



REINSTATEMENT APPLICATION

Note: If your license has been expired for three (3) years or longer, reinstatement of the license is not permissible.

Submit the following with your application to the above address:

- Check or Money Order made payable to SC Board of Chiropractic Examiners. (Fee is non-refundable)
 A returned check fee of up to \$30, or an amount specified by law, **may** be accessed on all returned funds.
 - **\$300** if lapsed less than 12 months must pay an additional 25% penalty for renewal fee;
 - **\$360** if lapsed more than 12 months but less than 3 years must pay each year's license fee plus an additional 25% penalty for renewal fee and submit an application for Reinstatement of License;
 - If lapsed more than 3 years must meet requirements that are in effect and submit an application for a new license.
- Copy of your valid Driver's License, State Issued ID or Passport
- Copy of social security card
- 2x2 Passport Photo taken less than 6 months prior to the application
- Legal documentation of name change, if applicable.
- Proof of continuing education hours (CEU)
 Refer to the Regulations and Practice Act on the website to determine the number of CEUs required to reinstate your license. www.llr.state.sc.us/POL/chiropractors under **Laws/Policies**

Note for SC Residents: To find your Congressional District you may go to: <http://www.scstatehouse.gov/legislatorssearch.php>

APPLICANT INFORMATION:

Name: Last _____ First _____ Mid Int. _____ Suff. _____ Maiden: _____

Home Address: _____ City _____ State _____ Zip _____ District: _____
Congressional District (SC Residents Only)

Mailing Address: _____ City _____ State _____ Zip _____
(If different than above)

Business Address: _____ City _____ State _____ Zip _____
(If different than above)

Date of Birth _____ Social Security # _____ Telephone: _____

Email address: _____

Have you ever legally changed your name including marriage or divorce? YES NO
 If yes, you are required to enclose a copy of the legal document indicating the official change.

PROFESSIONAL INFORMATION:

List **all** the states you are currently or have previously been licensed as a Chiropractor; attach an additional sheet if needed. You will need to contact all of the State Boards regardless of status (expired, lapsed) have a License Verification mailed directly to our office.

State	License Number	Date of Original License	Method of Licensure Exam, Endorsement, etc.	Status of License <small>Current, lapsed, disciplined</small>

State	License Number	Date of Original License	Method of Licensure Exam, Endorsement, etc.	Status of License Current, lapsed, disciplined

PERSONAL HISTORY:

Any “yes” answers to the following questions require a written explanation. If you answer “Yes” to an arrest or conviction; you will need to have the court mail to our office the disposition and you will need to have a Statewide Background check mailed in directly from the law enforcement agency

1. Have you ever had any application for any professional license, certification, or registration refused or denied by any licensing authority which you have not previously disclosed to the Board? YES NO
2. Have you ever been refused or denied the privilege of taking an examination required for any professional license which you have not previously disclosed to the Board? YES NO
3. Have you ever been the subject of disciplinary action with regard to a license, been revoked or sanctioned by any licensing authority, association, licensed facility or staff of such facility which you have not previously disclosed to the Board? YES NO
4. Have you been convicted (including a nolo contendere plea or guilty plea) of a felony of any kind or a non-felony crime involving drugs or moral turpitude, or of the unauthorized practice of chiropractic, whether or not sentence was imposed or suspended which you have not previously disclosed to the Board? YES NO
5. To your knowledge, are there any unresolved or pending complaints filed against you with any federal or state agency, professional association, licensed hospital or clinic, or staff of such hospital or clinic which you have not previously disclosed to the Board? YES NO
6. Do you currently have any disease, addictions, or conditions, physical, mental or emotional that might interfere with your ability to competently and safely perform the essential functions of practice which you have not previously disclosed to the Board? YES NO

WORK EXPERIENCE:

List in chronological order your chiropractic employment for the past three (3) years; beginning with the present.

Dates From - To	Employer	Employer Address	Supervisor Name

PRIVACY DISCLOSURE:

South Carolina Law requires that every individual who applies for an occupational or professional license provide a social security number for use in the establishment, enforcement and collection of child support obligations and for reporting to certain databanks established by law. Failure to provide your social security number for these mandatory purposes will result in the denial of your licensure application. Social security numbers may also be disclosed to other governmental regulatory agencies and for identification purposes to testing providers and organizations involved in professional regulation. Your social security number will not be released for any other purpose not provided for by law.

Other personal information collected by the Department for the licensing boards it administers is limited to such personal information as is necessary to fulfill a legitimate public purpose. The South Carolina Freedom of Information Act ensures that the public has a right to access appropriate records and information possessed by a government agency. Therefore, some personal information on the application may be subject to public scrutiny or release. The Department collects and disseminates personal information in compliance with The South Carolina Freedom of Information Act, the South Carolina Family Privacy Protection Act, and other applicable privacy laws and regulations. Additionally, the Department shares certain information on the application with other governmental agencies for various governmental purposes, including research and statistical services.

AFFIDAVIT:

I, _____, am the person described and identified, in this application. I certify that I have never been convicted of violating any Federal, State, Municipal or other law, statute or ordinance, other than as disclosed as required within this application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare that all statements made by me herein are true and correct.

Should I furnish any false, incomplete, or misleading information in this application, I hereby agree that such act shall constitute the cause for denial or revocation of my license in South Carolina.

I hereby authorize the South Carolina Board of Chiropractic Examiners to utilize my Social Security Number (SSN) in making necessary reports to the Federation of Licensing Boards (FCLB) data center for compilation of information about applicants and licenses in order to coordinate licensure and disciplinary activities between the individual states' licensing boards and to federal and state entities as required by law.

Applicant's Signature: _____ Date: _____

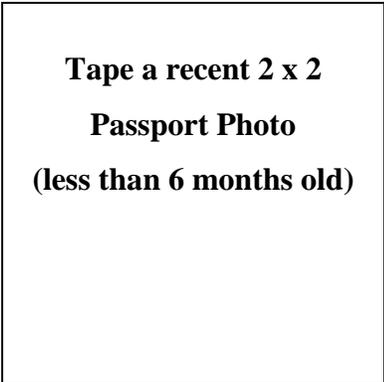
Sworn and subscribed to me this _____ day of _____, 20__.

Notary Signature: _____

Print Notary Name: _____

Notary Public for the State of: _____

Commission Expiration Date: _____





STATE OF SOUTH CAROLINA
DEPARTMENT OF LABOR, LICENSING AND REGULATION
VERIFICATION OF LAWFUL PRESENCE IN THE UNITED STATES
AFFIDAVIT OF ELIGIBILITY



Pursuant to Section 8-29-10, *et seq.* of the South Carolina Code of Laws (1976, as amended), the Department of Labor, Licensing and Regulation must verify that any person who applies for a South Carolina license is lawfully present in the United States. Complete and sign this affidavit of eligibility. The information provided is subject to verification.

Section A: LAWFUL PRESENCE in the United States.

The undersigned _____, of _____
(Print clearly First, Middle, and Last name) (Home Address, City, State, and Zip Code)
being first duly sworn deposes and states as follows:

Check only one box:

1. I am a United States citizen; or

2. I am a Legal Permanent Resident of the United States eighteen years of age or older; or

3. I am a Qualified Alien or non-immigrant under the Federal Immigration and Nationality Act, Public Law 82-414, eighteen years of age or older, and lawfully present in the United States.

4. Other: _____ Please submit any documentation that supports this status.

Date of Birth: _____

Alien Number: _____ I-94 Number: _____

(If you checked number 2, 3, or 4 you must attach a copy of your immigration documents. See instruction sheet for a list of accepted immigration documents.)

Section B: ATTESTATION.

I understand that in accordance with section 8-29-10 of the South Carolina Code of Laws, a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall, in addition to other sanctions imposed by this State or the United States, be guilty of a felony, and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

I understand that the representations made in this Affidavit shall apply through any license(s) or renewals issued, and that I shall have an affirmative duty to immediately advise the Department of Labor, Licensing and Regulation of any change of my immigration or citizenship status.

I swear and attest the information contained herein is true and correct to the best of my knowledge. I understand that under South Carolina law, providing false information is grounds for denial, suspension, or revocation of a license, certificate, registration or permit.

Signature of Affiant

SWORN to before me this _____ day of _____, 20____

Notary Signature

Print Name

Notary Public for _____

My Commission Expires: _____

INSTRUCTION SHEET FOR COMPLETING AFFIDAVIT OF ELIGIBILITY

CHECK box 1:

If you are a United States Citizen by birth or naturalization

CHECK box 2:

If you are a Legal Permanent Resident and you are not a U.S. Citizen, but are residing in the U.S. under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

CHECK box 3:

If you are a Qualified Alien. You are a Qualified Alien if you are:

An alien who is lawfully admitted for residence under the INA.

An alien who is granted asylum under Section 208 of the INA.

A refugee who is admitted to the United States under Section 207 of the INA.

An alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year.

An alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3).

An alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980.

An alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980.

An alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

ACCEPTED IMMIGRATION DOCUMENTS:

Unexpired Reentry Permit (I-327)

Permanent Resident Card or Alien Registration Receipt Card With Photograph (I-551)

Unexpired Refugee Travel Document (I-571)

Unexpired Employment Authorization Card Which Contains a Photograph (I-766)

Machine Readable Immigrant Visa (with Temporary I-551 Language)

Temporary I-551 Stamp (on passport or I-94)

I-94 (Arrival/Departure Record) in Unexpired Foreign Passport

I-20 (Certificate of Eligibility for Nonimmigrant, F-1, Student Status)

DS2019 (Certificate of Eligibility for Exchange Visitor, J-1, Status)