

**Montana Board of Chiropractors**  
**PO Box 200513**  
**(301 S PARK, 4th Floor - Delivery)**  
**Helena, MT 59620-0513**  
**PHONE: (406) 444-6880**

[dlibsdhel@mt.gov](mailto:dlibsdhel@mt.gov) [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

**TEMPORARY PERMIT Per MCA 37-1-305:**

- ◆ An applicant may be issued a temporary permit while waiting to take their missing/final NBCE exam.
- ◆ A Temporary permit holder must practice under the on-premises supervision of a chiropractor licensed in the State of Montana.
- ◆ Applicant and supervising chiropractor shall consent to the conditions of a temporary permit.
- ◆ Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

**TEMPORARY PERMIT DOCUMENTS:**

- ☐ Completed and signed Application for Licensure.
- ☐ "Consent Conditions for Temporary Permit" statement.
- ☐ Evidence of being scheduled to take the missing/final NBCE exam.
- ☐ Check or money order for the appropriate fees.

**FEES: \$100.00 Temporary Permit Fee** (paid in addition to the application fee)

**ALL FEES ARE NON-REFUNDABLE**

For questions, please contact customer service staff at (406) 444-6880 or email us at: [dlibsdhel@mt.gov](mailto:dlibsdhel@mt.gov)

**CONSENT CONDITIONS FOR TEMPORARY PERMIT**

1. Temporary permit holder and licensed supervising chiropractor must abide by all applicable licensing laws.
2. Which NBCE exam are you registered to take? \_\_\_\_\_

We, the undersigned, agree to the above as conditions for issuance of a temporary permit.

\_\_\_\_\_  
Applicant Name (Printed)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name (Printed)

\_\_\_\_\_  
Supervisor License Number

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date



## **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](https://EBIZ.MT.GOV/POL).

**NOTE:** Exceptions to this checklist are listed on the next page.

<input type="checkbox"/> Valid Email Address	The email address you provide is used to share information relevant to your application and professional license, including renewal reminders.
<input type="checkbox"/> Transcripts: <ul style="list-style-type: none"> <li>- Bachelor's Degree</li> <li>- Chiropractic Degree</li> </ul>	Official transcripts for bachelor's degree and chiropractic degree.  *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.
<input type="checkbox"/> National Board of chiropractic Examiners Official Exam Scores (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 a passing score of 75% or better.
<input type="checkbox"/> Unopened National Practitioner Data Bank Information.	Unopened National Practitioner Data Bank Information. (This will be completed by office staff.)
<input type="checkbox"/> License Verification	Required for all professional licenses. Including expired licenses.
<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"/> Consent form and evidence of being scheduled to take your final NBCE exam.
<input type="checkbox"/> \$300.00 Application Fee <input type="checkbox"/> \$100.00 Temporary Permit Fee (if required)	Online applicants can pay using a credit card or e-check. If you submit a paper application, you must submit a check.

\*Temporary Permit: Are applicable for people who are waiting to take a missing/last NBCE exam. We require our consent form to be completed and evidence of being scheduled to take the licensing exam per [MCA 37-1-305\(2\)](https://mca.leg.mt.gov/mca/section.do?section=37&title=1&chapter=305&part=2).

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).

## Required documents for applicants with:

<p><u>an active license that does meet substantially equivalent requirements.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> License verification(s)</li> <li><input type="checkbox"/> NPDB</li> <li><input type="checkbox"/> Discipline/Convictions</li> </ul> <p>Note: The jurisprudence (JP) exam is not required per <a href="#">MCA 37-1-304</a> And <a href="#">ARM 24.126.504(4)(a)</a>.</p>	<p><u>an active license that does not meet substantially equivalent requirements.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> License verification</li> <li><input type="checkbox"/> NPDB</li> <li><input type="checkbox"/> Discipline/Convictions</li> <li><input type="checkbox"/> Chiropractic Degree Official Transcripts</li> <li><input type="checkbox"/> NBCE Physiotherapy Exam</li> <li><input type="checkbox"/> JP Exam</li> </ul>	<p><u>no active license.</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> License verification</li> <li><input type="checkbox"/> NPDB</li> <li><input type="checkbox"/> Discipline/Convictions</li> <li><input type="checkbox"/> Chiropractic Degree Official Transcripts</li> <li><input type="checkbox"/> Bachelor's Degree Official Transcripts</li> <li><input type="checkbox"/> NBCE Parts 1 through 4 and Physiotherapy Exams</li> <li><input type="checkbox"/> JP Exam</li> </ul>
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### **Substantial Equivalency (SE)**

For an application to be reviewed for SE, the applicant must have a license in at least one state that is:

- Active
- Unrestricted
- In good standing

To be SE, the other state must require the following at the time of applying in Montana:

- Chiropractic Degree per [MCA 37-12-302](#) and [ARM 24.126.504\(4\)\(5\)](#).
- Passage of NBCE parts 1 through 4 and physiotherapy exams per [MCA 37-12-304](#) and [ARM 24.126.504\(4\)\(5\)](#).

Licensing and SE requirements are listed in [MCA 37-1-307](#), [MCA 37-12](#), and [ARM 24.126](#).

### **Notes on required documents:**

- License Verifications: Applicants can submit copies of online verification. This is required for all licenses ever held, including expired licenses. You can attach these to your online application or email them with your application number to: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov)
- National Practitioner Databank (NPDB) Self-Query: Department staff will request this.
- Discipline/Convictions: Submit documents for any disciplinary actions against a professional license and/or criminal convictions as described in the personal history questions on the application.
- Official Transcripts: Can be emailed to: [dlibsdhhelp@mt.gov](mailto:dlibsdhhelp@mt.gov) or mailed to 301 S. Park Ave 4<sup>th</sup> Floor, Helena, MT 59601 or P.O. Box 200513, Helena, MT 59620.
- Bachelor's Degree: This is not required if the person is licensed in another state or enrolled or graduated chiropractic college on or before October 1, 1995 per [MCA 37-12-302\(3\)](#).
- NBCE Exams: Applicants can request the scores from NBCE.
- Jurisprudence (JP) Exam: This is based on Montana laws and rules. The exam is open book and available in your online account after you have submitted your application.

<input type="checkbox"/> Chiropractor \$300.00	<input type="checkbox"/> Temporary Permit \$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									
<i>Verifications must be received from each state, province, or territory where you hold or have held a professional license.</i>									
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				
<i>Please list all exam components you have completed.</i>				
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		
<i>Please list any specialty board certifications below.</i>		
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 Chiropractors  
PO Box 200513  
(301 S PARK, 4th Floor - Delivery)  
Helena, MT 59620-0513  
PHONE: (406) 444-6880  
[dlibsdhelp@mt.gov](mailto:dlibsdhelp@mt.gov)  
[www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

**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.

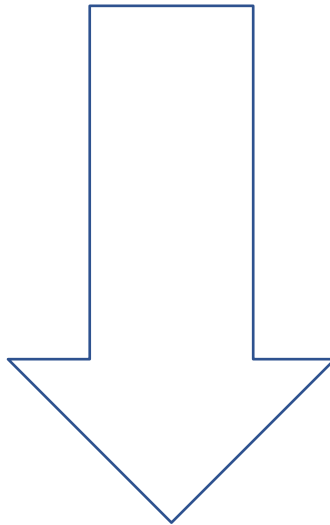


## MONTANA BOARD OF CHIROPRACTIC JURISPRUDENCE EXAM

- 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.*

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

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*



EXAM BEGINS ON NEXT PAGE

MONTANA CHIROPRATIC JURISPRUDENCE EXAMINATION

REV 10/15/2019

SECTION 1-Each question is worth two (2) points

Mark each question True or False:

<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).
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Licensees can sign birth and death certificates.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A temporary permit is granted to all applicants upon application.
<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.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Licensees must be renewed annually by date of birth.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors (Board).
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	The Board requires 15 hours of continuing education annually to qualify for license renewal.
<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.
<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.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Applicants for licensure must have graduated from a chiropractic college approved by the Board.
<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.
<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.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
<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.
<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
<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.
<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.
<input type="checkbox"/> TRUE	<input type="checkbox"/> FALSE	A chaperone must be present at all times a patient is examined and treated intra-rectally.
<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.
<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.

EXAM CONTINUES ON NEXT PAGE

PAGE 2/5 OF EXAM

**MONTANA CHIROPRATIC 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)

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

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

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

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. 24.126.2301(1)(c)  
C. 24.126.2304(2)                              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)