

# **Professional Credential Services, Inc.**

P.O. Box 198689 - Nashville, TN 37219-8689  
[www.pcshq.com](http://www.pcshq.com)

## **Examination & Licensure Application for the Commonwealth of Massachusetts Board of Registration of Chiropractors**

Commonwealth of Massachusetts Board of Registration of Chiropractors has authorized Professional Credential Services to process its Chiropractor licensure applications. **Applicants must submit all of their information, as indicated in these instructions, directly to PCS.** The Board of Registration of Chiropractors is the final authority with respect to issuance of the license.

## INSTRUCTIONS

All applicants for Massachusetts licensure must follow the process of either the "Initial Licensure" section or the "Licensure by Reciprocity" section as outlined below. All candidates must complete the licensure application, typewritten or neatly printed in blue or black ink. Include all components of the requested information, especially names and addresses of institutions. All documents must have original signatures. All questions on the application must be answered.

## REQUEST FOR INFORMATION

Applicants may contact PCS to obtain information, ask questions about application processing, or receive status updates by telephone or email. PCS staff is available Monday through Friday, 8:00 a.m. to 4:30 p.m. central time.

Toll-free: (877) 887-9727 Email: [machiropractic@pcshq.com](mailto:machiropractic@pcshq.com)

## INITIAL LICENSURE

Candidates who have never received licensure in another state must apply for Initial Licensure. PCS must receive the following to process your application:

- a. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (includes the *Certificate of Moral and Professional Character* form to be completed by three (non-related) chiropractors. The form is included with this application.).
- b. A certified transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
- c. An official transcript from a C.C.E. accredited Chiropractic College.
- d. A completed criminal offender record information request form.
- e. A certified transcript indicating passing scores in NBCE Parts I, II, III, IV and Physiotherapy.
- f. Payment of \$367, which is the application fee. (An additional license fee of \$135 will be collected once the application is complete and all other requirements for licensure have been met.) Payment may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**

## LICENSURE BY RECIPROCITY

Candidates who have been licensed in another state must apply by reciprocity. PCS must receive the following:

- a. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and any supporting documentation (includes the *Certificate of Moral and Professional Character* form to be completed by three (non-related) chiropractors. The form is included with this application.)
- b. A certified transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
- c. An official transcript from a C.C.E. accredited Chiropractic College.
- d. A completed criminal offender record information request form.

- e. Verification of licensure from all states in which you have been licensed, indicating you are in good standing. This is necessary whether the license is current or expired. You will have to contact each state to request this document be sent to PCS on your behalf.
- f. Payment of \$502.00, which is the application fee. (A license fee of \$135 will be collected once all other requirements for licensure have been met.) Payments may be made with a VISA, MasterCard, certified check or money order. Please make certified checks or money orders payable to Professional Credential Services and include your SSN on the front of the payment. **Fees are non-refundable and non-transferable.**
- g. *Affidavit of Doctor* form indicating practice of chiropractic under the license of another state for at least 3 years. The form is included with this application.
- h. The completed Reciprocity form.
- i. A Certified Transcript indicating passing scores in NBCE Parts I, II, III, IV, and Physiotherapy.

## **MASSACHUSETTS JURISPRUDENCE EXAM**

All candidates are required to take the Massachusetts Jurisprudence exam. After you are determined eligible for the exam, PCS will issue an authorization to test (ATT) to you for the Jurisprudence exam. This ATT will also include information on how to schedule your interview with the Board. You will test and be given your results at a PSI test site. Failing examinees will be given re-scheduling information.

The Massachusetts Jurisprudence exam is offered on a daily basis in testing facilities located throughout the United States and several foreign countries. This exam is one hour in length and contains 25 multiple-choice questions. Applicants must be fully cognizant of the Statutes and Rules and Regulations governing the practice of Chiropractic in the Commonwealth.

## **ADDITIONAL LICENSURE PROCEDURES**

Some license applications will require the attention of the Board. You will be notified by PCS if your application must be addressed in this forum.

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## **MATERIALS TO BE SUBMITTED**

### **If you are applying for Initial Licensure:**

1. A completed *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (including the *Certificate of Moral and Professional Character* form).
2. An official transcript of undergraduate credits indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
3. An official transcript from a C.C.E. accredited Chiropractic College.
4. A completed criminal offender record information request form.
5. Payment of \$367.00.

**If you are applying for Licensure by Reciprocity:**

1. A complete *Application for a Massachusetts Chiropractor License*, including a 2x2 passport type photo and supporting documentation (including the *Certificate of Moral and Professional Character* form).
  2. An official transcript of undergraduate credits, indicating at least two years in a curriculum leading to a bachelor's degree in liberal arts or science. This is interpreted as at least 60 college credits.
  3. An official transcript from a C.C.E. accredited Chiropractic College.
  4. A completed criminal offender record information request form.
  5. Verification of licensure from all states in which you have been licensed, indicating you are in good standing, sent directly from the state board. This is necessary whether the license is current or expired.
  6. Also, the candidate is responsible for sending the Reciprocity form to the state(s) where they hold a current or expired license. This Reciprocity form can be found on the PCS web site under the Application Materials link.
  7. *Affidavit of Doctor* form indicating practice of chiropractic under the license of another state for at least 3 years.
  8. A certified transcript indicating passing scores in NBCE Parts I, II, III, IV and Physiotherapy sent directly from the NBCE.
  9. Payment of \$502.00.
  10. Candidate is responsible for sending required reciprocity form to state board where current or expired license is held and after the form is completed, sending the form to PCS. (the reciprocity form can be downloaded from the PCS web site.)
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**MAIL COMPLETED APPLICATION MATERIALS TO:**

**Postal Address:**

**Professional Credential Services, Inc.  
Attn: MA Chiropractor Coordinator  
PO Box 198689  
Nashville, TN 37219-8689**

**Overnight Courier Address:**

**Professional Credential Services, Inc.  
Attn: MA Chiropractor Coordinator  
25 Century Blvd, Suite 505  
Nashville, TN 37214**

# Professional Credential Services, Inc.

P.O. Box 198689 - Nashville, TN 37219

## Application for a Massachusetts Chiropractor License

### Type of Applicant:

Initial Licensure

Licensure by Reciprocity

#### A. Biographical Information.

Provide your full name, date of birth, social security number, and mailing address. It is very important that this section be completed in full.

**\*Social Security Number** must be disclosed per state and federal law. No license will be issued without a social security number.

**\*\*Pursuant to G.L. c.30A, s. 13A and G.L. c 62C, s. 47A, the Bureau of Health Professions Licensure is required to obtain your Social Security Number and forward it to the Massachusetts Department of Revenue. The Department of Revenue will use your SSN to ascertain whether or not you are in compliance with Massachusetts tax laws (G.L. c. 62C, s.47A) and child support laws (G.L. c. 119A, s. 16)."**

\_\_\_\_\_  
First Name Middle Initial Last Name Other (Maiden)

\_\_\_\_\_  
Date of Birth Place of Birth Social Security Number\*

\_\_\_\_\_  
Print your name as it should appear on your license

Are you a citizen of the United States?  Yes  No

#### Mailing Address and Contact Information

\_\_\_\_\_  
Street or PO Box

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

\_\_\_\_\_  
Telephone Number with Area Code Fax Number Email address

#### B. Education.

Provide undergraduate and graduate college/university information, major, degree, and date of graduation.

Be sure to include your Chiropractic College.

*Transcripts must be included in school-sealed envelopes sent with application OR sent to PCS directly from school.*

\_\_\_\_\_  
**College/University Location Major Degree & Date of Graduation**

#### C. Disciplinary Questions.

Answer each of the questions listed. **If you answer yes to any, please attach an explanation.** All questions must be answered. **"The Board is certified by the Criminal History Systems Board [ID# MAREG G] to access data about convictions and pending criminal cases.**

Those records—and other Federal and professional records—may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board."

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever had a chiropractic license revoked or suspended in the United States or any other country or foreign jurisdiction?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any other country or foreign jurisdiction?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any pending/open complaints in any state you are licensed in?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever had any malpractice suits filed against you?   | <input type="checkbox"/> | <input type="checkbox"/> |

#### D. General Questions.

Answer each of the questions listed. **If you answer no to any, please attach an explanation.**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 1. Pursuant to MGL c.62C, s.49A, I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law.          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Pursuant to MGL c.119, s.51A and c.112, s.1A, I certify that I understand my obligation to report the abuse or neglect of children. | <input type="checkbox"/> | <input type="checkbox"/> |

Note: False or misleading information connected with any application may jeopardize your application/licensure status on the grounds of lack of good moral character.

**E. Licensure by Reciprocity.**

This section is applicable to persons who have ever or currently hold licensure to practice as a chiropractor.

List all professional licenses/certifications you hold in the United States or any other country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please make arrangements with each state to send verification of licensure status, either current or expired, directly to Professional Credential Services (PCS). It is the applicant's responsibility to notify the state and pay any fees required by another licensing state.

State	Profession / License #	Date Licensed	Current	Lapsed	Revoked/ Suspended	Probation

**F. Special Accommodations.**

In accordance with the Americans with Disabilities Act, special accommodations will be provided at the examination site for applicants who qualify.

Check here if you require special accommodations at the examination site for a disability. Please attach official medical documentation from your health care provider describing your condition. You must also indicate the type of modifications needed.

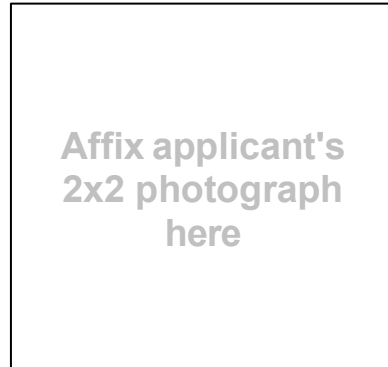
**G. Affidavit.**

By signing this application, the applicant attests that this section has been read and fully understood.

I, \_\_\_\_\_, being duly sworn, do state upon oath that the answers given in the foregoing application are true and correct; that I will conform to the ethical standards of the Chiropractic profession in Massachusetts, as adopted by the Board, and that I have read and understood this affidavit.

\_\_\_\_\_  
Applicant's Signature

**H.** Applicant must attach a 2"x2" passport size photograph to the application. Photocopies or computer generated photographs **are not** accepted.



**I. Fees and Payment.**

Initial Licensure: \$367

Reciprocity Candidate: \$502

Use the enclosed Payment Form to submit payment.



## Payment Form

Three payment options are available: Certified Check, Money Order or Credit Card. If paying by Certified Check or Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form.

Please check form of payment below

- Certified Check
- Money Order
- Credit Card

Authorized payment amount: \$ \_\_\_\_\_ Please check one:  Visa or  MasterCard

Card Number:----- \_\_\_\_\_ Exp: \_\_\_\_/ \_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**Return this payment form with Application/Scheduling Form.**

# CERTIFICATE OF MORAL AND PROFESSIONAL CHARACTER

*To be completed by three Chiropractors (non-related)*

Being personally acquainted with \_\_\_\_\_ and recognizing the photograph attached hereto as one of the applicant, I, the undersigned, certify that he/she is not to my knowledge currently using intoxicants and/or drugs, and is of good moral character, (refer to Section C), and I recommend him/her to the Massachusetts Board of Registration of Chiropractors as a person of high moral character and worthy of professional recognition and confidence.

1. I, \_\_\_\_\_, have known above for \_\_\_\_\_ years.  
Print name

Address \_\_\_\_\_  
Street City State

Signature \_\_\_\_\_

2. I, \_\_\_\_\_, have known above for \_\_\_\_\_ years.  
Print name

Address \_\_\_\_\_  
Street City State

Signature \_\_\_\_\_

3. I, \_\_\_\_\_, have known above for \_\_\_\_\_ years.  
Print name

Address \_\_\_\_\_  
Street City State

Signature \_\_\_\_\_

**Include this form with your application and submit to Professional Credential Services.**



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## ***Licensure by Reciprocity Applicants Only***

### **AFFIDAVIT OF DOCTOR**

I, the undersigned, do swear that I have practiced under the aforementioned license number

\_\_\_\_\_, dated \_\_\_\_\_, at the address (es) listed below, for a period of no less than

three years.

_____ Name of Practice	_____ Address	_____ City	_____ State	_____ Zip Code	_____ Phone number
_____ Name of Practice	_____ Address	_____ City	_____ State	_____ Zip Code	_____ Phone number
_____ Name of Practice	_____ Address	_____ City	_____ State	_____ Zip Code	_____ Phone number

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

**Include this form with your application and submit to Professional Credential Services.**