



**MONTANA BOARD OF CHIROPRACTORS LICENSING APPLICATION PACKET**

To expedite your application, we suggest you apply and submit your application online at [EBIZ.MT.GOV/POL](http://EBIZ.MT.GOV/POL).

Please use this application checklist for all required documents and information. These documents must be included with your license application.

<input type="checkbox"/> Valid Email Address	The email address you provide is used to share information relevant to your professional license, including reminder notifications regarding licensing renewals. Please provide a valid email address that you check regularly.
<input type="checkbox"/> Transcripts: Undergraduate College	Official transcripts from Undergraduate College Transcript.  *If the applicant enrolled or graduated from the chiropractic college on or before 10/01/1995 OR they have a currently active, in good standing license in another state, they do not need a bachelor's degree (pre-chiropractic).
<input type="checkbox"/> Official Transcripts: Accredited Chiropractic College	Official transcripts from accredited chiropractic college.
<input type="checkbox"/> National Board of Chiropractic Examiners Official Exam Score (NBCE)	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III <input type="checkbox"/> Part IV <input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Jurisprudence Exam Results	Applicant must have passing score of 75% or better.
<input type="checkbox"/> Unopened National Practitioner Data Bank Information.	Unopened National Practitioner Data Bank Information
<input type="checkbox"/> License Verification	<input type="checkbox"/> Any actions taken against license in other states
<input type="checkbox"/> Written Explanation of Disciplinary Questions	If you answered yes to discipline questions, include a detailed explanation on the event(s) and documentation from the source (licensing board, federal agencies/programs, or civil/criminal court proceedings such as initiating/charging documents, final disposition/judgement documents, etc.).
<input type="checkbox"/> Temporary Permit	<input type="checkbox"/> Notarized consent form <input type="checkbox"/> Evidence of being scheduled to take NBCE Part IV or Spec
<input type="checkbox"/> \$300.00 Application Fee <input type="checkbox"/> \$100.00 Temporary Permit Fee (if required)	The following fee(s) must be submitted with your application. Online applicants can pay using a credit card or e-check. If you submit a paper application, you must submit a check.

Submit your application(s), all supporting documents, and licensing application payment to the address below.  
DO NOT SEND CASH.

Montana Board of Chiropractors  
 301 S. Park Avenue, Fourth Floor  
 Helena, MT 59601  
 or  
 PO Box 200513  
 Helena, MT  
 59620-0513

If you need assistance with your license application, please contact Professional Licensing Customer Service at (406) 444-6880 or email us at [DLIBSDHELP@MT.GOV](mailto:DLIBSDHELP@MT.GOV).

<input type="checkbox"/> <b>Chiropractor</b> \$300.00	<input type="checkbox"/> <b>Temporary Permit</b> \$100.00
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**LICENSE APPLICANT INFORMATION:**

Social Security Number		Foreign Identification Number	Birth Date (MM/DD/YYYY)
Salutation	First Name	Middle Name	Last Name
Other Names Used			
Street Address			
City	State	Zip Code	
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular	Email Address*	
Are you a United States Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	

**PROFESSIONAL EDUCATION**

Name of Undergraduate College	City and State	Dates Attended	Hours Completed	Diploma Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Chiropractic School	City and State	Dates Attended	Hours Completed	Diploma Received
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

**CURRENT OR PREVIOUS PROFESSIONAL LICENSES**

*Verifications must be received from each state, province, or territory where you hold or have held a professional license.*

State	License Number	Profession	Issue Date	Expiration Date	License Method	Requested Verification
					<input type="checkbox"/> Exam <input type="checkbox"/> Credential <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Credential <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Credential <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Exam <input type="checkbox"/> Credential <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

**National Board of Chiropractic Examiners Exam**

*Please list all exam components you have completed.*

Part I	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Completed:
Part II	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Completed:
Part III	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Completed:
Part IV	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Completed:
Physiotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year Completed:

**Specialty Board Certification**

*Please list any specialty board certifications below.*

Certifying Agency	Specialty	Date Awarded, Recertified

**PERSONAL HISTORY QUESTIONS IMPORTANT INSTRUCTIONS  
AND NOTICE**

- Please read the following questions carefully. Giving an incomplete or false answer is unprofessional conduct and may result in denial of your application or revocation of your license. See, 37-1-105, MCA.
- You have a continuing duty to update the information you provide in your application and supplemental responses, including while your application is pending and after you are granted a license.
- Upon submittal of your application form, for every “yes” answer provided, you will receive a request for specific information or documents associated with the question. Your application is not complete until staff receive all information requested.

**PERSONAL HISTORY QUESTIONS**

- |   |     |    |
|---|-----|----|
| 1. Have you ever had any license, certificate, registration, or other privilege to serve as a volunteer or practice a profession denied, revoked, suspended, or restricted by a public or private local, state, federal, tribal, religious, or foreign authority? | Yes | No |
| 2. Have you ever surrendered a credential like those listed in number 1, in connection with or to avoid action by a public or private local, state, federal, tribal, religious, or foreign authority?   | Yes | No |
| 3. Have you ever resigned to avoid discipline, been suspended, or been terminated from a volunteer or employment position?  | Yes | No |
| 4. Have you ever been required to participate in a behavioral modification or assistance program in lieu of suspension or termination from a volunteer or employment position?  | Yes | No |
| 5. Have you ever withdrawn an application for any professional license?   | Yes | No |
| 6. As of the date of this application, are you aware of any pending complaint, investigation, or disciplinary action related to any professional license you hold?  | Yes | No |
| 7. Are you under a current order that remains unsatisfied (e.g., fines unpaid, probation not concluded, conditions unmet?)  | Yes | No |

- |  |     |    |
|--|-----|----|
| 8. Do you have any medical, physiological, mental, or psychological condition which in any way currently (within the last 6 months) impairs or limits your ability to practice your profession or occupation with reasonable skill and safety? | Yes | No |
| 9. Do you currently (within the last 6 months) use one or more chemical substances in any way which impairs or limits your ability to practice your profession or occupation with reasonable skill and safety?                                 | Yes | No |

The following information is provided for Question 10 below:

A criminal conviction may not automatically bar you from receiving a license. For more information about how a criminal conviction may impact your application, consult the board website, under the FAQ's.

- |  |     |    |
|--|-----|----|
| 10. Have you ever been convicted, entered a plea of guilty, no contest, or a similar plea, or had prosecution or sentence deferred or suspended as an adult or "juvenile convicted as an adult" in any state, federal, tribal, or foreign jurisdiction?  | Yes | No |
| 11. Are you now subject to criminal prosecution or pending criminal charges?   | Yes | No |
| 12. Have you ever been disciplined, censured, expelled, denied membership or asked to resign from a professional society or organization?  | Yes | No |
| 13. Have you ever had a civil judgment entered against you in a lawsuit for incompetence, negligence, or malpractice in practicing any profession?   | Yes | No |
| 14. Have you ever been disqualified from working with children, elderly persons, mentally ill persons, or other vulnerable persons?  | Yes | No |
| 15. Have you ever been placed on probation, restricted, reprimanded, suspended, revoked, resigned in lieu of action against you, or had other action taken against you by any hospital, clinic, health care facility, group medical practice, health maintenance organization, or third-party insurance provider, including Medicare and Medicaid? | Yes | No |
| 16. Are you currently on an exclusion list by the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services prohibiting you from working in a facility receiving federal funding?   | Yes | No |
| 17. Has your authority to prescribe, dispense, or administer drugs, including controlled substances, ever been denied, restricted, suspended, or revoked?  | Yes | No |
| 18. Have you ever voluntarily surrendered or had your U.S. Drug Enforcement Administration registration placed on probation, restricted, suspended, or revoked?  | Yes | No |

## **VERIFICATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Chiropractors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds.

I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

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Legal Signature of Applicant

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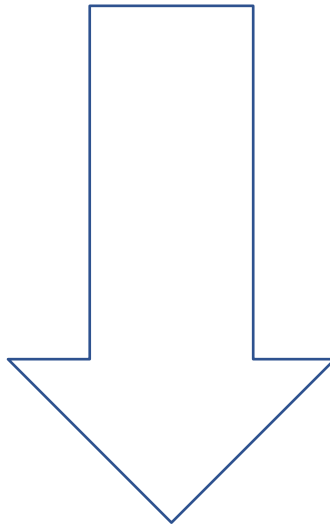
Date

**MONTANA BOARD OF CHIROPRACTIC JURISPRUDENCE EXAM**

- This is an open book exam. A passing score of 75% is required for licensure.
- Section 1 contains twenty (20) TRUE/FALSE questions.
- Section 2 contains twenty (20) questions each that describe actions that are in violation of the Montana Code Annotated (Statutes) and Administrative Rules of Montana (Rules). *Any of these violations can lead to SUSPENSION, REVOCATION or other sanction of the chiropractor's license. From the set of answers provided for each question, mark the answer of the most applicable statute or rule.* Reference Material: ARM Rule 24.126, Title 2 Chapter 15 Part 17, Title 37 Chapter 12, Title 27 Chapter 12, Title 37 Chapter 2, Title 50 Chapter 15, Title 50 Chapter 16.

APPLICANT TESTING INFORMATION:		
License Status:	<input type="checkbox"/> Active <input type="checkbox"/> Inactive	
First Name	Last Name	Date of Test
Street Address		
City	State	Zip Code
Phone Number	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cellular	Email Address*

By submitting this form, I verify that I am the person that has completed this examination.



**EXAM BEGINS ON NEXT PAGE**

MONTANA CHIROPRACTIC JURISPRUDENCE  
EXAMINATION REV 10/15/2019

SECTION 1: (20 questions) Each question is worth two (2) points

Mark each question True or False:

1.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	An applicant for licensure must submit a completed application. A complete application does not require exam scores from the National Board of Chiropractic Examiners (NBCE).
2.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Licensees can sign birth and death certificates.
3.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A temporary permit is granted to all applicants upon application.
4.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Complaints filed against a licensee for violation of a statute or rule must be filed with the Montana Chiropractic Association.
5.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Licensees must be renewed annually by date of birth.
6.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors (Board).
7.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	The Board requires 15 hours of continuing education annually to qualify for license renewal.
8.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Six continuing education credits can be accumulated and carried over from one renewal year to the next.
9.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
10.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Applicants for licensure must have graduated from a chiropractic college approved by the Board.
11.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Chiropractors may diagnose, palpate and treat the human body by the application of manipulative, manual, mechanical, dietetic methods, including chiropractic physiotherapy, the use of supportive appliances, diagnostic x-ray, minor surgery, and analytical instruments.
12.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	The board will issue a license to a person licensed in another state without requiring passage of the license examination upon determining the other state's current license standards are substantially equivalent to or greater than Montana's.
13.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
14.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	It is unprofessional conduct for a chiropractor to engage in verbal or physical sexual harassment against anyone in the chiropractic clinic.
15.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates
16.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A licensee having an impairment evaluator endorsement is required to take six hours of specialized CE every four years in addition to the CE required for the underlying chiropractic license.
17.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Having a physical or mental disability that renders the licensee unable to practice chiropractic with reasonable skill and safety is considered unprofessional conduct and could lead to license revocation.
18.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A chaperone must be present at all times a patient is examined and treated intra-rectally.
19.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A license must be renewed annually. All applicants for renewal who have not paid the renewal fee on or before the renewal date shall pay a late fee.
20.	<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	An impairment rating must be based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

**MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION  
REV 10/15/2019**

**SECTION 2:**

Each question is worth three (3) points (please mark only one answer). This section contains 20 questions each that describe actions that are in violation of the Montana Code Annotated (Statutes) and Administrative Rules of Montana (Rules). Any of these violations can lead to **SUSPENSION, REVOCATION** or other sanction of the chiropractor's license. From the set of answers provided for each question, mark the answer of the most applicable statute or rule.

1. A chiropractor recommends 35 treatments for a simple cervical strain/sprain, clearly more than warranted by the patient's condition.  
A. 24.126.2301(1)(f)                      B. 24.126.2301(1)(g)  
C. 24.126.2301(1)(o)                     D. 37-1-317(3)
  
2. A licensed chiropractor is advertising a permanent cure for any condition.  
A. 37-1-316(13)                              B. 24.126.2301(1)(g)  
C. 37-1-316(5)                                D. 24.126.2301(1)(o)
  
3. A licensee performing emergency chiropractic services discovered that a patient exposed him to an infectious disease.  
A. 50-16-702                                  B. 50-16-1004  
C. 50-16-525                                  D. 37-12-322
  
4. A chiropractic doctor refers patients to other health care providers or facilities in exchange for a referral fee.  
A. 24.126.2301(1)(a)(ii)                    B. 24.126.2301(1)(c)  
C. 24.126.2301(1)(e)                        D. 24.126.2301(1)(d)
  
5. When randomly audited for yearly continuing education requirements, a chiropractor submits only 10 hours of CE for that year, believing a licensee could carry over 2 extra hours from the previous renewal period.  
A. 24.126.511(2)                              B. 24.126.904(1)  
C. 24.126.701(1)                              D. 24.126.2103(6)
  
6. A licensed chiropractor enters into a written contract with a patient for 12 adjustments over the next 12 months, the balance to be paid in full before the first adjustment. The contract states that if the patient discontinues services with the chiropractor, all funds are forfeited by the patient.  
A. 24.126.2301(1)(s)                        B. 24.126.2301(1)(p)  
C. 24.126.2301(1)(r)                        D. 24.126.2301(1)(h)





