

**PUERTO RICO BOARD
OF
CHIROPRACTIC EXAMINERS**

Department of Health
Call Box 10200
San Juan, Puerto Rico 00908-0200

Tel: 787-725-8161

**APPLICATION FOR LICENSE TO PRACTICE CHIROPRACTIC IN PUERTO RICO
PURSUANT TO THE PRACTICE ACT NO: 493 APPROVED ON MAY 15, 1952**

Warning: Any false statement knowingly made by the applicant, or connived at by him in any clause in this application, shall be sufficient cause for rejection or revocation of license after it has been granted.

I hereby make application for license to practice Chiropractic in the Commonwealth of Puerto Rico and submit the following statements under oath:

An unmounted bust photograph of the applicant, taken not more than six months prior to the date of application: A passport type photograph not to exceed 2 1/2 by 2 1/2 inches must be paste on this space:

AFFIDAVIT

State or territory of

Country or City of

I, _____, being duly sworn, state that I am the person referred to in this application, that the statements herein contained are true in every respect, and that the attached photograph is a true likeness of myself taken within the last six months:

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 20____
Witness my hand and seal hereunto attached:
My commission expires on _____

(SEAL)

Signature of Notary Public

**THE APPLICANT MUST GIVE FULL ANSWERS TO THE FOLLOWING
SOC. SEC.**

Name: _____ Age: _____ Date of Birth: _____
(Full name) (Month/day/year)

Place of Birth: _____ Phone: _____ Fax: _____
(City, Country/State)

I am a bona fide resident of Puerto Rico since _____ Race: _____ Native of _____
Complexion _____ Color of hair _____ Color of eyes _____ Marks _____
Height _____ Weight _____ Are you a citizen of the United States? _____ If naturalized, give date and place of naturalization _____
give date and place of change _____ Has your surname ever been changed? _____ If so, Give original surname _____

Have you ever been convicted or indicted for any crime? _____ If so, state facts in the case here or on a separate page and attach to this application: Have you read carefully and fully understand the laws containing the information and rules governing examination and licensure: Yes _____ No: _____ Are you free from contagious disease? _____

I hereby expressly waive al provisions of law forbidding any physician or other person who has attended or examined me, or who may hereafter attend or examine me, from disclosing any knowledge or information which be thereby occurred, and I hereby consent that he may disclose such knowledge or information to the Puerto Rico Board of Chiropractic Examiners:

EDUCATION

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended:

Dates of attendance:

- First year
- Second year
- Third year
- Fourth year .

Degree:

College granting degree

date:

Note: It is required from the applicant to request that official transcripts with subjects and grades be sent from all colleges or universities directly to the Puerto Rico Board of Chiropractic Examiners.

CHIROPRACTIC EDUCATION

Name and location of Chiropractic College:

Dates of Attendance:

- 1.
- 2.
- 3.

I was granted the degree as a Doctor of Chiropractic by

on:

- Note:
- 1: The Law requires a minimum of 4,000 hours of classroom attendance from a certified C.C.E. college:
 - 2: The applicant must request from all colleges that official transcripts with subjects and grades be sent directly to the Puerto Rico Board of Chiropractic Examiners:
 - 3: No applicant will be considered without a qualified degree:

CERTIFICATE OF RECOMMENDATION

THIS CERTIFIES: That I have been personally acquainted with Dr: _____
 for _____ years. that I know this doctor to be of good moral character and hereby recommend him/her to the Puerto Rico Board
 of Chiropractic Examiners as worthy of examination for a license to practice Chiropractic in Puerto Rico:

Signature of Recommending Doctor

Recommending doctor's address:

Graduate from (college)

Year

License no:

State

Note: Signing Physician must state number of his license and the state issuing the same:

GENERAL INSTRUCTION TO THE APPLICANT

1. Examinations are held once a year on a date determined by the Board.
2. The law recognizes only schools or colleges approved by the Puerto Rico Chiropractic Association.
3. All applications must be accompanied by:
 - a. Postal money order in the amount of \$35. 00 and payable to the Secretary of the Treasury of Puerto Rico.
 - b. Birth Certificate
 - c. Certificate of good moral conduct issued within the past six months to the date of application. issued by the Police of Puerto Rico or State of residence.
 - e. Official transcripts to be sent directly from all pre-Chiropractic and Chiropractic colleges
 - f. Recent passport-type picture attached to the application on the space provided

ACTION TAKEN BY THE BOARD

Applicant approved for examination

Applicant denied for examination

Board President

Board President

Board Member

Board Member

Board Member

Board Member

Date:

Date:

Notes: