



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
HEALTH LICENSING DIVISION  
STATE BOARD OF CHIROPRACTIC  
P. O. BOX 2649  
HARRISBURG, PA 17105-2649  
Phone 717-783-7155  
Fax 717-787-7769  
Email: [st-chiropractic@pa.gov](mailto:st-chiropractic@pa.gov)

Dear Licensee:

In addition to completing the reactivation application and the Verification of Practice/Non-Practice, you must also complete the enclosed “Pennsylvania Chiropractic Legal Review Verification”. Please provide a copy of your Curriculum Vitae which accounts for all periods of employment since your PA license and/or certification became inactive or expired. Your Curriculum Vitae should include beginning and ending **dates** of employment, the name of the employer and your specific job duties at that location. Please also indicate the Parts of the National Board examinations which you have previously passed. Additionally, in order to process our application. You are required to provide copies of your certificates of attendance for your continuing education.

If you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction, you must request the other state or jurisdiction’s board to send a letter of good standing directly to the Pennsylvania State Board of Chiropractic.

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered “mandatory reporters” under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for renewal/reactivation of a license shall be required to complete 2 hours of Department of State or DHS approved training in child abuse recognition and reporting requirements as a condition of renewal/reactivation. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. [Child Abuse Continuing Education Providers Information can be found here.](#)

Thank you,

STATE BOARD OF CHIROPRACTIC

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF CHIROPRACTIC**

License Number  
DC \_\_\_\_\_

**REACTIVATION APPLICATION**

**State Board of Chiropractic  
PO Box 2649  
Harrisburg, PA 17105-2649**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License expired: \_\_\_\_\_

Expired/Inactivated on: \_\_\_\_\_

THE FOLLOWING QUESTIONS MUST BE ANSWERED: Social Security Number? \_\_\_\_\_ Date of Birth? \_\_\_\_\_

Name Change	Address Change
For a change of name, indicate new name below and attach 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.	

I have (or have been approved for) a professional liability insurance policy with the minimum of \$100,000/occurrence and \$300,000 annual aggregate. **(PLEASE PROVIDE THE BOARD WITH A COPY OF THE POLICY DECLARATION PAGE OR PROOF OF PRE-APPROVAL.)**

YES	NO	If YES to 3, 4, 5, 6, 7, 8 or 9 – provide details AND/OR attach copies of legal document(s).
		1. Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?
		2. If you answered "Yes" to question #1, please provide the profession and state or jurisdiction below. (Please do not abbreviate the profession.) <b>You must request a letter of good standing be sent <u>directly</u> from each state board to the Pennsylvania Board:</b>
		3. <b>Since your initial application or your last renewal, whichever is later</b> , have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?
		4. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		5. <b>Since your initial application or last renewal, whichever is later</b> , have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?
		6. <b>Since your initial application or last renewal, whichever is later</b> , have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? <b>Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</b>
		7. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
		8. Do you currently engage in or have you ever engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		9. <b>Since your initial application or your last renewal</b> , have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?

**Please choose one of the following statements:**

**YES**, I have practiced this profession in Pennsylvania after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee(s) and applicable late renewal fees. See table on Page 2 for appropriate fees.

**NO**, I have not practiced this profession at any time after my license expired and I want to reactivate my license at this time by paying the biennial renewal fee. See table at the bottom for appropriate fee.

**Verification of Continuing Education – SELECT ONE BELOW:**

1. I have completed at least 24 hours of PA Board-approved continuing education in the two years immediately preceding this application.

**COPIES OF CERTIFICATES OF ATTENDANCE MUST BE SUBMITTED. YOUR REACTIVATION CANNOT BE PROCESSED WITHOUT THE CERTIFICATES.**

**OR**

2. I have obtained PA licensure for the first time between September 2, 2014 and September 1, 2016 and am exempt for this period.

**VERIFICATION OF APPLICATION**

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Licensee **(Mandatory)**: \_\_\_\_\_ Date: \_\_\_\_\_

<p style="text-align: center;"><b>Fees-PAYABLE TO COMMONWEALTH OF PA</b></p> <p><b>Practicing in PA after the license expired</b></p> <ol style="list-style-type: none"> <li>1. Submit renewal fee of \$210.00 plus reactivation and late fees.</li> <li>2. Reactivation fee of \$25.00</li> <li>3. LATE FEE - \$5.00 per month, or part of a month since the license expired.</li> </ol> <p><b>FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.</b></p> <p><b>PRACTICING ON AN EXPIRED LICENSE COULD RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b></p>	<p style="text-align: center;"><b>Fees-PAYABLE TO COMMONWEALTH OF PA</b></p> <p><b>Not practicing in PA after the license expired</b></p> <p>Submit renewal fee of \$210.00 and \$25.00 reactivation fee.</p> <p><b>Total - \$ 235.00</b></p> <p><b>UPON REACTIVATION YOUR LICENSE WILL EXPIRE ON SEPTEMBER 1, 2018.</b></p> <p><b>FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.</b></p>
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**PLEASE NOTE**

If your application is not completed **within six months**, updated information and/or supporting documentation will be required.

**LICENSEES WHO HAVE NOT RENEWED FOR MORE THAN FIVE YEARS**

If your license has been in any non-active status for more than five years, you are subject to Section 501(b) of the Practice Act:

Section 501. Applications for license.

(b) Renewal of licenses. – A license shall be renewed biennially for a period of two years upon payment of the biennial fee, provided that the licensee satisfies the other requirements of this act. **Any person who has failed to renew his license for a period of longer than five years shall be required to apply for a license in accordance with subsection (a) if he desires to resume practicing chiropractic.**

Section 501. Applications for license.

(a) Requirement for licensure. – An applicant for a license under this act shall submit satisfactory proof to the board that the applicant meets all of the following:

- (1) Is 21 years of age or older.
- (2) Is of good moral character.
- (3) Has a high school diploma or its equivalent.
- (4) Has completed two years of college or 60 credit hours.
- (5) Has graduated from an approved college of chiropractic, with successful completion of not less than the minimum number of hours of classroom and laboratory instruction required by regulation of the board, which minimum shall be at least 4,000 hours.
- (6) Has passed the examination required under this act.
- (7) Has not been convicted of a felonious act prohibited by the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or of an offense under the laws of another jurisdiction which if committed in this Commonwealth would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act, unless the applicant satisfies all of the following criteria:
  - (i) At least ten years have elapsed from the date of conviction.
  - (ii) Satisfactorily demonstrates to the board that he has made significant progress in personal rehabilitation since the conviction such that licensure of the applicant should not be expected to create a substantial risk of harm to the health and safety of his patients or the public or a substantial risk of further criminal violations.
  - (iii) Satisfies the qualifications contained in this act.
- (8) An applicant's statement on the application declaring the absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction, unless the board has some evidence to the contrary. As used in this section the term "convicted" shall include a judgment, an admission of guilt or a plea of nolo contendere.

Additionally, if your license has been in any non-active status for more than five years, you are subject to §5.17(m) of the Regulations:

§5.17. Biennial registration; unregistered status and inactive status; failure to renew; address of record.

(m) To reactivate a license that has been inactive for more than 5 years, the licensee shall satisfy all other requirements for reactivation required by this section, including the continuing education requirements, and establish current competence to practice by at least one of the following:

- (1) Successful completion of the examinations required under §5.15(a) (relating to licensure examinations) within 1 year prior to application for reactivation.
 

*[§5.15. Licensure examinations.*

  - (a) *To qualify for licensure by examination, an applicant shall successfully complete the following examinations:*
    - (1) *Parts I, II, III and IV of the National Board Examination.*
    - (2) *The Pennsylvania Chiropractic Law Examination developed, prepared, administered and graded by the professional testing organization approved by the Board.]*
  - (2) Compliance with §5.13 (relating to licensure by reciprocity).
  - (3) Proof of continuous licensed practice of chiropractic in one or more other jurisdictions of the United States or Canada for at least 5 years immediately preceding application for reactivation and successful completion of the examination required by §5.15(a)(2) (relating to licensure by examination).
- (4) Successful completion of both of the following examinations within 6 months prior to application for reactivation:
  - (i) The examination required by §5.15(a)(2).
  - (ii) The Special Purpose Examination in Chiropractic administered by the National Board of Chiropractic Examiners.

Please note that the "Pennsylvania Chiropractic Law Examination", which is "the examination required by §5.15(a)(2)" has been replaced by the Pennsylvania Chiropractic Legal Review Verification - Attached to this application.

State Board of Chiropractic  
P. O. Box 2649  
Harrisburg, PA 17105-2649

**VERIFICATION OF PRACTICE / NON-PRACTICE**

\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\*

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Profession \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Chiropractic School \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Month Year

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

*I verify that the statements in this verification are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.*

\_\_\_\_\_  
(Signature of Licensee)

(Date)

State Board of Chiropractic  
P. O. Box 2649  
Harrisburg, PA 17105-2649  
717-783-7155

**PENNSYLVANIA CHIROPRACTIC LEGAL REVIEW VERIFICATION**

The State Board of Chiropractic requires satisfactory completion of this “Verification” page as part of the license application process. This allows you to demonstrate to the Board that you are aware of the contents of the “Chiropractic Act, Act 188 of 1986” and the Board’s Regulations (PA Code, Title 49, Chapter 5). Both the Act and Regulations booklets are available at [www.dos.state.pa.us/chiro](http://www.dos.state.pa.us/chiro). Applications without a correctly completed “Verification” page will be considered incomplete.

**A. Provide the Section number and Paragraph letter from “Act 188” which contains information on the following subjects:**

- 1. **Qualifications for Certification to use Adjunctive Procedures:** \_\_\_\_\_
- 2. **Required number of continuing chiropractic education hours:** \_\_\_\_\_
- 3. **Renewal of a license that has not been renewed for five years:** \_\_\_\_\_
- 4. **The reasons the Board may refuse, suspend or revoke a license:** \_\_\_\_\_
- 5. **Supervision of Radiologic Auxiliary Personnel:** \_\_\_\_\_

**B. Provide the Section number and Paragraph letter from the “Regulations Booklet” which contains information on the following subjects:**

- 1. **Advertising which is false or fraudulent:** \_\_\_\_\_
- 2. **Retention of patient records:** \_\_\_\_\_
- 3. **The minimum amount of professional liability insurance required:** \_\_\_\_\_
- 4. **Responsibility for address changes for biennial registration renewals:** \_\_\_\_\_
- 5. **How to place a license on inactive status:** \_\_\_\_\_

**Printed Name of Applicant:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_