

**MONTANA BOARD OF CHIROPRACTORS**  
**PO BOX 200513**  
**(301 S PARK, 4TH FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**(406) 444-5711**

**EMAIL:** [unitb@mt.gov](mailto:unitb@mt.gov) **WEBSITE:** [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED. EMAILED OR FAXED APPLICATIONS NOT ACCEPTED.

(Please allow 14 days for processing from the date that the Board has a complete routine application)

**CHIROPRACTORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENTS:**

**A. LICENSING BY EXAM**

- Applicant shall have graduated from a chiropractic college that has been accredited by the Council on Chiropractic Education.
- Applicant shall verify graduation with a Bachelor's degree from an accredited college. (An applicant who graduated from or was enrolled in a chiropractic college on or before October 1, 1995 is exempt from the bachelor's degree requirement.)
- Applicant shall have passed parts I, II, III and IV and Physiotherapy. Examinations are given by the National Board of Chiropractic Examiners (NBCE).
- National Practitioner's Databank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or <http://www.npdb-hipdb.hrsa.gov> this form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please send the original report, **unopened**, to the Board office.
- Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

**B. LICENSING FROM ANOTHER STATE (Endorsement)**

- Applicant shall have graduated from a chiropractic college that has been accredited by the Council on Chiropractic Education.
- Applicant shall provide documentation of current licensure in another state.
- License applicant shall provide proof of equal credentials from the current licensing state. Failure to demonstrate equal credentials may require successful passage of the SPEC examination.
- Applicant shall request license verification be sent directly from the state(s) where the applicant is licensed or has ever held a license.
- National Practitioner's Databank (NPDB) self-query. This form can be obtained by calling NPDB at 800-767-6732 or <http://www.npdb-hipdb.hrsa.gov> This form must be mailed directly to the address indicated in the instructions. The results will come to you; upon receipt please send the original report, **unopened**, to the Board office.
- Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

FEES: (Make check or money order payable to the Montana Board of Chiropractors)

**\$300.00** Application Fee

**ALL FEES ARE NON-REFUNDABLE**

DOCUMENTS: The following documents must be submitted to the Board office in order to complete your license application.

**LICENSURE BY EXAMINATION DOCUMENTS:**

- Completed and signed Application for Licensure
- Official transcripts sent directly from an accredited Chiropractic College.
- Copy of Chiropractic Diploma
- Official transcripts sent directly from an accredited institution to verify Bachelor's Degree, and copy of diploma, if applicable.
- Official exam transcript sent directly from the National Board of Chiropractic Examiners (NBCE) including Part I, Part II, Part III, Part IV, and Physiotherapy.
- Verification of licensure sent directly from each state where you are or have ever been licensed (some states charge a fee for this service; contact each state board prior to sending the request).
- The unopened NPDB report
- Check or money order for the appropriate fees.

## LICENSURE BY ENDORSEMENT DOCUMENTS:

- Completed and signed Application for Licensure
- Official transcripts sent directly from an accredited Chiropractic College.
- Copy of chiropractic diploma
- Official exam transcript sent directly from the National Board of Chiropractic Examiners (NBCE) **NOTE: If you have taken and passed NBCE Parts I-IV and Physiotherapy you may apply by the "Exam" method.**
- Verification of licensure sent directly from each state where you are or have ever been licensed (some states charge a fee for this service; contact each state board prior to sending the request).
- The unopened NPDB report
- License applicant shall provide proof of equal credentials from the state(s) they currently have an active license. You may visit the Federation of Chiropractic

Licensing Boards (FCLB) website at: <http://directory.fclb.org/US.aspx>  
to find your state's current exam and education requirements.

- Check or money order for the appropriate fees.

## PROCESSING PROCEDURES:

When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

If the application is considered routine it will take up to 14 days to process once the application is complete and all required documents and information are received.

If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

## JURISPRUDENCE EXAMINATION INFORMATION

All applicants are required to pass the Jurisprudence examination with a minimum score of 75%. This is an open book examination covering the statutes and regulations. The examination downloads with the application. Statutes and rules can be downloaded from the Board's website at: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

**For information with regard to the processing of this application or other concerns please contact the Board of Chiropractors staff at (406) 444-5711 or email at: [unitb@mt.gov](mailto:unitb@mt.gov)**

PLEASE BE SURE TO REVIEW A COPY OF THE MONTANA LAWS AND RULES FOR THE PRACTICE OF CHIROPRACTIC WHICH ARE AVAILABLE ON OUR WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

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**Application for Licensure as:**

- Chiropractor (Exam)  License from Another State (Endorsement)

Allow 14 days from the date the Board has a complete routine application file for licensure.

1. FULL NAME \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. ORGANIZATION NAME \_\_\_\_\_

4. ORGANIZATION ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

**PREFERRED METHOD OF CONTACT:**

ORGANIZATION  HOME EMAIL ADDRESS \_\_\_\_\_

6. ORGANIZATION PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ MALE FEMALE

9. Which exam did you take for initial licensure? If the NBCE, please indicate which parts.

NBCE	Part I	Yes	No	Year Taken:	
	Part II	Yes	No	Year Taken:	
	Part III	Yes	No	Year Taken:	
	Physiotherapy	Yes	No	Year Taken:	
	Part IV	Yes	No	Year Taken:	

State Board Exam Please indicate which state \_\_\_\_\_

10. List all professional licenses you hold or **ever** have held. Verification must be sent directly to Montana from each state/province/territory.

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

Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes      No

Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupation license in anticipation of or during an investigation or disciplinary proceedings or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Is there a pending complaint against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes      No

Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purpose of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes      No

Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes      No

Have you been diagnosed within the past 5 years with a physical condition or mental health disorder involving potential health risk to the public? If yes please provide a detailed explanation. Yes      No

Have you ever been courts martial or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation from the source. Yes      No

Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc.)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes      No

Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes      No

Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding your ability to prescribe, dispense or administer drugs including controlled substances? If yes, please attach a detailed explanation and provide documentation from the source. Yes      No

Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc.) If yes, please attach a detailed explanation and provide documentation from the source. Yes      No

**11. PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

12. Have you ever been certified by a Specialty Board?  Yes  No

Certifying Agency	Specialty	Date Awarded, Re-certified

**DECLARATION**

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.

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

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**REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE  
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)**

**APPLICANT:** Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

**LICENSEE INFORMATION**

To Whom It May Concern:

I am applying for a license to practice Chiropractic in the State of Montana and the Board of Chiropractors requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

**Montana Board of Chiropractors  
PO Box 200513  
Helena, MT 59620-0513.**

Your prompt response is appreciated.

Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_

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

Street or PO Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

My License Number from your State is: \_\_\_\_\_ License Type: \_\_\_\_\_

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.

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EMAIL: [DLIBSDLicensingUnitB@mt.gov](mailto:DLIBSDLicensingUnitB@mt.gov)  
WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

PLEASE PRINT

NAME \_\_\_\_\_ DATE \_\_\_\_\_

**MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION**

This is an open book exam. A passing score of 75% is required for licensure.

Section 1 contains 20 true/false questions.

Section 2 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.

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

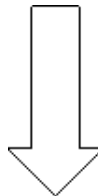
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

PLEASE PLACE MY LICENSE ON: ACTIVE  INACTIVE



EXAM STARTS ON NEXT PAGE



NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION 1 - Each question is worth 2 points**

Mark each question True or False

1.  TRUE  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.  TRUE  FALSE Licensees can sign birth and death certificates.
3.  TRUE  FALSE A temporary permit is granted to all applicants upon application.
4.  TRUE  FALSE Complaints filed against a licensee for violation of a statute or rule must be filed with the Montana Chiropractic Association.
5.  TRUE  FALSE Licensees must be renewed annually by date of birth.
6.  TRUE  FALSE The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors (Board).
7.  TRUE  FALSE The Board requires 15 hours of continuing education annually to qualify for license renewal.
8.  TRUE  FALSE Six continuing education credits can be accumulated and carried over from one renewal year to the next.
9.  TRUE  FALSE To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
10.  TRUE  FALSE Applicants for licensure must have graduated from a chiropractic college approved by the Board.
11.  TRUE  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.  TRUE  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.  TRUE  FALSE Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
14.  TRUE  FALSE It is unprofessional conduct for a chiropractor to engage in verbal or physical sexual harassment against anyone in the chiropractic clinic.
15.  TRUE  FALSE A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates.
16.  TRUE  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.  TRUE  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.  TRUE  FALSE A chaperone must be present at all times a patient is examined and treated intra-rectally.
19.  TRUE  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.  TRUE  FALSE An impairment rating must be based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

**EXAM CONTINUES ON NEXT PAGE**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION 2 - Each question is worth 3 points (please mark only one answer)  
Section 2 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.
 

<input type="checkbox"/> a. 24.126.2301(1)(f)	<input type="checkbox"/> b. 24.126.2301(1)(g)
<input type="checkbox"/> c. 24.126.2301(1)(o)	<input type="checkbox"/> d. 37-1-317(3)
  
2. A licensed chiropractor is advertising a permanent cure for any condition.
 

<input type="checkbox"/> a. 37-1-316(13)	<input type="checkbox"/> b. 24.126.2301(1)(g)
<input type="checkbox"/> c. 37-1-316(5)	<input type="checkbox"/> d. 24.126.2301(1)(o)
  
3. A licensee performing emergency chiropractic services discovered that a patient exposed him to an infectious disease.
 

<input type="checkbox"/> a. 50-16-702	<input type="checkbox"/> b. 50-16-1004
<input type="checkbox"/> c. 50-16-525	<input type="checkbox"/> d. 37-12-322
  
4. A chiropractic doctor refers patients to other health care providers or facilities in exchange for a referral fee.
 

<input type="checkbox"/> a. 24.126.2301(1)(a)(ii)	<input type="checkbox"/> b. 24.126.2301(1)(c)
<input type="checkbox"/> c. 24.126.2301(1)(e)	<input type="checkbox"/> 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.
 

<input type="checkbox"/> a. 24.126.511(2)	<input type="checkbox"/> b. 24.126.701(1)
<input type="checkbox"/> c. 24.126.904(1)	<input type="checkbox"/> d. 24.126.2103(4)
  
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.
 

<input type="checkbox"/> a. 24.126.2301(1)(s)	<input type="checkbox"/> b. 24.126.2301(1)(p)
<input type="checkbox"/> c. 24.126.2301(1)(r)	<input type="checkbox"/> d. 24.126.2301(1)(h)

EXAM CONTINUES ON NEXT PAGE

NAME \_\_\_\_\_

DATE \_\_\_\_\_

7. A chiropractor holding a temporary permit treats patients without the supervision of an on-premises licensed chiropractor.
- a. 24.126.507(1)  b. 24.126.2301(1)(g)
- c. 24.126.704(1)  d. 24.126.704(4)
8. A chiropractor has an advertisement that implies that the chiropractor is a medical doctor.
- a. 37-1-316(4)  b. 37-1-316(16)
- c. 24.126.2301(1)(i)  d. 37-12-104(1)
9. A chiropractic doctor advertises in the newspaper that the doctor has a certification for a procedure that is not approved by the Board.
- a. 37-1-320  b. 24.126.2301(1)(a)(i)
- c. 24.126.2301(1)(p)  d. 24.126.2301(1)(a)(iii)
10. A licensee performs breast examinations on all new female patients as standard procedure.
- a. 24.126.2301(1)(b)  b. 24.126.2301(1)(c)
- c. 24.126.2301(1)(j)  d. 24.126.2301(1)(o)
11. A license candidate has another person take the jurisprudence exam in the candidate's place.
- a. 24.126.504(1)  b. 24.126.901(5)
- c. 37-1-316(2)  d. 24.126.2301(1)(m)
12. A licensee, under false pretenses, makes statements against another licensed chiropractor or health professional.
- a. 24.126.2301(1)(a)(ii)  b. 50-16-528(2)
- c. 24.126.2301(1)(q)  d. 24.126.2301(1)(d)
13. A chiropractic doctor allows an assistant to treat and bill for chiropractic services under the licensee's name and license.
- a. 24.126.411(1)  b. 24.126.2301(1)(u)
- c. 37-1-316(15)  d. 37-1-316(16)
14. A chiropractor is under the influence of alcohol while adjusting a patient.
- a. 24.126.2301(1)(n)  b. 37-1-320
- c. 37-1-316(13)  d. 37-2-302

**EXAM CONTINUES ON NEXT PAGE**

- NAME \_\_\_\_\_ DATE \_\_\_\_\_
15. Dr. John Doe has a new patient that was unhappy with the care received from another chiropractor in town. Dr. Doe requested records and x-rays from the colleague who refused to provide copies of the records.
- a. 24.126.411  b. 24.126.511
- c. 50-16-541  d. 24.126.2301(1)(o)
16. A chiropractor has a consensual sexual relationship with a patient a month after the chiropractor-patient relationship was terminated.
- a. 37-12-103  b. 24.126.2304(2)
- c. 24.126.2301(1)(c)  d. 37-1-320
17. A licensee sees a new patient who was in a car wreck and suffered a minor whiplash injury to the cervical spine. Knowing that private insurance cases pay well and that he will be billing the offending driver's insurance, the chiropractor decides to bill the highest EM code, then bills a 5 region manipulation, EMS, ultrasound, trigger point therapy and extremities for every visit. The next day, another car wreck case comes in but there is no insurance involved. Considering there will be no insurance payments on the second patient, the chiropractor charges the patient a flat rate of \$30 per visit.
- a. 24.126.2301(1)(b)  b. 24.126.2103(1)
- c. 24.126.2301(1)(r)  d. 24.126.2301(1)(f)
18. A licensee smokes marijuana while out with friends one night. Later, the police conduct a traffic stop, find a small bag of marijuana in his car, and arrest him. The chiropractor is subsequently convicted of possession of an unlawful substance.
- a. 37-12-103  b. 37-12-101(3)
- c. 37-1-316(1)  d. 37-12-104(1)
19. A chiropractor examines a 19 year old woman with low back pain. Before obtaining lumbar x-rays, he asks the woman if she might be pregnant. She confirms that she is 3 months pregnant. The woman's mother comes in for treatment and talks about how she dislikes her daughter's boyfriend and wouldn't be surprised if her daughter was pregnant. Without thinking, the doctor tells her that her daughter is pregnant.
- a. 37-12-104(2)  b. 50-16-541(1)
- c. 37-1-316(17)  d. 37-1-316(9)
20. When applying for a Montana chiropractic license by endorsement an applicant reports no adverse actions against any previous license. During the application process, another state's license verification discloses the applicant's license was revoked due to sexual misconduct.
- a. 37-1-316(3)  b. 37-12-103
- c. 37-1-316(15)  d. 37-1-317(b)