Wyoming State Board of Chiropractic Examiners

2001 Capitol Ave, Room 127
Cheyenne, WY 82002

Chiropractor Application Instructions

To obtain a chiropractic license, you are required to meet the requirements in Chapter 2, Section 5 (initial licensure) or Section 6 (endorsement) of the Board's Rules and Regulations. Please ensure you have included the following from the below checklist.

CHECKLIST

_____ **Legibly Completed Application Form with Original Signature** (return via mail at the address above)

_____ **$600 check or money order made payable to the State of Wyoming (Cash is not accepted!)**

_____ **Proof of Lawful Presence**

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. Please complete the form included in this packet and provide a copy of a document from LIST A or copies of documents from LIST B and C. Don't send originals. Please note that the name on your application must match the name on your proof of legal presence. If your name has changed, you will also need to provide a copy of the legal document that allowed for the name change (i.e. marriage certificate or divorce decree).

_____ **Transcripts**

Contact the college or university and request for your official transcripts to be sent to the Wyoming Board office on your behalf. You can request that your transcripts be sent to the Board Office via email at felisha.ojeda@wyo.gov. The Board will NOT accept transcripts from you or through your hands in any way.

_____ **National Board Examination**

Please ensure that your national boards meet the criteria outlined in the Rules and Regulations. Contact the national board and request for your scores to be sent to the Wyoming Board office on your behalf. You can request that your scores be sent to the Board Office via email at felisha.ojeda@wyo.gov. The Board will NOT accept these scores from you or through your hands in any way.

_____ **License Verification**

You must request verification of your chiropractic licenses from other jurisdictions. That should be sent via email to felisha.ojeda@wyo.gov. State verifications must come directly to the Board office from your jurisdiction. Please note, some jurisdictions require a fee for license verifications. If your jurisdiction does not send verifications, but posts your license info on their website instead, please include a note to this effect with your application.

_____ **Wyoming Jurisprudence Examination**

When your application is received, Board staff will provide you with a link to this examination. This open book exam tests your knowledge of the ENTIRE Wyoming Chiropractic Practice Act and Board Rules and Regulations. There is a strict 1 hour time limit for this exam.

OVER

Competency Evidence

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Applicants who do not hold an active license in another jurisdiction or who have graduated from an accredited chiropractic college within the preceding twenty-four (24) months and have never been licensed shall demonstrate competency by successfully passing Part IV or SPEC examination within six (6) months prior to submitting a completed application.

Fingerprint Cards

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Complete two (2) fingerprint cards necessary for a criminal history record background check. Please review the Fingerprint Card Instructions for specific information. Allow for 2-4 weeks additional time for the completion of the background check report to be returned to the office to complete your application.

Wyoming State Board of Chiropractic Examiners

Verification of Lawful Presence

Federal Requirement for Licensing Boards to Establish Lawful Presence of Licensees

In August of 1996, the U.S. Congress passed legislation, the Personal Responsibility and Work Opportunity Reconciliation Act, restricting welfare and public benefits for aliens. The intent of the new law is to ensure that articulated public benefits, both state and federal, are granted only to persons who are lawfully present in the U.S.

The law identifies what constitutes a state public benefit for the purposes of this Act. Specifically, 8 U.S.C.A. §1621 (c)(2)(A) describes a state or local public benefit as "any grant, contract, loan, **professional license**, or commercial license **provided by an agency of the State or local government** or by appropriated funds of a State or local government." Therefore, professional licensing boards in Wyoming are required by this federal law to verify the "lawful presence" of persons applying for new licenses or license renewals. This verification of lawful presence need only be accomplished one time for each licensee. A new license applicant will not have to again prove lawful presence at subsequent renewals, nor will a licensee who first shows proof of lawful presence in a renewal application have to show this proof at subsequent renewals.

The U.S. Immigration and Naturalization Service (INS) has developed a list of documentation which is acceptable as proof of lawful presence. This list is included on the reverse side of this form.

Applicant's Name: _____

Address: _____

_____

By signing below, I hereby certify that *(check one item in each category)*:

- ☐ **I am a citizen of the United States**
- ☐ **I am an alien lawfully admitted to the United States under the Immigration and Naturalization Act**

I have attached:

- ☐ **A copy of an acceptable document from List A; or**
- ☐ **Copies of acceptable documents from Lists B and C as verification of my lawful presence in the U.S.**

_____

Signature of Applicant

_____

Date

Revised 8/2026

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired. * Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**1.** A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		**3.** School ID card with a photograph		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		6. Military dependent's ID card		
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		**4.** Native American tribal document
		9. Driver's license issued by a Canadian government authority		**5.** U.S. Citizen ID Card (Form I-197)
		For persons under age 18 who are unable to present a document listed above:		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		**10.** School record or report card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

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Initial Chiropractor Application - $600 Application Fee

1. Legal Name & Personal Information

Last Name	*First Name*	*Middle Initial*

Previous Names Used	*Social Security Number*	*Date of Birth*

Are you a military service member as defined in W.S. 33-1-117(a)(v)? ▢ Yes ▢ No
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(vi)? ▢ Yes ▢ No

2. Contact Information

Residence Mailing Address		
City	*State*	*Zip*
Business Name		
Business Mailing Address		
City	*State*	*Zip*
Home/Cell Phone	*Business Phone*	

3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check regularly. Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.

Email:	*Mail Preference*
	▢ Home ▢ Business

4. Other Licenses

Indicate license(s) in all states where you are currently or have been previously licensed in any field, including Wyoming. Begin with your original license. Note carefully any licenses not currently in good standing. Attach additional sheets if necessary.

State	License #	License Type	Original Issue Date	Expiration Date	Status
		▢ Chiropractor ▢ Other:			▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:
		▢ Chiropractor ▢ Other:			▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:
		▢ Chiropractor ▢ Other:			▢ Active ▢ Expired ▢ Revoked/Suspended ▢ Other:

5. Education

List your chiropractic education information below. Have a copy of your transcripts sent directly to the Board office.

School / Program Name	*City/State*
Date Diploma Received	*Date of Graduation*

6. Examination

List the date you completed the NBCE examinations.	
Indicate which NBCE examinations you have completed.	▢ Part I ▢ Part II ▢ Part III ▢ Part IV ▢ SPEC ▢ Physiotherapy

7. Practice History

If you mark yes to any of these questions, you must attach a detailed explanation and copies of relevant documentation.

A. Have you ever, or are you now, providing any of the services regulated by W.S. 33-10-101 et seq. in the State of Wyoming, without meeting the requirement for a license, permit, certificate, registration, or without meeting an exemption provided in W.S. 33-10-105?	▢ Yes ▢ No
B. Has any jurisdiction or association refused, rejected, dismissed, or denied your application for a license, permit, certificate, registration, or membership in any profession?	▢ Yes ▢ No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	▢ Yes ▢ No
D. Has any jurisdiction or association revoked, suspended, refused to renew, conditioned, restricted, imposed a fine or civil penalty, required continuing education, or otherwise disciplined you, your license, permit, certificate, registration, or membership?	▢ Yes ▢ No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	▢ Yes ▢ No
F. To the best of your knowledge, has a complaint been filed against you in any jurisdiction, professional association, or facility or are you currently under investigation?	▢ Yes ▢ No
G. Have you ever been arrested?	▢ Yes ▢ No
H. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a misdemeanor, felony, or other criminal offense (other than minor traffic violations) in any court? *If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.*	▢ Yes ▢ No
I. Have you been diagnosed with or do you have any condition, impairment, or addiction (including but not limited to, substance abuse, alcohol abuse, or a mental, emotional or nervous disorder, or condition) that affects your ability to practice in a safe, competent, ethical, and professional manner?	▢ Yes ▢ No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	▢ Yes ▢ No
K. I understand I must comply with the Wyoming Chiropractic scope of practice defined in W.S. 33-10-101 while practicing in Wyoming.	▢ Yes ▢ No

8. Signature

I verify by signing below that the information I have provided the board is accurate and that I have read the rules and regulations promulgated by the State Board of Chiropractic Examiners, and W.S. § 33-10-101 through 117. Additional documentation will be provided upon request. Note: Providing false information to the board is a violation of the board's rules and may be subject to enforcement action.

Signature	*Date*

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Fingerprint Instructions

In accordance with Wyoming Statutes, this Board is required to perform criminal background checks in accordance with W.S. 7-19-106(a)xlii); 7-19-201(a)(xxxvi); 33-10-106(a)(b)(c); 33-10-110(h)(j).

FAILURE TO FOLLOW THE INSTRUCTIONS BELOW WILL DELAY PROCESSING

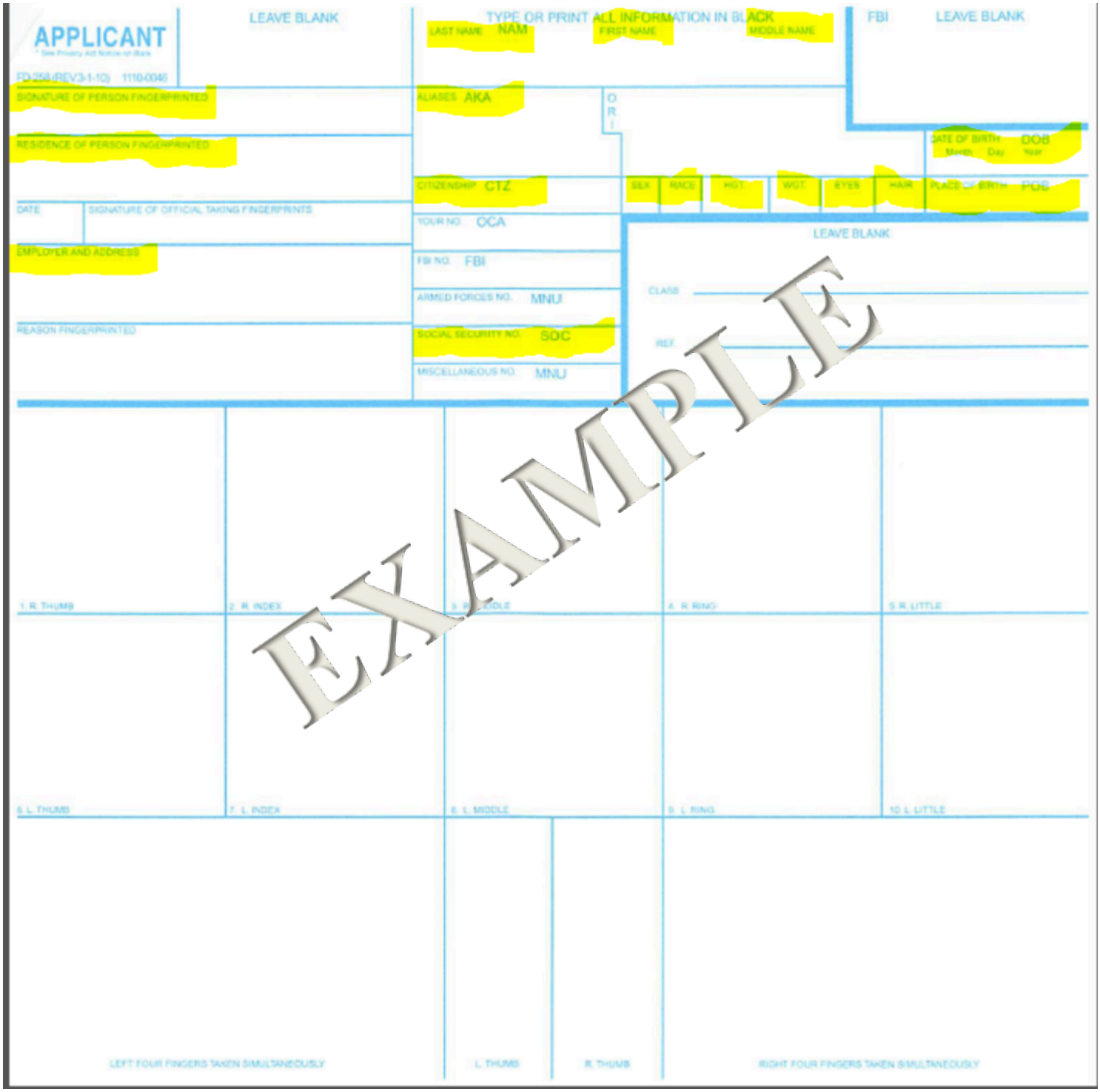
You must complete and submit TWO (2) of the FD-258 fingerprint cards. Both hands on each card. You can obtain the cards by contacting the Board office or your local law enforcement agency.

- Use BLACK INK or SCAN and PRINT onto the FD-258 fingerprint cards.
- Only a law enforcement officer or other authorized person may perform the fingerprint procedure;
- ALL of the yellow highlighted areas in the attached example must be completed by the APPLICANT;
- The official taking the fingerprints must sign the cards;
- Fingerprints must be fully rolled with no smudges. Not fully rolled or smudged prints will be rejected and the applicant will be required to submit new cards;
- DO NOT FOLD the cards;
- The cards must have been completed within the last six (6) months;
- Include the cards with your application packet and mail to:

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Please contact Felisha Ojeda at felisha.ojeda@wyo.gov or (307) 777-7387 with any questions.

Fingerprint card example below:



Privacy Act Statement

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your

application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor

systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this

application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may

be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing,

governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state,

tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

Applicant Notification and Record Challenge

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction, or updating an FBI

identification record are set forth in Title 28, CFR, 16.34. You can find additional information on the FBI website at https://www.fbi.gov/about-us/cjis/background-checks.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. [1] These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- **You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained. [2]**
- **You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.**
- **You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).**
- **If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.**
- **If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks and https://www.edo.cjis.gov.**
- **If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via https://www.edo.cjis.gov. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)**
- **You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[3]**

[1] Written notification includes electronic notification, but excludes oral notification.

[2] https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

[3] See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).