



New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Chiropractic Examiners
124 Halsey Street, 6th Floor, P.O. Box 45004
Newark, New Jersey 07101
(973) 504-6395



Instructions for Reinstating/Reactivating a License

Pursuant to the provisions of the Uniform Enforcement Act (N.J.S.A.45:1-7.2), all licensees of the Division of Consumer Affairs are required to complete the enclosed application form in order to reinstate a license. The following additional items are required to complete the reinstatement process:

1. If your license is currently in an “expired” status, you will be required to pay the reinstatement fee **plus** the current biennial license renewal fee and, if your license expired prior to the current licensing period, the immediate past biennial license renewal fee.

If your license has been in expired status for more than one renewal period, the immediate past biennial license renewal fee must be paid in addition to the reinstatement fee and current biennial renewal fee.

Expired Status	
	Reinstatement Fee \$125.00
	Current Biennial License Renewal Fee \$350.00
	Immediate Past Biennial License Renewal Fee \$350.00

If your license is currently in an “inactive” / “retired” status, you will be required to pay:

Inactive / Retired Status	Biennial License Renewal Fee \$350.00
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2. Contact every state in which you **have** or **have held** a license to practice chiropractic. Request that a written verification be forwarded to the State Board of Chiropractic Examiners at the address noted above. List all these states on the enclosed application.
3. Criminal History Background Check - If you **have** completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since 2003, you **must** submit a fee of \$19.37 with your completed Certification and Authorization for a Criminal History Background Check form. If you **have not** been fingerprinted since 2003, **do not** submit the \$19.37 fee; you will receive a separate mailing from the Division regarding the criminal history background process.
4. A check of the CIN-BAD (Chiropractic Information Network - Board Action Database) operated by the Federation of Chiropractic Licensing Boards will be processed by the Board office to insure that no action has been taken against your license by any other jurisdiction.
5. If, after a review of your application for reinstatement or reactivation, the Board determines that you may have practice deficiencies in need of remediation prior to reinstatement or reactivation of your license, the Board may require you to submit to and successfully pass an examination or assessment of your skills, a refresher course, or any other requirement that the Board determines is necessary prior to reinstating or reactivating your license. If that examination or assessment identifies clinical deficiencies or educational needs, the Board may require, prior to reinstating or reactivating your license, that you take and successfully complete education or training, or submit to supervision, monitoring, or limitations, as the Board determines are necessary to assure that you practice with reasonable skill and safety. The Board may, in its discretion, restore your license as long as you complete the training within a period of time prescribed by the Board following the restoration of your license.
6. Submission of proof of completion of the continuing education credits for the biennial registration period immediately prior to the current biennial registration period. The continuing education requirements may be found at [N.J.A.C. 13:44E-1A.5](#).
7. If you have a valid, corresponding license in good standing issued by another state, and you submit proof that you satisfied that state's continuing education requirements for that license, you will be deemed to have satisfied the continuing education credits required to reinstate/reactivate your license. If there are specific courses required to satisfy the continuing education requirements for New Jersey, you may take these courses in the 12 months following reinstatement or reactivation.
8. Submission of a written statement indicating that you will obtain coverage by chiropractic malpractice insurance once license to practice in New Jersey is reinstated.

Mail to: State Board of Chiropractic Examiners
P.O. Box 45004
Newark, NJ 07101

Check one:

I am applying to have my license
to practice:

- ☐ Reinstated
☐ Reactivated.



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For office use only

Application number:

Reinstatement date:

Application for Reinstatement/Reactivation

Date: _____

Along with the submission of this completed application, all fees must be paid in the form of a check or money order made payable to the State of New Jersey. (Applicants should understand that if the fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the reinstatement/reactivation process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

License number: _____ Date of last renewal: _____

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

1. Name _____
Last name First name Middle initial (Maiden name)

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County
Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)
Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

3. Social Security Number

You **must** disclose your Social Security number for the reasons stated below. Failure to do so may result in the denial of reinstatement/reactivation of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
☐ Alien lawfully admitted for permanent residence in U.S.
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual repayment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for repayment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to questions a(1) through d may result in a denial of reinstatement/reactivation of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

“Ability to practice as a chiropractor” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a chiropractor, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a chiropractor, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

****** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for reinstatement/reactivation of licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No
If "Yes," please submit with this application a copy of the marriage certificate, divorce decree or court order.
9. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No
10. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No
If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)
11. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

Note: If you are licensed or certified as a chiropractor in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent directly to the State Board of Chiropractic Examiners.

12. Have you ever been disciplined or denied a chiropractor's license or certificate or any other professional license or certificate in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
13. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
14. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
15. Have you ever been named as a defendant in any litigation related to the practice of chiropractic or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of chiropractic or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 12 through 18, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Employment since your license expired, was suspended or was placed in inactive status.

(You may photocopy this page if necessary.)

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ (include area code) Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Employer: _____

Address: _____
Street address City State ZIP code

Telephone number: _____ (include area code) Hours per week: _____

Your major responsibilities (use additional sheets of paper if necessary):

Employed from _____ to _____
Month Year Month Year

Immediate supervisor's name: _____

Provide a statement (below) indicating whether you were engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license or certificate was lapsed. If you were practicing your professional or occupation during this lapsed license period, you must include a description of the type of work or projects with which you were involved.

Applicant's name (please print)

Applicant's signature

Date

Continuing Education Tracking Form

Attention: It is the licensee's responsibility to present the following information to the Board in a manner that is both organized and readable. Verification of attendance certificates shall be inscribed with the number of the line where the course appears on this form. Photocopies of your verification of attendance certificates must be submitted with this document. Print or type each entry and provide documentation of attendance in the same order that is listed below. If the New Jersey State Board of Chiropractic Examiners (NJSBCE) ID # is not available and the course has not been pre-approved by the NJSBCE, a course outline and curriculum vitae of all speakers must be included with the verification of attendance. This form must be signed before submission. Incomplete, illegible, or improperly submitted forms will be returned to the licensee for resubmission.

Print name

N.J. License No.

No.	Date of Course	NJBCE Board ID#	Complete Course Title	Affiliation/College	Total # of Credits	Course Type Live, Online, Webinar, Other (explain)	Please note if course includes Nutrition or Documentation
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

The courses and verification of attendance certificates submitted above are evidence of my personal attendance at the course listed. My signature attests that the submission is accurate and I understand that a false submission may result in a monetary penalty or suspension of license to practice chiropractic.

Date

Telephone No. (include area code)

Signature

You may photocopy the continuing education tracking form.

CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

I, _____, in making this application to the Board for reinstatement/ reactivation of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature of applicant

Official Use Only☐ Dual LicenseLicense Type 1
_____Applicant's Number
_____License Type 2
_____Applicant's Number
_____**New Jersey Office of the Attorney General**Division of Consumer Affairs
State Board of Chiropractic Examiners
124 Halsey Street, 6th Floor, P.O. Box 45004
Newark, New Jersey 07101
(973) 504-6395**Official Use Only**☐ Resubmit
_____Board or Committee
_____**CERTIFICATION AND AUTHORIZATION FORM
FOR A CRIMINAL HISTORY BACKGROUND CHECK****Directions:** Answer all of the questions on this form.☐ Mr.☐ Mrs.☐ Ms.1. Name _____ (_____)
Last First Middle Maiden Name2. Address _____
Street or P.O. Box City State ZIP code3. Date of birth ____/____/____ Sex: ☐ Male ☐ Female
Month Day Year

4. Social Security number ____ / ____ / ____

5. Have you completed the fingerprinting process for any **Board or Committee of the New Jersey Division of Consumer Affairs** since November 2003? ☐ Yes ☐ No

If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.

If "Yes," please provide the following information and follow the instructions outlined below:

Board or committee requiring the fingerprinting_____
Month and year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other **Board or Committee of the New Jersey Division of Consumer Affairs** (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$19.37.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes ☐ No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, **must** be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation **must** be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You **must** notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

Continuation on the reverse side ➡

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date