

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

dlibsdhelb@mt.gov 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: dlibsdhelb@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.

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"> - Bachelor's Degree - Chiropractic Degree 	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](https://leg.mt.gov/bills/previous_sessions/2013/bills_2013_2014/0305.htm)(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.

Required documents for applicants with:

<p><u>an active license that does meet substantially equivalent requirements.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> License verification(s) <input type="checkbox"/> NPDB <input type="checkbox"/> Discipline/Convictions <p>Note: The jurisprudence (JP) exam is not required per MCA 37-1-304 And ARM 24.126.504(4)(a).</p>	<p><u>an active license that does not meet substantially equivalent requirements.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> License verification <input type="checkbox"/> NPDB <input type="checkbox"/> Discipline/Convictions <input type="checkbox"/> Chiropractic Degree Official Transcripts <input type="checkbox"/> NBCE Physiotherapy Exam <input type="checkbox"/> JP Exam 	<p><u>no active license.</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> License verification <input type="checkbox"/> NPDB <input type="checkbox"/> Discipline/Convictions <input type="checkbox"/> Chiropractic Degree Official Transcripts <input type="checkbox"/> Bachelor's Degree Official Transcripts <input type="checkbox"/> NBCE Parts 1 through 4 and Physiotherapy Exams <input type="checkbox"/> JP Exam
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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
- 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 or mailed to 301 S. Park Ave 4th 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

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|---|-----|----|
| 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 |

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|--|-----|----|
| 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.

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|--|-----|----|
| 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.

Legal 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.



Montana Department of LABOR & INDUSTRY

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Montana Board of Chiropractic Jurisprudence Exam

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

By signing this form, I verify that I am the person that has completed this exam.

Applicant Signature: _____ Date: _____

- **This is an open book exam.**
- **75% is the minimum passing score.**
- **Contains 20 True/False questions.**
- **Exam answers are found on the board website under the “Regulations” section. See [MCA 37-12](#) and [MCA 37-1-316](#) in Statutes and [ARM 24.126](#) in Administrative Rules.**

1.	True	False	Definitions are in MCA 37-12-102.
2.	True	False	MCA 37-12-104 allows chiropractors to practice on the human body.
3.	True	False	MCA 37-12-103 requires reporting to the proper health officers for matters pertaining to public health.
4.	True	False	MCA 37-12-102 declares the practice of chiropractic to also be the practice of osteopathy.
5.	True	False	The definition of “chiropractic” allows the use of drugs.
6	True	False	ARM 24.126.515 allows chiropractors to perform acupuncture in Montana.
7.	True	False	ARM 24.126.2301 allows giving or receiving money for patient referrals.
8.	True	False	ARM 24.126.2103 does not allow CE to be waived for any reason.
9.	True	False	ARM 24.126.515 allows the chiropractor to delegate this technique.
10.	True	False	Sexual relationships are allowed with patients 60 days after the chiropractor-patient relationship is terminated verbally.

11.	True	False	It is unprofessional conduct to charge for services not fully rendered.
12.	True	False	Discounted fees only need to apply to the patient and not the third-party payor.
13.	True	False	Performing intra-vaginal adjustments are allowed.
14.	True	False	Performing sacrum/coccyx adjustments are allowed.
15.	True	False	Definitions are in ARM 24.126.301.
16.	True	False	Money for prepaid treatment plans must be held separately from all other accounts.
17.	True	False	A cancelation policy is not required for prepaid treatment plans.
18.	True	False	A chiropractor needs to be licensed for at least one year to be a preceptor.
19.	True	False	Interns are not allowed to sign workers' compensation claims.
20.	True	False	MCA 37-1-316 allows chiropractors to advertise a specialty prior to completing appropriate training.