board meetings are held on Mondays and Fridays and your wish to change meeting days to Tuesdays and Fridays, you should type below "Board meetings are held on Mondays Tuesdays and Fridays." If you checked box "C" above, skip this and go to part IV. (Use additional sheets if necessary.)
PETITION FOR ADOPTION OF RULE

IV. Purpose of Change
Briefly describe what the effect of this change will be, and why you believe the change should be made. (Use additional sheets if necessary.)

V. Signature

________________________________________
Date                                      Petitioner
PUBLIC RECORDS REQUEST FORM

Pursuant to Rule 190-X-1-.11 Records. Specific public records are available for inspection at the Board headquarters. Any person wishing to view public records should submit a request form detailing the record or records desired. Certain sensitive information contained in records including but not limited to home addresses, telephone numbers and social security numbers are not subject to disclosure.

An appointment will be scheduled with the Board staff who must locate and retrieve the requested records during regular business hours. Any person wishing to obtain copies of specific public records may request it from the Executive Director, and upon payment of the costs of copying, will be supplied copies.

Please complete and return this form to the address at the bottom of the page.

NAME: _______________________________ FIRM NAME: _______________________________

ADDRESS: _________________________________

TELEPHONE NUMBER: _______________________

NAME OF DOCTOR OF CHIROPRACTIC: ______________________

ADDRESS OF DOCTOR: _________________________________

PLEASE LIST THE SPECIFIC RECORDS YOU WISH TO VIEW: _________________________________

______________________________

______________________________

______________________________

______________________________


PLEASE LIST THE PURPOSE OF YOUR REQUEST: _________________________________

______________________________

______________________________

______________________________

______________________________


PLEASE RETURN THIS FORM TO:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton, AL 35045

You will be contacted via telephone to schedule your appointment.
The Alabama State Board of Chiropractic Examiners is the licensing and regulatory agency of all doctors of chiropractic licensed to practice in the State of Alabama.

You may wish to join a professional trade organization consisting of chiropractic doctors. Currently, the state of Alabama has two voluntary membership professional trade organizations.

(Listed alphabetically below)

**ALABAMA STATE CHIROPRACTIC ASSOCIATION**
3 South Jackson
Montgomery AL 36104
334-262-2228

**CHIROPRACTIC SOCIETY OF ALABAMA**
P O Box 43846
Birmingham AL 35243
205-967-4444

The Alabama State Board of Chiropractic Examiners does not require membership, nor make any endorsement of these organizations. The above is provided for your information only. No action on your part is required.

Lists regarding practices for sale, equipment for sale, and associate positions available may be obtained through the voluntary professional organizations.
COMPLAINT FORM

Name of Complainant ____________________________  Patient Name ____________________________

Your Work Address ____________________________  Home Address ____________________________

City, State, Zip ____________________________  City, State, Zip ____________________________

Phone: ____________________________  Phone: ____________________________

Email Address ____________________________

By signing this form, I authorize the Board, its agents and/or its duly authorized representatives to disclose this information to any necessary individual or entity. I also agree to execute any releases or other related or necessary documents in order for the Board to process and investigate my complaint.

Statement of complaint:

__________________________________________

Name of Doctor ____________________________

Address ____________________________

City, State, Zip ____________________________

Phone ____________________________

Include dates, name(s), of witness(es) and attach documents (if any)

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________

__________________________________________
I request that I be informed of the final outcome of my complaint.

________________________________________
Signature of Complainant

______________________________  ______________
date
AUTHORIZATION FOR RELEASE OF RECORDS

To: Custodian of Records

Patient Name: ________________________________

Patient SSN: ________________________________

Patient D.O.B. ______________________________

The undersigned hereby authorizes and approves the release of the Alabama Board of Chiropractic Examiners, or any representative thereof, any and all records and patient’s files in your possession which refer, relate or pertain to the above-referenced patient, including, but not limited to the following:

- Patient charts, x-rays, patient histories, health insurance claim forms, group claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda, letters, appointment notices or cards.

Dated: ____________________________ , 20___

Patient: ________________________________

WITNESS: ________________________________
COMPLAINT INFORMATION AND PROCESS

The Alabama State Board of Chiropractic Examiners (ASBCE) is sending the enclosed in response to your request regarding submission of a complaint against a doctor of chiropractic.

The ASBCE is a State Board created by the Alabama legislature to regulate and enforce the practice of chiropractic in the State of Alabama pursuant to statute and rules. The statute is known as The Alabama Chiropractic Practice Act (Act). The Act allows the Board to adopt rules to enforce the provision of the Act.

Upon receipt of a complaint against any individual licensed by the Board, the following process takes place.

Step 1:
The ASBCE receives a written complaint and other related documents. The complaint will not be processed unless the Complaint Form and all other related documents are fully completed and signed.

Step 2:
The ASBCE will acknowledge receipt of the complaint by letter and request the complainant to complete and sign any other documents necessary to investigate the complaint.

Step 3:
The office of the ASBCE will request, utilizing signed releases and authorizations, and necessary documents and records.

Step 4:
Depending on the nature and circumstances of the complaint, the complainant or other individuals may be interviewed by the Board or its duly authorized agents or representatives.

Step 5:
The complaint and all documents and information obtained are then assigned to a probable cause committee consisting of two chiropractic members of the ASBCE. The probable cause committee then determines whether probable cause exists to support a violation of any of the provision of the Act or Board Rule. If there is a determination of no probable cause, the complainant and the chiropractor is so notified. If there is a determination that probable cause exists, the administrative disciplinary process is instituted which includes, among other things, a notice of charges and hearing before the Board.

Step 6:
At the conclusion of the hearing, the Board renders a decision. If there is a determination of guilt, the Board has disciplinary options including revocation, suspension or probation of the chiropractic license, fines and / or the imposition of costs.

Step 7:
The ASBCE strives to complete the complaint process as expeditiously as possible; however, for a variety of reasons, it is not uncommon for the complaint process to take a considerable amount of time.
AUTHORIZATION FOR RELEASE OF INSURANCE RECORDS

To: Custodian of Records

__________________________________

__________________________________

__________________________________

Insured: __________________________________________

Patient Name: _____________________________________

Patient SSN: _______________________________________

Patient D.O.B: _____________________________________

Contract No.: _____________________________________

The undersigned hereby authorizes¹ and approves the release of the Alabama Board of Chiropractic Examiners, or any representative thereof, any and all records and patients files in your possession which refer, relate or pertain to the above-referenced patient, including, but not limited to the following:

Patient charts, x-rays, patient histories, health insurance claim forms, group claim forms, pre-estimates, pre-determinations, billing records, account information, invoices, checks, remittance notices, correspondence, notes, memoranda and letters.

Dated: ______________________, 20__.

Patient: ______________________

WITNESS: ____________________
Dear County Probate Judge's Office,

**The Code of Alabama, Section 34-24-164**, and Alabama State Board of Chiropractic Examiners Administrative Rule 190-x-2-.09 requires that each chiropractic doctor who received a license to practice chiropractic (practicing in Alabama) shall have that license recorded with the Judge of Probate of each county in which the doctor practices, and that no doctor shall engage in the practice of chiropractic until the license is recorded by the Judge of probate.

Please complete the section below so that the licensee may return the form to this office to fulfill the requirements to practice. If any notations must be made on the license certificate, please do so on either the back or the outer edge of the license since this license must also be displayed in the doctors office.

If you have any questions concerning the above, please contact this office at 205-755-8000, or 1-800-949-5838.

---

**VERIFICATION OF RECORDATION OF CHIROPRACTIC LICENSE**

Pursuant to the requirements set forth in The Code of Alabama, Section 34-24-164, and the Alabama State Board of Chiropractic Examiners Administrative Rules and Regulations, 190-x-2-.09, this is to verify that

NAME OF LICENSE HOLDER AS IT APPEARS ON LICENSE (print)

who is practicing in this county, recorded his/her chiropractic license with this office on:

<table>
<thead>
<tr>
<th>DATE RECORDED</th>
<th>COUNTY STAMP OR SEAL (IF AVAILABLE)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COUNTY

SIGNATURE OF JUDGE OF PROBATE OR STAFF MEMBER

RETURN COMPLETED FORM TO:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON AL 35045
VOLUNTARY RETIREMENT AFFIDAVIT
AND APPLICATION

Name: _______________________________________________________________________

Address: _______________________________________________________________________

City, State  Zip Code: _______________________________________________________________________

Daytime Telephone Number: ______________________  Social Security Number: _______________

AL License No: ____________  Length of time in AL: ______________________

List other state(s) in which you hold a license and the status of that license:
____________________________________________________________________________________

Are you the subject of pending or final disciplinary action against your license in another state?
_______  If yes, explain on a separate sheet of paper.

Note: In Alabama if a doctor practices one or more hours per year in any state he does not meet the guidelines for a retired license.

RETIREMENT AFFIDAVIT

By placing my license into a voluntarily retired status, I am relinquishing all rights to actively practice chiropractic in the state of Alabama.

In the event I decide to apply for return to active licensure status, I understand that I must comply with all renewal requirements in effect at the time.

I understand that once my license has been in voluntarily retired status for more than five (5) years and I apply for reinstatement to active status, in addition to all the requirements, I may be required to complete and pass Board approved refresher educational courses.

I, the undersigned, being duly sworn, do state upon oath that I understand and agree to the above.

Applicant's Signature ______________________  Date ______________________

Signature of Notary ______________________ (SEAL)

This ________ day of ____________________, 20_______.

The Alabama State Board of Chiropractic Examiners does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

This information will be made available, upon request, in alternative formats (for example, large print, cassette tape, etc.)

ASBCE OFFICE USE ONLY

Date of approval ________________________  Signed ________________________
<table>
<thead>
<tr>
<th>FEE</th>
<th>AMOUNT</th>
<th>CODE OF ALABAMA 1975</th>
<th>ADMINISTRATIVE RULE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Application</td>
<td>$150</td>
<td>34-24-160(b)</td>
<td>2.01(4)</td>
<td>Max &lt; 150</td>
</tr>
<tr>
<td>Exam Application License/Permit</td>
<td>$150</td>
<td>34-24-160</td>
<td>2.01(4)</td>
<td>Permit fee effective 2/19/15 Max &lt; 150</td>
</tr>
<tr>
<td>Licensure by Credentials</td>
<td>$1,000</td>
<td>34-24-162.1(13)</td>
<td>2.19(4)</td>
<td>Application Hearing fee only if applicable Both set by rule</td>
</tr>
<tr>
<td></td>
<td>$2,000 hearing fee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Original License/Permit</td>
<td>$75</td>
<td>34-24-161(d)</td>
<td>2.01(8)(a)</td>
<td>Set by rule</td>
</tr>
<tr>
<td>Clinic Owner Non licensed Initial and Renewal</td>
<td>$300</td>
<td>34-24-123(b)</td>
<td>2.17(2)(b)</td>
<td>Set by rule</td>
</tr>
<tr>
<td>License Replacement / Duplicate License</td>
<td>$75</td>
<td>34-24-161(e)(3)(g)</td>
<td>2.13</td>
<td>Set by rule</td>
</tr>
<tr>
<td>Renewal – Active</td>
<td>$300</td>
<td>34-24-165(a)</td>
<td>2.11(6)(a)</td>
<td>Max $400 Set by rule</td>
</tr>
<tr>
<td>Renewal – Retired</td>
<td>$150</td>
<td>34-24-165</td>
<td>2.14(3)</td>
<td>Max ½ Active Set by rule</td>
</tr>
<tr>
<td>Renewal – Inactive</td>
<td>$150</td>
<td>34-24-165</td>
<td>2.16(3)</td>
<td>½ amount of Active Set by rule</td>
</tr>
<tr>
<td>Late Fees for Licensees and Clinic Owner Non licensed</td>
<td>$100</td>
<td>34-24-165(a)(1)</td>
<td>2.11(7)</td>
<td>Max</td>
</tr>
<tr>
<td>Late fees continued</td>
<td>$200</td>
<td>34-24-165(a)(2)</td>
<td>2.11(7)</td>
<td>Max</td>
</tr>
<tr>
<td>Late fees continued</td>
<td>$300</td>
<td>34-24-165(a)(3)</td>
<td>2.11(7)</td>
<td>Max</td>
</tr>
<tr>
<td>Reinstatement / Administrative Penalty</td>
<td>$150</td>
<td>34-24-176</td>
<td>2.12</td>
<td>Set by Rule</td>
</tr>
<tr>
<td>Preceptor Dr. (per month)</td>
<td>$25</td>
<td>34-24-145(c)</td>
<td>7.01(2)(e)</td>
<td>Paid quarterly, in advance Set by Rule</td>
</tr>
<tr>
<td>Disciplinary Fines</td>
<td>$4,000</td>
<td>34-24-170</td>
<td>4.06(2)(a)</td>
<td>Set by Rule</td>
</tr>
<tr>
<td>Disciplinary Costs</td>
<td>$2,000</td>
<td>34-24-170</td>
<td>4.06(2)(b)</td>
<td>Set by Rule</td>
</tr>
<tr>
<td>Disciplinary Costs</td>
<td>$1,000</td>
<td>34-24-170</td>
<td>4.06(2)(c)</td>
<td>Set by Rule</td>
</tr>
<tr>
<td>Annual Directory</td>
<td>$50</td>
<td>34-24-140(g)</td>
<td>1.13</td>
<td>Set by rule</td>
</tr>
</tbody>
</table>

**COST RECOVERY CHARGES**

| CCE Provider/course approval application     | $75  | Cost of making and mailing 7 copies each of the applicable cover letter and all attachments |
| 5 yr CCE History                            | $25  | Computer printout, 5 yr. CE History per licensee                                         |
| License Listing                             | $50 +| $50 for paper list and a minimum of $75 for CD or email                                  |
| Licensee List on CD or Email                | Minimum $75 | .10 per record up to 10 data fields .01 for each field over 10 plus $2/each CD          |
| Mailing Labels                              | $60  | Per page plus postage                                                                 |
| License Verification                        | $12.50|                                                                         |
| Copy of Rules                               | $50  |                                                                                   |
| Copies (Other)                              | 0.50 cents | Per page plus postage                                                               |
| NSF Fee                                     | Max allowed by Law | 13A-9-13.2 8-8-15 states effective 1-1-03 = $30                                      |
| Fee to resend Mail                          | $25  | Cost associated with re-mailing of materials due to incorrect address of licensee.     |
| Proposed Rule Subscription                  | $10  | Cost for mailing proposed rules (annual subscription).                                  |
| Wellness Monitoring Fee                     | $850 | Annual fee per year in the program                                                   |
| Background Check                            |      | Current Fee Charged by AL Law Enforcement Agency                                       |
Complete all sections and return to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton AL 35045

<table>
<thead>
<tr>
<th>PRINT OR TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME AS IT APPEARS ON LICENSE</td>
</tr>
<tr>
<td>OFFICE STREET ADDRESS</td>
</tr>
<tr>
<td>MAILING ADDRESS</td>
</tr>
<tr>
<td>OFFICE PHONE</td>
</tr>
<tr>
<td>DATE OF BIRTH</td>
</tr>
<tr>
<td>CHIROPRACTIC COLLEGE</td>
</tr>
<tr>
<td>MALPRACTICE INSURANCE POLICY NAME AND NUMBER</td>
</tr>
</tbody>
</table>
(Enclose copy of policy showing up-to-date paid coverage)

APPLYING FOR PRECEPTOR TO AN:  INTERN ____________  EXTERN ____________

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT MAY HAVE A BEARING ON THIS APPLICATION

I HAVE READ AND UNDERSTAND SECTION 34-24-145, OR THE CODE OF ALABAMA, AND ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS RULES GOVERNING MY PARTICIPATION AS A PRECEPTOR DOCTOR. I FURTHER UNDERSTAND THAT THE LAW AND RULES GOVERNING PARTICIPATION IN THIS PROGRAM REQUIRE THE DIRECT ON PREMISE SUPERVISION OF THE EXTERN / INTERN BY THE SPONSORING PRECEPTOR DOCTOR AT ALL TIMES

SIGNATURE OF APPLICANT | DATE

SWORN TO BEFORE ME THIS_____ DAY OF ____________________ , 200__.

NOTARY SIGNATURE AND SEAL | COMMISION EXPIRATION DATE

YOUR APPLICATION WILL BE REVIEWED BY THE PRECEPTOR DIRECTOR. IF YOU HAVE ANY QUESTIONS CONTACT THE BOARD OFFICE AT 205-755-8000 OR 1-800-949-5838
ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
APPLICATION FOR EXTERN PROGRAM

PLEASE NOTE: PARTICIPATION IN THIS PROGRAM IS NOT REQUIRED.
Complete all sections and return to:
Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton AL 35045

PRINT OR TYPE

LAST NAME                      FIRST NAME                      MIDDLE NAME

MAILING ADDRESS   CITY        STATE        ZIP CODE

SOCIAL SECURITY NUMBER PHONE NUMBER

APPLYING FOR: POSTGRADUATE EXTERN

PARTICIPATING IN A SCHOOL PRECEPTOR PROGRAM AT

CHIROPRACTIC COLLEGE (ANTICIPATED) GRADUATION DATE

NAME OF REQUESTED SUPERVISING PRECEPTOR DOCTOR

REQUESTED BEGINNING DATE AS EXTERN

NOTE: A COMPLETED APPLICATION FOR LICENSURE WHICH INCLUDES ALL REQUIRED DOCUMENTS AND FEES MUST BE ON FILE IN THE EXECUTIVE DIRECTOR’S OFFICE IN ORDER FOR THIS APPLICATION TO BE CONSIDERED BY THE DIRECTOR.

I AM A STUDENT OR RECENT, UNLICENSED GRADUATE AND I HAVE REVIEWED SECTION 34-24-145, CODE OF ALABAMA, 1975 AND THE BOARD RULES CONTAINED IN CHAPTER 190-X-7 PERTAINING TO MY PARTICIPATION IN THE EXTERN PROGRAM. BY EXECUTING THIS APPLICATION AND AS A CONDITION TO PARTICIPATING IN THE EXTERN PROGRAM, I AGREE TO COMPLY WITH ALL THE PROVISIONS OF THE ALABAMA CHIROPRACTIC PRACTICE ACT AND ALL RULES ADOPTED BY THE BOARD.

SIGNATURE OF APPLICANT DATE

SWORN TO BEFORE ME THIS_____ DAY OF ____________________, 20__.

NOTARY SIGNATURE AND SEAL
STATEMENT OF NON ATTENDANCE

5/1/12

(COMPLETE THE FOLLOWING)

LICENSE NUMBER ______

_____ I am seeking deferral of hours. _____ I am seeking waiver of hours.

Rule 190-X-2-.11(3) states in part “A licensee who cannot complete the continuing educational requirements because of personal illness, military service or other circumstances beyond the licensees control which the board deems to be sufficient to impose a hardship may apply for a waiver or deferral of time to complete the continuing education requirements...” and “Waivers or deferrals due to illness may be granted only to a licensee who has suffered a personal illness or personal disability of a nature that prevented or will prevent him/her from engaging in the active practice of chiropractic for a significant portion of the continuing education period.” All licensees seeking waiver or deferral shall attach to this form full and complete Written documentation of the grounds supporting the reason deferral or waiver is sought. (Documentation must include a written statement from a physician stating the diagnosis, prognosis and length of time the licensee will be unable to practice or attend any educational program.)

Type or Print Name as it Appears on License ____________________________, a licensed doctor of chiropractic in the State of Alabama, whose address is ____________________________ after being duly sworn, alleges and swears: “I did not attend eighteen (18) hours of Alabama State Board of Chiropractic Examiners approved continuing education as required by law during the fiscal year ending September 30, 20____ for the following reason:” (State reason below and attach required documentation)

and, I agree to obtain the ____ hours deferred (hours waived do not have to be obtained) of Alabama Board approved continuing education in the fiscal year ending September 30, ____. I further understand that if I do not obtain the additional hours as agreed that my license will be forfeit pursuant to Code of Alabama 34-24-165. (A total of ________________ hours for fiscal year.)

________________________________________
DATE

Signature of License Holder

Subscribed and sworn before me this ______ day of ________________ 20__.

________________________________________
Notary Public

My Commission Expires: ________________
## ALABAMA CHIROPRACTIC DEMOGRAPHIC INFORMATION AS OF 1/2018

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STATUS CHANGE APPLICATION
(FROM INACTIVE TO ACTIVE /CURRENT)

Any licensee who desires to change the status of their license from Inactive to Active shall submit a Status Change Application and any required documentation to the Board. The applicant must receive a renewal card reflecting Active status prior to any actual practice in Alabama. Failure to comply with this requirement may constitute unprofessional conduct as provided in rule 190-X-5-.05.

PLEASE TYPE OR PRINT

FULL NAME ________________________________________________

AL LICENSE # __________________________

ADDRESS ________________________________________________

CITY _____________________  STATE _________  ZIP CODE____________

Projected start date of practice in Alabama __________________________

1. Submit a letter outlining places of practice or employment since your Alabama license was placed in INACTIVE STATUS.

2. Return your renewal card for replacement card to reflect the change in status.

CLINIC NAME ___________________  Social Security # ______________

Mailing Address              Office Address              Residence Address
________________________    ___________________    __________________________

fax ___________________ office phone ___________________ home phone ______________

E mail address: __________________________

DC NPI # _______________  Clinic NPI # _______________

Alabama Residence Congressional District #________  County ____________

OFFICE USE ONLY

App Review Date __________________________

Determination ___________________________

Comments

YOU MUST COMPLETE BOTH PAGES OF THE APPLICATION
STATUS CHANGE APPLICATION
(FROM INACTIVE TO ACTIVE /CURRENT)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. List all states in which you hold a license.

2. Has any action been taken against your license in any other state?  □ Yes  □ No
   If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.

3. Is there any action pending against your license?  □ Yes  □ No
   If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.

4. Have you been convicted of a crime and have not previously notified the Board?  □ Yes  □ No
   If yes, identify the state and explain the nature and details of the action. Use a separate sheet of paper.

5. Have you undergone treatment for chemical or alcohol dependency or abuse?  □ Yes  □ No
   □ Check box if you have marked yes in the past.
   If yes, identify the date of treatment and nature and circumstances of treatment on a separate sheet of paper.

6. Has your license(s) ever been refused ______ suspended ______ cancelled ______ revoked ______ in any state or jurisdiction? If checked, attach a separate sheet of explanation to this application.

THE FOLLOWING TO BE COMPLETED ONLY IF YOU DO NOT HAVE 100% OWNERSHIP OF YOUR PRACTICE / CLINIC / FACILITY.

7. Has the ownership of your practice changed in any way prior to the date of this application?  □ Yes  □ No
   (Explain in detail the change and whether any non licensed person now owns your practice in whole or in part. If so list their name(s) and address(s). Use a separate sheet of paper.)

8. Do you have a Bachelors Degree or equivalent? ______
   If yes, provide the year earned and school name.
   Year ______
   School _________________________

I HEREBY swear / affirm I have read all questions on this Status Change application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my Alabama license. I hereby authorize the Alabama State Board of Chiropractic Examiners to request an investigative report and a request for information under the Freedom of Information Act as the Board deems necessary. I understand that these reports will remain confidential and be used only in connection with my application for status change from INACTIVE to ACTIVE/CURRENT.

_____________________________  ___________________  ________________
SIGNATURE                   LICENSE #                  DATE SIGNED

You will be required to record your original license in the Judge of Probate in the county you will be practicing in and return verification of recordation to the Board office prior to any practice.

**Individual name (i.e. Jane Doe to Jane Smith) changes require a copy of legal documentation, $50.00 fee and completed replacement license application.**
REPLACEMENT/DUPLICATE LICENSE APPLICATION FORM

3/12/19

PLEASE TYPE OR PRINT

NAME AS IT APPEARS ON ORIGINAL LICENSE

LICENSE NUMBER

ORIGINAL DATE OF ISSUE

MAILING ADDRESS        CITY        STATE        ZIP CODE

1. The replacement of this license is due to a name change, loss, or destruction. (Circle one) If due to a name change please mail the original with this form.
2. If application is a request for duplicate please indicate reason for duplicate below.
3. If due to a loss or destruction, please state the facts:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

3. If due to a name change, type or print your name as you wish it to appear on the replacement license. Enclose a copy of the official document indicating name change (i.e. court document, marriage certificate).

________________________________________________________________________________________

I solemnly swear or attest that the statements herein are true and accurate to the best of my knowledge.

______________________________
SIGNATURE OF APPLICANT

Sworn to before me this _____ day of ________________________, 20____.

______________________________
NOTARY PUBLIC SIGNATURE AND SEAL

EXPIRATION DATE

Return application and fee of $75 to:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON, AL 35045
REPLACEMENT OF CLINIC PERMIT FORM

PLEASE TYPE OR PRINT

NAME AS IT APPEARS ON ORIGINAL PERMIT

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<th>ORIGINAL DATE OF ISSUE</th>
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MAILING ADDRESS | CITY | STATE | ZIP CODE

1. The replacement of this permit is due to a name change, loss, or destruction. (circle one)
2. If due to a loss of destruction, please state the facts.

3. If due to a name change, type or print the clinic name as your wish it to appear on the replacement permit. Enclose copy of official document indicating name change (i.e. court document).

**You must return the original permit with this form for the application to be processed. If the original was destroyed, you must include a letter stating this fact.

I solemnly swear or attest that the statements herein are true and accurate to the best of my knowledge.

__________________________
SIGNATURE OF OWNER

Sworn to before me this _____ day of ____________________, 20 ___.

__________________________
NOTARY PUBLIC SIGNATURE AND SEAL

EXPIRATION DATE

Return application and fee of $50 to:

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON, AL 35046
**APPLICATION FOR APPROVAL OF NON CHIROPRACTIC OR NON CCE COURSE**

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This application must be completed in its entirety. All final or draft advertisement brochures and/or promotional materials if used, must accompany the application. A course syllabus or outline, a vitae of all instructors and (if applicable) a letter verifying the speakers affiliation with an appropriate educational institution must also accompany this application. Applications will be submitted to the Board for approval only when complete and the proper fee has been received. Submission of form and fee do not guarantee approval.

Please complete this form and return with attachments (by mail) to:

Alabama State Board of Chiropractic Examiners
126 Chilton Place
Clanton, AL 35045
LICENSEE INFORMATION

Contact information for person filling out this application:
Name_____________________________ Phone(____)_______________
FAX (____)_______________ E-mail______________________________
Address_____________________________________________________

COURSE PRESENTATION

Date(s) and location of course
________________________________________________________________________________________________________
________________________________________________________________________________________________________

What best identifies the educational experience: (please circle - not all formats accepted)
(a) Lecture (b) Convention (c) Forum (d) Workshop (e) Home Study (e) Video Presentation
(f) Other: __________________________________________________

Exact hours course is scheduled for _________________________

a. Is course approved/sponsored by any school having status with the CCE? YES NO
b. Is course approved/sponsored by any other healing arts school or college? YES NO
If YES to either, name of school

Is an examination or evaluation process part of the program? Describe

______________________________________________________________________________________________

I hereby certify that all information listed above is correct and that nothing has been omitted.
The required enclosures are also included.
Print name ____________________________
Signature _______________________________________
Title _________________________________
ALABAMA LICENSE NUMBER ____________
ORIGINAL ISSUE DATE ____________

NAME

LAST JR., III, ETC. FIRST FULL MIDDLE NAME

ALSO LICENSED IN ANOTHER STATE (NO) (YES

STATE(S)

DATE OF BIRTH _________________ RACE _________________ SEX _________________

PLACE OF BIRTH ___________________________________ (STATE OR COUNTRY)

MARITAL STATUS: (PLEASE CIRCLE ONE)

SINGLE MARRIED WIDOWED DIVORCED

CURRENT ADDRESSES:

RESIDENTIAL STREET: ________________________________________________
CITY STATE ZIP _________________________________________________
HOME TELEPHONE _________________________________________________
COUNTY ________________
RESIDENTIAL CONGRESSIONAL DISTRICT ____________

CLINIC NAME _________________________________________________________
OFFICE STREET _________________________________________________
CITY STATE ZIP _________________________________________________
OFFICE TELEPHONE NUMBER ________________________________________
OFFICE FAX NUMBER ____________________________________________
MAILING ADDRESS ________________________________________________
CITY STATE ZIP _________________________________________________

E-MAIL ADDRESS ___________________________________________________
SOCIAL SECURITY NUMBER ________________________________

DATE: ___________________
Signature: ___________________
Change of Address Form

You must complete the Mailing Address portion at the bottom of this form. All regular mail from the Board is sent to this address.

Name: ____________________________________________ Date: ________________

License Number:____________ Date: ________________

Residential Address Date of Change: __________

Previous Address
Street: ____________________________________________
City, State, Zip: ____________________________________
Phone: __________________________ Email: ______________
County: __________________________ Congressional District: _______

New Address
Street: ____________________________________________
City, State, Zip: ____________________________________
Phone: __________________________ Email: ______________
County: __________________________ Congressional District: _______

Office Address Date of Change: __________

Previous Address
Clinic Name: ______________________________________
Street: ____________________________________________
City, State, Zip: ____________________________________
Phone: __________________________ Fax: ______________

New Address
Clinic Name: ______________________________________
Street: ____________________________________________
City, State, Zip: ____________________________________
Phone: __________________________ Fax: ______________

Mailing Address: Residential Office Other (Please circle)
If other, please list below:
Street: ____________________________________________
City, State, Zip: ____________________________________

ALABAMA STATE BOARD OF CHIROPRACTIC EXAMINERS
126 CHILTON PLACE
CLANTON, AL 35045
"Chiropractic" defined; authority of licensed chiropractor.

(a) The term "chiropractic," when used in this article, is hereby defined as the science and art of locating and removing without the use of drugs or surgery any interference with the transmission and expression of nerve energy in the human body by any means or methods as taught in schools or colleges of chiropractic which are recognized by the State Board of Chiropractic Examiners.

(b) Any chiropractor who has been certified and licensed by the State Board of Chiropractic Examiners may examine, analyze, and diagnose the human body and its diseases by the use of any physical, clinical, thermal, or radonic method, and the use of X-ray diagnosing, and may use any other general method of examination for diagnosis and analysis taught in any school of chiropractic recognized by the State Board of Chiropractic Examiners.

(c) Chiropractors certified and licensed by the State Board of Chiropractic Examiners may practice chiropractic as set forth in subsections (a) and (b) of this section and may also recommend the use of foods and concentrates, food extracts, and may apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person any drugs included in materia medica, except as herein provided, from performing any surgery, from practicing obstetrics or from giving X-ray treatments or treatments involving the use of radioactive materials of any description.


Advertising.

The State Board of Chiropractic Examiners shall have the right to regulate the advertising of chiropractic services by chiropractors or permit holders within the limits prescribed by this article and the rules and regulations governing the practice of chiropractic in this state.


Rights and duties of chiropractors.

Chiropractors who have complied with the provisions of this article shall have the right to treat patients according to specific chiropractic methods and shall observe state, county, and municipal public health regulations, reporting to the proper health officers the same as other practitioners. Chiropractors shall not prescribe or administer medicine to patients, perform surgery, nor practice obstetrics or osteopathy.

Section 34-24-123

License requirements under article; permit requirement for nonlicensed owner of chiropractic practice.

(a) It shall be unlawful for any person to practice chiropractic unless he or she shall have first obtained a valid license as provided in this article and possesses all the qualifications prescribed by the terms of this article. Any person who shall practice or attempt to practice chiropractic without such a license or any person who shall buy or fraudulently obtain such a license or shall violate any of the terms of this article, or shall use the title "chiropractic," "D.C.," or any word or title to induce the belief that he or she is engaged in the practice of chiropractic, without first complying with the provisions of this article, shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished by a fine of not less than one hundred dollars ($100) nor more than five hundred dollars ($500), or by imprisonment in the county jail for not less than 30 days nor more than one year, either or both, at the discretion of the court. All subsequent offenses shall be separate and distinct offenses and punishable in like manner.

(b) It shall be unlawful for any person who is not otherwise licensed by the board to own, in whole or in part, any chiropractic practice unless he or she shall have first obtained a valid permit in the name of the chiropractic practice or office. Each applicant must pass an examination administered by the board on this article and the rules of the board. Upon completion of all requirements and passage of the examination, a permit shall be issued. Employment of a chiropractor by a hospital, as defined in Section 22-21-7, shall be excluded from the requirements of this subsection. The board shall establish a reasonable fee for the issuance and renewal of the permit, which shall be renewable annually and shall provide a grace period for any permit to be renewed in the same manner as provided for licensees in Section 34-24-165. The holder of a permit issued pursuant to this subsection shall be subject to this article and any rules or regulations issued pursuant thereto.


Section 34-24-124

Injunctive action.

When it appears to the State Board of Chiropractic Examiners that any person is violating any of the provisions of this article, the board may in its own name bring an action in the circuit court for an injunction, and the court may enjoin any person from violating this article regardless of whether proceedings have been or may be instituted before the board or whether criminal proceedings have been or may be instituted. For purposes of this section, a person shall be deemed to include any individual, firm, partnership, corporation, professional association, professional corporation, or other entity.

(Act 2006-295, p. 602, §2.)

Section 34-24-140
Board of Chiropractic Examiners - Creation; composition; powers and duties.

(a) There is created and established a State Board of Chiropractic Examiners. The board shall be composed of nine members. Eight members of the board shall be active licensed chiropractors elected as provided in this section. Seven of the elected members shall be elected one from each congressional district in this state except as otherwise provided in Section 34-24-141. Any candidate for or member of the board shall be a resident of the appropriate congressional district except one candidate for the board shall be elected from the state at large. One elected member of the board shall be elected from the state at-large and shall be an African-American. Each elected member of or candidate for the board shall meet the following qualifications: A citizen and resident of Alabama who has resided in this state for at least five years; a graduate of a chartered chiropractic school or college, which required actual attendance in the school as a prerequisite to graduation; currently engaged in the clinical practice of chiropractic and has been engaged in the clinical practice in this state for at least the five immediately preceding years; having renewed his or her license to practice chiropractic by September 30 of the year in which the election shall take place; of good moral character; and must not be presently on probation relating to the practice of chiropractic in any state including this state.

(b) One member of the board shall be a consumer member appointed by the Governor. Neither the consumer member, nor his or her spouse, shall be a chiropractor. The consumer member shall not be an immediate family member of a chiropractor, nor shall he or she be employed in the chiropractic field.

(c) The elected members of the board shall be elected as provided in this subsection. In August of any year that the term of a member of the board expires, the Board of Chiropractic Examiners shall mail a notice of the election of the board and the method of qualifying as a candidate to each active licensed chiropractor in the district where the vacancy occurs at his or her permanent mailing address. The election provided for in this section shall be conducted by an independent agency such as a certified public accounting firm unless there is only one candidate for the board and in this situation, the board shall certify the results. The board shall set a period for candidates to qualify and the date for the ballots to be mailed. Candidates shall qualify by submitting their name to the executive director of the board during the qualifying period which shall be not less than 20 days nor more than 40 days after the notice is mailed. Not less than 14 days after the deadline for qualification, each licensed chiropractor shall be mailed a ballot for the appropriate congressional district where the vacancy is to be filled. In order to be counted, the ballots shall be returned by mail to the independent agency postmarked not later than 14 business days after the ballots were mailed by the board. The results of the election shall be certified by the independent agency. The ballots shall be maintained for a period of six months by the independent agency. The candidate with a simple majority of the votes cast in each respective congressional district shall be elected to the board position for that congressional district. In the event no candidate in a district receives a majority of the votes, the board shall hold a run-off election in the same manner as provided in this subsection. The members of the board shall take office immediately upon election and the executive director of the board shall set the first meeting of the board after the election of the new board.
(d) Whenever a vacancy occurs on the board, whether by death, resignation of a member, or other cause, the vacancy shall be filled in the same manner as the original election or appointment for the remainder of the term of office.

(e)(1) The board may employ investigators, inspectors, attorneys, and any other agents, employees, and assistants as may from time to time be necessary, and may use any other means necessary to bring about and maintain a rigid administration and enforcement of state and federal law.

(2) The board shall have the power to issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documentary evidence and materials, or other evidence. Any person failing or refusing to appear or testify regarding any matter about which he or she may be lawfully questioned or to produce any papers, books, records, documentary evidence or materials, or other evidence in the matter to be heard, after having been required by order of the board or by a subpoena of the board to do so, upon application by the board to any circuit judge of this state, may be ordered to comply therewith; and, upon failure to comply with the order of the circuit judge, the court may compel obedience by attachment as for contempt as in case of disobedience of a similar order or subpoena issued by the court. The president and secretary-treasurer of the board shall have authority to issue subpoenas, and any board member shall have authority to administer oaths to witnesses, or to take their affirmation. A subpoena or other process of paper may be served upon any person named therein, anywhere within the State of Alabama, by any officer authorized to serve subpoenas or other process or paper in civil actions, in the same manner as is prescribed by law for subpoenas issued out of the circuit courts of this state, the fees and mileage and other costs to be paid as the board directs.

(f) The board shall employ an executive director who shall be responsible for the administration of board policy. The executive director may be licensed to practice chiropractic in this state as provided in this article.

(g) The board shall publish annually a directory listing all permit holders and all persons licensed to practice chiropractic in Alabama. Copies of the directory shall be made available from the executive director at a cost set from time to time by rule of the board.

(h) The membership of the board shall be inclusive and reflect the racial, gender, geographic, urban/rural, and economic diversity of the state.

(i) Each member of the board shall meet all qualifications to be a candidate for his or her seat on the board during his or her entire term. Any member who fails to continue to meet the qualifications for his or her seat shall forfeit his or her seat on the board and resign or the board seat shall be declared vacant by the board.


Section 34-24-141
Board of Chiropractic Examiners - Membership.

The members of the board shall be elected or appointed, as provided in Section 34-24-140, for a term of four years and the terms shall be staggered. In the event that there are two or more board members serving from the same congressional district based on redistricting, the members of the board shall serve until their term expires, and the vacancy shall be filled from any congressional district where no member resides as the term or terms expire. In the event the State of Alabama gains or loses a congressional seat, the districts shall be based on the last congressional districting plan having seven districts. No member shall serve more than two consecutive full terms on the board, effective January 1, 1990. A member of the board may be removed by the Governor for neglect of duty or just cause. Before taking office, the members of the board shall take and file with the Secretary of State the constitutional oath of office required by Section 279 of the Constitution of Alabama of 1901.


Section 34-24-142

Board of Chiropractic Examiners - Compensation of members.

Each member of the board shall be entitled to receive a per diem at the rate of 80 percent of the rate established by Section 34-24-54 for each day or any portion thereof that the member of the board is in attendance at a meeting of the board or any function of the board, plus an amount not to exceed the per diem expense and transportation costs allowed to Alabama state employees for in-state travel for each day actively engaged in the duties of their office. All expenditures by the board shall be made only on requisition signed by the president or the executive director of the board.


Section 34-24-143

Disposition of funds; audit; refunds; records.

All examination fees, certification fees, renewal fees, and other similar funds received by the board under the provisions of this article shall be deposited in the State Treasury to the credit of the State Board of Chiropractic Examiners, and all such funds are hereby appropriated to the board to defray the expenses incurred in carrying out the provisions of this article. The expenses shall include printing, stamps, stationery, clerical help, travel, and other necessary expenditures. In all cases, any fee which is received by the board shall not be refunded, and no applicant shall have the right to recover any part of a fee accompanying his or her application for licensure or otherwise paid to the board except on the death, disability, or retirement from practice of any applicant or licensee between payment of any fee and the expiration of his or her current renewal or the issuance of the initial license or permit or on the failure of the board to conduct any scheduled examination. The books and records of the board shall be subject to state audit in the
same manner and to the same extent as any other state agency. The secretary-treasurer or the executive director shall keep a true and accurate account of all funds received by the board and all expenditures made by the board.


Section 34-24-144

**Board of Chiropractic Examiners - Officers; meetings; rules and regulations; bond.**

The members of the State Board of Chiropractic Examiners shall convene within 30 days after their election or appointment and elect a president, vice-president, and secretary-treasurer from among their members, and thereafter the board shall elect, annually, after the commencement of the term of any board member, a president, vice-president, and secretary-treasurer from among the members of the board. The board shall meet at least twice a year and shall set by rule the regular meeting schedule of the board. The board shall adopt a seal, which shall be affixed to all licenses issued. Five members of the board shall constitute a quorum. However, the board may appoint hearing panels consisting of no fewer than three board members. The consumer member of the board may be a member of each hearing panel. The hearing panels are authorized to conduct hearings in the same manner as the full board is authorized to conduct hearings. The board may from time to time adopt necessary rules and regulations for the performance of its duties. The secretary-treasurer and the executive director of the board shall give bond in the principal sum of one thousand dollars ($1,000), payable to the State of Alabama, for the faithful performance of their duties. The premiums for the bond shall be paid by the board from funds appropriated for its use.


Section 34-24-145

**Establishment of preceptorship, etc., authorized; issuance and expiration of limited license; board to establish rules, etc., for implementation of section.**

(a) The State Board of Chiropractic Examiners is hereby authorized to establish a preceptorship and extern program whereby chiropractic students enrolled in their last year at board-approved chiropractic colleges accredited by the Council of Chiropractic Education and recent chiropractic graduates of such schools may be issued a limited license to practice chiropractic under the direct on-premises supervision of a sponsor licensed to practice chiropractic in the State of Alabama, and in the case of chiropractic students, also under the supervision of the school. The limited license shall expire immediately upon the board issuing the results of the second licensure examination.

(b) The State Board of Chiropractic Examiners shall prohibit the use of more than one limited license student or graduate to one sponsor licensed to practice chiropractic.
(c) The State Board of Chiropractic Examiners is empowered to establish rules and regulations for the implementation of this section, including, but not limited to, providing academic, professional, and character requirements for eligible participants, defining the permitted scope of practice of the limited licensee, and requiring fees for participation.


Section 34-24-160

Application; qualifications of applicant; fee.

(a) Any person wishing the right to practice chiropractic shall make application to the State Board of Chiropractic Examiners in the form as the board may prescribe.

(b) In addition to other requirements established by law and for the purpose of determining an applicant’s suitability for a license to practice chiropractic, each applicant shall submit a complete set of fingerprints to the State Board of Chiropractic Examiners. The board shall submit the fingerprints provided by each applicant for a license to practice chiropractic to the Alabama Bureau of Investigation (ABI). The fingerprints shall be forwarded by the ABI to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the applicant. The State Board of Chiropractic Examiners shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying the issuance of a license to practice chiropractic in this state may be disclosed as may be necessary to support the denial. This requirement also shall apply to any person who is not licensed as a chiropractor who applies for a permit pursuant to Section 34-24-123(b).

(c) Each applicant shall be of good moral character, a citizen of the United States or, if not a citizen of the United States, a person who is legally present in the United States with appropriate documentation from the federal government.

(d) Each applicant shall be a graduate of a chartered chiropractic school or college accredited by the council of chiropractic education which teaches only attendance courses and requires a minimum four-year standard college course.

(e) An applicant for licensure who graduated from chiropractic college after January 1, 2010, shall have a bachelor’s degree from an accredited college or university. Absent a bachelor’s degree, the requirement may be met by an academic graduate degree from a regionally accredited college or university and proof that the applicant has taken a nationally recognized standardized test commensurate with that applicant’s graduate degree.

(f) The application shall be signed by the applicant in his or her own handwriting, and shall be notarized, and shall recite the history of the applicant’s educational qualifications, how long he or she has studied chiropractic, what collateral branches, if any, he or she has studied, the length of
time he or she has engaged in clinical practice, with proof thereof in the form of diplomas, certificates, transcripts, etc.

(g) Each applicant shall submit with his or her application satisfactory evidence of good character and reputation.

(h) Each applicant for licensure shall pay to the board a fee of not less than fifty dollars ($50) and not more than one hundred fifty dollars ($150), the exact amount to be fixed annually by resolution of the State Board of Chiropractic Examiners. The fee shall accompany the application. A fee of not less than fifty dollars ($50) and not more than one hundred fifty dollars ($150), the exact amount to be fixed by resolution of the State Board of Chiropractic Examiners shall be paid for any subsequent examination.


Section 34-24-161

Examinations; issuance and replacement of license; identification of office.

(a) Each applicant, who matriculated into a chiropractic college after January 1, 1973, must pass parts one and two of the examination administered by the National Board of Chiropractic Examiners or other national examination as approved by the board. In addition, each applicant must pass an examination administered by the board on this article and the rules of the board.

(b) The State Board of Chiropractic Examiners shall prescribe rules and regulations regarding which national examination shall be administered, the conduct of and times and places of examinations, and requirements for successful completion of examinations. A license shall be issued for each applicant who successfully completes the examination.

(c) Irrespective of the requirements in subsections (a) and (b), the board may license an applicant if the applicant is licensed in another state that, in the opinion of the board, has standards of practice or licensure equal to or stricter than the requirements imposed by this article. If the applicant graduated from chiropractic college after January 1, 2010, he or she must have a bachelor's degree from an accredited college or university. Absent a bachelor's degree, the requirement may be met by an academic graduate degree from a regionally accredited college or university and proof that the applicant has taken a nationally recognized standardized test commensurate with that applicant's graduate degree.

(d) Upon completion of all requirements for licensure an applicant shall be issued a license. The fee for issuance of a license shall be established by rule of the board. Each license shall be dated and numbered in the order of issuance and shall be signed by the executive director and the president of the board.

(e) Replacement licenses:
(1) Any licensee whose license is lost or destroyed may be issued a replacement license upon making application to the board. The application must be accompanied by an affidavit setting out the facts concerning the loss or destruction.

(2) Name change. Any licensee whose name is changed by marriage or court order may surrender his or her license and apply for a replacement license.

(3) The fee for any replacement license shall be established by rule of the board.

(f) Each licensed chiropractor who is actively engaged in practice or who holds himself or herself out as a chiropractor shall place or cause to be placed in a conspicuous place at the entrance of his or her office or place in which he or she practices a sign in intelligible lettering not less than one inch in height containing the name of the chiropractor and in lettering no smaller than half the size of the name of the chiropractor, the words "CHIROPRACTOR" or "CHIROPRACTIC." The intent of this requirement is that the office of the licensee be clearly identified by name and profession.

(g) Any licensee or permittee upon request shall be issued a duplicate license upon payment of a fee to be established by rule of the board.


Section 34-24-162.1

Application; licensure by credentials.

(a) Every person who desires to practice chiropractic within the State of Alabama shall file an application prescribed by the board. Notwithstanding the method of obtaining licensure or any particular requirement set forth herein, every person as a prerequisite to licensure must be at least 21 years of age, of good moral character, a citizen of the United States or, if not a citizen of the United States a person who is legally present in the United States with appropriate documentation from the federal government, a graduate of a chiropractic school or college accredited and recognized by the board and must satisfy any other requirement set forth in any rule adopted by the board.

(b) Any individual who possesses a current license in any state, who has passed a state licensure examination approved by the board and who has, since graduation from chiropractic school, participated in a clinical residency or practiced chiropractic in the Armed Forces or with the Public Health Service shall be eligible for licensure if an application is received by the board within 18 months of the completion of the subject residency or Armed Forces or Public Health Service commitment. All of the above applicants shall pay a fee which shall accompany the application.

(c) Licensure by credentials may be utilized to evaluate the theoretical knowledge and clinical skill of a chiropractor when an applicant for licensure by credentials holds a chiropractic license
in another state. The board may promulgate rules relating to licensure by credentials in addition to any statutory requirements.

(d) An applicant for licensure by credentials must meet all of the following:

(1) The chiropractor shall have engaged in the active practice of chiropractic or full-time chiropractic education for the five years immediately preceding his or her application. The active practice of chiropractic or full-time chiropractic education shall mean spending a minimum of at least 5,000 hours engaged in these activities during the relevant time period.

(2) The applicant must hold a current, valid, unrevoked, and unexpired license in a state having examination standards regarded by the State Board of Chiropractic Examiners as an equivalent to the Alabama standards.

(3) The board of examiners in the state of current practice must verify or endorse that the applicant's license is in good standing without any restrictions.

(4) The chiropractor shall not be the subject of a pending disciplinary action in any state in which the individual is or has been licensed which shall be verified by a query to the National Practitioner Data Bank, the Health Integrity Protection Data Bank, the Federation of Chiropractic Licensing Board CINBAD Databank, or any other pertinent bank currently existing or which may exist in the future.

(5) The applicant must provide a written statement agreeing to be interviewed at the request of the board.

(6) The individual must successfully pass a written jurisprudence examination.

(7) The applicant must submit affidavits from two licensed chiropractors practicing in the same geographical area where the applicant currently is practicing or teaching attesting to the applicant's moral character, standing, and ability.

(8) The applicant must provide the board with an official transcript with school seal from the chiropractic school which issued the applicant's professional degree or execute a request and authorization allowing the board to obtain the transcript.

(9) The applicant must not be the subject of any pending or final action from any hospital revoking, suspending, limiting, modifying, or interfering with any clinical or staff privileges.

(10) The applicant must not have been convicted of a felony, a misdemeanor involving moral turpitude, any offense relating to controlled or legend drugs or any offense which would interfere with or impair the ability of the applicant to practice chiropractic with reasonable skill and safety to his or her patients.

(11) The board may consider or require other criteria including, but not limited to, any of the following:
a. Questioning under oath.

b. Results of peer review reports from constituent chiropractic societies or federal chiropractic services.

c. Substance abuse testing or treatment.

d. Proof of no physical or psychological impairment that would adversely affect the ability to practice chiropractic with reasonable skill and safety.

e. Participation in continuing education.

f. Background checks for criminal or fraudulent activities.

g. An agreement to initiate practice within the State of Alabama within a period of one year from the date of the issuance of a license.

h. Proof of professional liability coverage and that coverage has not been refused, declined, cancelled, non-renewed, or modified.

i. In the event an applicant has or is practicing in a state which allows an applicant to prescribe or administer drugs, the applicant has not been the subject of any disciplinary action or is subject to the pendency of any disciplinary action or enforcement proceeding of any kind in connection with these activities. This paragraph applies regardless of whether or not a separate permit or license was issued to engage in the described activities.

(12) The board may refuse to grant a license to an applicant who does not comply with the requirements of Section 34-24-166(a) or who has engaged in any acts constituting the disciplinary grounds set forth in Section 34-24-166(b). The board may further take disciplinary action authorized by this chapter if the board learns or discovers subsequent to the issuance of a license that the individual engaged in any acts constituting the disciplinary grounds set forth in Section 34-24-166(b).

(13) The board may promulgate rules relating to licensure by credentials including applicable fees in addition to any requirements by law.

(Act 2013-414, p. 1568, §2.)

Section 34-24-163

Issuance of certificates to persons practicing on January 1, 1960.

Notwithstanding any section of this article or any other law to the contrary, the board shall issue a license to practice chiropractic without examination to any person in the active practice of chiropractic in the State of Alabama on January 1, 1960; provided, that the person shall make a written application to the board on forms and in the manner prescribed by the board; and provided further, that the person produces evidence satisfactory to the board that he or she is a
graduate of a school or college of chiropractic recognized by the board and is of good moral
color. Such application shall be accompanied by a $25 application fee. Any person who is in
the Armed Forces of the United States and who otherwise meets the qualifications of this section
and was actively in the practice of chiropractic in this state before becoming a member of the
Armed Forces of the United States shall have 90 days after discharge or resignation from the
Armed Forces of the United States in which to make application. The provisions of this section
shall be further governed by the portions of this article which specifies methods for revocation,
refusal, or suspension of licenses, or rules and regulations governing retirement or surrender of
licenses.

Section 34-24-164

License to be recorded with judge of probate.

Every person who receives a license to practice chiropractic shall have it recorded in the office of
the judge of probate of each county in which he practices and shall likewise have it recorded in
the counties to which he may subsequently remove for the purpose of practicing chiropractic and
shall pay a fee to the judge of probate in each county in which the license is recorded. No person
shall engage in the practice of chiropractic until the license is recorded by the judge of probate.

Section 34-24-165

Renewal, forfeiture, etc., of license; waiver of fees; inactive license.

(a) Every license to practice chiropractic or permit to own a chiropractic practice shall be subject
to renewal on September 30 of the year for which it is issued with a grace period from October 1
to December 31 of each year. Every person having a valid license or permit may on or before
September 30 renew the license or permit for the ensuing year by the payment to the State Board
of Chiropractic Examiners of a fee of not more than four hundred dollars ($400), the exact
amount to be fixed by rule of the board, adopted in accordance with the Alabama Administrative
Procedure Act, subject to the condition that no increase or decrease in any one year shall exceed
twenty-five dollars ($25). The license renewal shall be accompanied by satisfactory evidence
that the person has completed during the preceding year a minimum of 18 hours of professional
educational work approved by the board. The permit renewal shall be accompanied by
satisfactory evidence that the primary permit holder has completed the number of approved
continuing education hours in the manner set forth and required by rule of the board. The board,
for good and reasonable cause shown, may waive the education requirement. The secretary-
treasurer or the executive director of the board shall notify each licensee or permit holder at least
30 days prior to September 30 of each year of the due date for renewal. In addition to the renewal
fee, a late renewal penalty shall be assessed any licensee or permit holder who fails to pay the
renewal fee by September 30 of each year based on the following schedule:

(1) For renewal during the month of October, one hundred dollars ($100).
(2) For renewal during the month of November, two hundred dollars ($200).

(3) For renewal during the month of December, three hundred dollars ($300).

A chiropractor may continue to practice or a permit holder may continue to own a chiropractic practice until December 31 of the year for which a license or permit is issued subject to subsection (b).

(b) Any license issued pursuant to this chapter shall be automatically suspended if not renewed on or before January 1. Any chiropractor whose license is automatically suspended shall be reinstated if all conditions for renewal have been satisfied and upon payment of a reinstatement fee on or before January 31. Any chiropractor who seeks reinstatement due to nonrenewal after the above time shall comply with Section 34-24-176.

(c) Any licensee who is no longer in active practice may apply for retirement of his or her license by submitting an affidavit to that effect on a form supplied by the executive director. A licensee whose license is retired is excused from the professional education requirement specified in this article. The annual fee for maintenance of a retired license may not be more than one-half of the amount required by this article for an active license. Any license issued pursuant to this section shall be automatically suspended if not renewed on or before January 1. Any chiropractor whose license is automatically suspended shall be reinstated if all conditions for renewal have been satisfied and upon payment of a reinstatement fee on or before January 31. Any chiropractor who seeks reinstatement due to nonrenewal after the above time shall comply with Section 34-24-176.

(d) The board may waive or reduce annual registration and the payment of fees while any licensee is prevented from practicing chiropractic by reason of physical disability, temporary active duty with any of the Armed Forces of the United States, or while any licensee is completely retired from the practice of chiropractic. The waiver of fees shall be effective so long as the disability, temporary active duty, or complete retirement continues.

(e) The State Board of Chiropractic Examiners shall make rules and regulations as necessary and proper for effectuating or enforcing this article.

(f) In addition to other requirements established by law and for the purpose of determining suitability for reinstatement of a license to practice chiropractic, each individual seeking reinstatement shall submit a complete set of fingerprints to the State Board of Chiropractic Examiners and the board shall submit the fingerprints provided by any such individual to the State Bureau of Investigations. The fingerprints shall be forwarded by the State Bureau of Investigations to the Federal Bureau of Investigation (FBI) for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the individual seeking reinstatement. The State Board of Chiropractic Examiners shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying reinstatement may be disclosed as may be necessary to support the denial. In addition to other requirements established by law and for the purposes of determining suitability for renewal, the board, in its discretion, may require an individual seeking renewal of a license to practice chiropractic to submit a complete set of fingerprints to the State Board of
Chiropractic Examiners. The board shall submit the fingerprints provided by any such individual to the State Bureau of Investigations. The fingerprints shall be forwarded by the State Bureau of Investigations to the FBI for a national criminal history record check. Costs associated with conducting a criminal history background check shall be borne by the individual seeking renewal. The State Board of Chiropractic Examiners shall keep information received pursuant to this section confidential, except that such information received and relied upon in denying renewal may be disclosed as may be necessary to support the denial. This requirement also shall apply in the same manner to any person who is not licensed as a chiropractor who applies for reinstatement or renewal of his or her permit pursuant to Section 34-24-123(b).

(g) The board shall also establish an inactive license for persons who desire to be licensed in Alabama but who actually practice in another state. The annual fee for maintenance of an inactive license shall be one-half of the amount required by this section for an active license.


Section 34-24-166

Refusal, revocation, or suspension - Grounds; rules; disciplinary action.

(a) The State Board of Chiropractic Examiners may refuse to grant a license or permit to any applicant who is not of good moral character and reputation or has a history of narcotic addiction or has previously been convicted of a felony or any crime of moral turpitude or has previously been diagnosed as having a psychopathic disorder.

(b) The State Board of Chiropractic Examiners may invoke disciplinary action as outlined in subsection (c) whenever the licensee or permit holder shall be found guilty of any of the following:

(1) Fraud in procuring a license or permit, or any fraud in obtaining money or other thing of value.

(2) Immoral conduct.

(3) Unprofessional conduct.

(4) Habitual intoxication or addiction to the use of drugs.

(5) Conviction of a felony or any crime of moral turpitude.

(6) Conviction for violation of any narcotic or controlled substance statute.

(7) Unlawful invasion of the field of practice of any other health practitioner when the licensee is not licensed to practice such profession.
(8) Division of fees or agreeing to split or divide fees received for professional services with any person for bringing or referring a patient.

(9) Continuing to practice after suspension or revocation of license.

(10) A violation of any order issued by the board.

(11) Engaging in the incompetent practice of chiropractic.

(12) Aiding the unauthorized practice of chiropractic.

(13) Advertising in any manner which violates the rules and regulations established by the board.

(14) A violation of any of the provisions of this article or any rule or regulation adopted by the board.

(15) Patient abandonment.

(16) The suspension, revocation, or probation by another state of a license to practice chiropractic or permit to operate or own a chiropractic office or practice. A certified copy of the record of suspension, revocation, or probation shall be conclusive evidence of the suspension, revocation, or probation.

(17) The inability to practice chiropractic with reasonable skill and safety to patients by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or any other substance, or as a result of any mental or physical condition.

(c)(1) The Board of Chiropractic Examiners shall establish rules and regulations which shall govern the practice of chiropractic and shall detail prohibited acts stated in this article. The board shall have the power and it shall be its duty as a consumer protection agency to impose any of the sanctions set forth in subdivision (2) against any licensee or permit holder upon a determination of guilt of any of the above enumerated grounds.

(2) When the board finds any licensee or permit holder guilty of any of the grounds set forth in subsection (b), the board may enter an order imposing one or more of the following penalties:

a. Revoke the license to practice chiropractic or permit.

b. Suspend the license to practice chiropractic or permit.

c. Enter a censure on the license or permit.

d. Issue an order fixing a period and terms of probation best adapted to protect the public health and safety and to rehabilitate the licensee or permit holder.
e. Impose an administrative fine not to exceed eight thousand dollars ($8,000) for each count or separate offense.

f. Impose restrictions on the scope of practice.

g. Impose peer review or professional education requirements.

h. Assess the costs of the disciplinary proceedings.

i. Issue a reprimand.

j. Assess the costs for the monitoring of any licensee or permit holder as ordered by the board.

(3) Failure to comply with any final order of the board, including, but not limited to, an order of censure or probation, is cause for suspension or revocation of the license or permit.

(d) The board may in an emergency situation, when danger to the public health, safety, and welfare requires, suspend any license or permit without a hearing or with an abbreviated hearing in accordance with the following sections of this article.

(e) Any person who engages in the unlawful practice of chiropractic, or who violates any provision of this chapter, shall be guilty of a Class C misdemeanor.

(f)(1) When the issue is whether or not a licensee is physically or mentally capable of practicing chiropractic with reasonable skill and safety to patients, then, upon a showing of probable cause to the board that the licensee is not capable of practicing chiropractic with reasonable skill and safety to patients, the board may order and direct the licensee in question to submit to a physical, mental, or laboratory examination, or any combination thereof, to be performed by a physician designated or approved by the board. The expense of the examination shall be borne by the licensee who is examined. The board may collect and expend funds available to the board as necessary to adequately provide for the operational expenses of the wellness program.

(2) Every person issued a license to practice chiropractic in this state or issued a permit in this state upon a showing of probable cause as provided in subdivision (1), shall be deemed to have given consent to submit to a mental, physical, or laboratory examination, or to any combination thereof, and to waive all objections to the admissibility of the testimony or examination reports of the examining physician on the ground that the reports constitute privileged doctor-patient communications.

(g) It shall be the duty and obligation of the board to promote the early identification, intervention, treatment, and rehabilitation of chiropractors licensed to practice in the state who may be impaired by reason of illness, inebriation, excessive use of drugs, narcotics, alcohol, chemicals, or other substances or as a result of any physical or mental condition. The board may enter into an agreement for any of the following:

(1) Contracting with providers for treatment programs.
(2) Receiving and evaluating reports of suspected impairment from any source.

(3) Intervening in cases of verified impairment.

(4) Referring impaired chiropractors to treatment programs.

(5) Monitoring the treatment and rehabilitation of impaired chiropractors.

(6) Providing post-treatment monitoring and support of rehabilitated impaired chiropractors.

(h) All information, interviews, reports, statements, memoranda, or other documents furnished to the board are confidential and shall be used by the board only in the exercise of the proper function of the board and shall not be public records nor available for court subpoena or for discovery proceedings.

Section 34-24-167

Refusal, revocation, or suspension - Notice of hearing; procedure.

(a) In a contested case, all parties shall be afforded an opportunity for hearing after reasonable notice in writing delivered either by personal service as in civil actions or by certified mail, return receipt requested. Delivery of the notice referred to in this subsection shall constitute commencement of the contested case proceeding.

(b) The notice shall include:

(1) A statement of the time, place, and nature of the hearing;

(2) A statement of the legal authority and jurisdiction under which the hearing is to be held;

(3) A reference to the particular sections of the statutes and rules involved;

(4) A short and plain statement of the matters asserted. If the State Board of Chiropractic Examiners is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter, upon application, a more definite and detailed statement shall be furnished; and

(5) The summons and complaint shall be mailed at least 35 days prior to the scheduled date of the hearing. The board may specify in its rules and regulations the period for reasonable notice in the event service is refused or returned.

(c) If a party fails to appear in a contested case proceeding after proper service of notice, the presiding officer may, if no adjournment is granted, proceed with the hearing and make a decision in the absence of the party.
(d) Opportunity shall be afforded all parties to respond and present evidence and argument on all material issues involved and to be represented by counsel at their own expense.

(e) Informal dispositions may be made of any contested case by stipulation, agreed settlement, consent order or default or by another method agreed upon by the parties in writing. The attorney for the State Board of Chiropractic Examiners shall have the authority to make any settlement offer to any respondent in a disciplinary proceeding. Such offer shall not be binding upon the State Board of Chiropractic Examiners.

(f) The record in a contested case shall include:

(1) All pleadings, motions, and intermediate rulings;

(2) All evidence received or considered and all other submissions;

(3) A statement of all matters officially noticed;

(4) All questions and offers of proof, objections, and rulings thereon;

(5) All proposed findings and exceptions;

(6) Any decision, opinion, or report by the hearing officer at the hearing; and

(7) All staff memoranda or data submitted to the hearing officer or members of the board in connection with their consideration of the case.

(g) Oral proceedings shall be open to the public. Oral proceedings shall be recorded either by mechanized means or by qualified shorthand reporters. Oral proceedings or any part thereof shall be transcribed at the request of any party with the expense of the transcription charged to the requesting party. The recording or stenographic notes of oral proceedings or the transcription thereof shall be filed with and maintained by the board for at least five years from the date of the decision and shall be made available for inspection by the public, except in those cases where the proceedings shall be ordered sealed by order of the court.


Section 34-24-168

Refusal, revocation, or suspension - Guidelines for conduct of hearing; settlement by guilty plea.

The board shall specify in its rules and regulations specific guidelines to govern all hearings.


Section 34-24-170
Costs and fines.

The board shall specify in its rules and regulations a schedule of costs or fines, or both, to be imposed upon any person or permit holder who has been found guilty of a violation of Sections 34-24-166 or 34-24-161(f), each not to exceed eight thousand dollars ($8,000) per violation.


Section 34-24-172

Restoration of license.

Repealed by Act 2015-275 effective August 1, 2015.


Section 34-24-173

Rules of evidence in contested cases.

In contested cases:

(1) The rules of evidence as applied in nonjury civil cases in the circuit courts of this state shall be followed. When necessary to ascertain facts not reasonably susceptible of proof under those rules, evidence not admissible thereunder may be admitted if it is of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs. The board shall give effect to the rules of privilege recognized by law. Except as hereinafter provided, objections to evidentiary offers may be made and shall be noted in the record. Whenever any evidence is excluded as inadmissible, all such evidence existing in written form shall remain a part of the record as an offer of proof. The party seeking the admission of oral testimony may make an offer of proof by means of a brief statement on the record describing the testimony excluded. All rulings on the admissibility of evidence shall be final and shall appear in the record. Subject to these requirements, when a hearing will be expedited and interests of the parties will not be prejudiced substantially, any part of the evidence may be submitted in verified form; provided, the adversary party shall not be denied the right of cross-examination of the witness. The testimony of the parties and witnesses shall be made under oath.

(2) Documentary evidence otherwise admissible may be received in the form of copies or excerpts, or by incorporation by reference to material already on file with the board. Upon request, parties shall be given an opportunity to compare the copy with the original.

(3) A party may conduct cross-examination required for a full and true disclosure of the facts, except as otherwise limited by law.
(4) Official notice may be taken of all facts of which judicial notice may be taken and of other scientific and technical facts within the specialized knowledge of the board.

(5) The experience, technical competence, and specialized knowledge of the board may be utilized in the evaluation of the evidence.

(6) The board's interpretation of its own rules and regulations in contested cases shall be final and conclusive and shall not be set aside upon judicial review.

(7) The board shall have the power to issue subpoenas and to compel the attendance of any witness or the production of any book, writing, or other document in the possession, custody, or control of any person. Any person refusing to produce any book, writing, or other document or to appear to testify, without legal excuse, at such hearing of the board, after having been served with a subpoena issued by the board, shall be guilty of contempt; and upon certification of such act by the board to the judge of the circuit court of whose jurisdiction the hearing is held or is to be held, the judge shall punish the same as though committed before him.


Section 34-24-174

Form and content of final order.

(a) The final order in a proceeding shall be in writing and made a part of the record and include findings of fact and conclusions of law separately stated, and it shall be rendered within 45 days:

(1) After the hearing is concluded, if conducted by the board;

(2) After the board accepts any proposed findings of fact and conclusions of law or proposed final order from any party in a disciplinary hearing;

(3) After a recommended order, or findings and conclusion are submitted to the board and mailed to all parties, if the hearing is conducted by a hearing officer; or

(4) The 45-day period may be waived or extended with the consent of all parties.

(b) Findings of fact, if set forth in a manner which is no more than mere tracking of the statutory language, shall be accompanied by a statement of the underlying facts of record which support the findings.

(c) If the board finds that an immediate danger to the public health, safety, or welfare requires an immediate final order, it shall recite with particularity the facts underlying such findings in the final order, which shall be appealable or enjoinable from the date rendered.

(d) Parties shall be notified either personally or by certified mail return receipt requested of any order and, unless waived, a copy of the final order shall be so delivered or mailed to each party or to his or her attorney of record.
Section 34-24-175

Appeal from final decision, judicial review.

(a) Any party whose license or permit is sanctioned as provided herein, shall not be required to file a motion for rehearing to exhaust his or her remedies available from the board.

(b) Any party sanctioned as provided herein, may file a petition for judicial review in the circuit court where the board office is located. The filing of the petition must be within 30 days of the date of the board's final decision.

(c) Within 30 days after receipt of the petition for judicial review or within such additional time as the court may allow, the board shall transmit to the reviewing court the original or a certified copy of the entire record and transcript of the proceedings under review. Any party seeking judicial review of any sanction imposed by the board shall be responsible for all costs associated with preparation, transcription, reproduction, and transmittal of the proceedings under review.

(d) Other than specified in this statute, any judicial review of the board's final decision shall be conducted in accordance with the provisions for review of final agency decisions of contested cases in Sections 41-22-20 and 41-22-21.

Section 34-24-176

Reinstatement of license.

Except as otherwise provided in subsection (b) or (c) of Section 34-24-165, any chiropractor who desires to return to the active practice of chiropractic shall submit an application for reinstatement accompanied by a nonrefundable reinstatement fee and a penalty. The amount of the reinstatement fee and penalty shall be established by rule of the board. The applicant shall possess good moral character and meet the educational requirements existing at the time of his or her initial licensing. The board, as a condition of reinstatement, may require the completion of a designated number of continuing education hours, the successful completion of refresher courses at a board approved accredited chiropractic college, or the passing of a law exam, or all of the above if required by the board.

Section 34-24-177

Nonrenewal pending payment of administrative fine; refund.

The board shall not renew the annual certificate of registration as set forth in Section 34-24-123, 34-24-165, or 34-24-176 of any licensee or permit holder against whom an administrative fine
has been assessed by the board until the fine is paid in full. In the event that the fine is subsequently reduced or set aside on judicial review as provided in the Alabama Administrative Procedure Act, the licensee or permit holder shall be entitled to a prompt refund of the amount of the fine, but shall not be entitled to interest thereon. If any order issued by the board or if any agreement between the board and any licensee or permit holder allows for the payment of fines or costs in installments, the licensee or permit holder shall be allowed to renew his or her license or permit provided the payments are current.

(Act 2006-295, p. 602, §2; Act 2015-275, §1.)