

# 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](mailto: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](mailto: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](mailto: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.*

### **APPLICATION PROCESSING**

Board Staff processes applications in the order of receipt. This typically takes 5-7 days depending on the volume of mail received. You will receive an email once received and processed. This email will also notify you if your submission is incomplete. Once your file is determined to be complete, Board Staff will run a query through the National Practitioner Data Bank to verify if there are any insurance claims or actions against you. Following this step, your file will be emailed to an Application Review Committee for consideration. Review generally takes 1-3 weeks - this is an average and not a guarantee. Following approval, you will receive an email with your license information and your license materials will be mailed to the preferred mailing address you provide on the application form.

Want to check your application status? Email us at [felisha.ojeda@wyo.gov](mailto:felisha.ojeda@wyo.gov) for an update. Please limit your inquiries to no more than once weekly. The Board office will only communicate with you, the applicant, regarding the status of any 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

## 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).**

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b> <b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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             </li> </ol>
<ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>		<ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> </ol>	<ol style="list-style-type: none"> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> </ol>
<ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> </ol>		<ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li><b>For persons under age 18 who are unable to present a document listed above:</b></li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>
<ol style="list-style-type: none"> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>7. Employment authorization document issued by the Department of Homeland Security                 For examples, see <b>Section 7</b> and <b>Section 13</b> of the M-274 on <a href="https://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.                 The Form I-766, Employment Authorization Document, is a List A, Item Number 4. Document, not a license C document.             </li> </ol>
<p style="text-align: center;"><b>Acceptable Receipts</b></p> <p style="text-align: center;">May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.</p>			
<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	<b>OR</b>	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>	<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>

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

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Cheyenne, WY 82002

## Initial Chiropractor Application - \$600 Application Fee

### 1. Legal Name & Personal Information

<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
<i>Previous Names Used</i>	<i>Social Security Number</i>	<i>Date of Birth</i>
Are you a military service member as defined in W.S. 33-1-116(a)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you the spouse of a military service member as defined in W.S. 33-1-117(a)(v)? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### 2. Contact Information

<i>Residence Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Business Name</i>		
<i>Business Mailing Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Cell Phone</i>	<i>Business Phone</i>	

### 3. Correspondence

Issues with your application and all general correspondence will be sent to you via email. Please list an email you check <u>regularly</u> . Other correspondence will be mailed to you. Select a mailing address where you receive mail in a timely manner.	
<i>Email:</i>	<i>Mail Preference</i> <input type="checkbox"/> Home <input type="checkbox"/> 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
		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Other:			<input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Revoked/Suspended <input type="checkbox"/> Other:
		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Other:			<input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Revoked/Suspended <input type="checkbox"/> Other:
		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Other:			<input type="checkbox"/> Active <input type="checkbox"/> Expired <input type="checkbox"/> Revoked/Suspended <input type="checkbox"/> Other:

#### 5. Education

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

<i>School / Program Name</i>	<i>City/State</i>
<i>Date Diploma Received</i>	<i>Date of Graduation</i>

#### 6. Examination

List the date you completed the NBCE examinations.	
Indicate which NBCE examinations you have completed.	<input type="checkbox"/> Part I <input type="checkbox"/> Part II <input type="checkbox"/> Part III <input type="checkbox"/> Part IV <input type="checkbox"/> SPEC <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever withdrawn an application for professional membership or a license, permit, certificate, or registration in any jurisdiction or association?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
E. Have you voluntarily surrendered a license, certificate, permit, or registration for any reason other than non-renewal?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
G. Have you ever been arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>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.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
J. Have you been named as a defendant to a civil suit related to your practice or profession (i.e. malpractice, review panel)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> 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