TO: FCLB Chiropractic US Boards  
FCLB Board Chairs/Presidents
FROM: David E. Brown, D.C., FCLB President  
Bud Smith, D.C., Interjurisdictional Chairman
DATE: November 3, 2000
RE: Interjurisdictional Committee Update

An inequity has developed in chiropractic licensure, in that recent graduates can pass Part 4 of the National Boards and practice in over 40 states, but those of us who have been in practice longer are generally only eligible to practice in those states we received initial licensure. This problem is accentuated by the fact that many states have stopped giving their own exam. Other professions mostly accept licensure and practice in one jurisdiction as criteria for practice in other jurisdictions (licensure by endorsement). The FCLB Task Force on Interjurisdictional Mobility has been working to find consensus on guidelines that states could use to allow licensure by endorsement.

This committee, chaired by Dr. Bud Smith of Texas (FCLB District IV Director) convened at our annual meeting in Seattle. The committee agreed upon the following considerations:

1. States should consider modifying laws or regulations to include licensure by endorsement.
2. Five years in practice, such as utilized in the legal profession, is a recommended benchmark.
3. For immediate licensure by endorsement, a clean practice record, as evidenced by CIN-BAD, malpractice carriers, and full applicant disclosure, is required.
4. Candidates with malpractice actions, disciplinary actions, etc. may be required to meet with the Board or take the SPEC exam.
5. The Federation should not only develop model endorsement language, but should also assist with the development of endorsement applications, disclosure documents, and credential verification forms.
6. States should consider jurisprudence exams or notarized statements of familiarity with state laws.
7. The FCLB interjurisdictional mobility committee should assist states considering changing state laws, by drawing on the experience of successful states. The committee noted that because mobility is the norm in most professions changing laws in this area is often without opposition.

The FCLB Board of Directors will be considering the recommendations of the mobility committee at our meeting in December. We would value and welcome your input. We would like to thank Dr. Leroy Otto (MN) for his tireless efforts and leadership on this issue. The mobility committee consists of Drs. Smith, Otto, Cindy Vaughn (TX), Tom Butler (PA), Jackie Buettner (CA) and Dr. James Badge (AZ).

Please contact the FCLB if you have comments, concerns or suggestions on this issue.

DEB/kg
Interjurisdictional Mobility

TO: FCLB Board Offices & Members

FROM: Wayne Wolfson, D.C. - FCLB President
       Bud Smith, D.C. - FCLB District IV Director &
       Interjurisdictional Mobility Task Force Chair

DATE: May 30, 2001

RE: FCLB RESOLUTION - MOBILITY

At our conference last month, an important topic and resolution was presented to the FCLB delegates during the Annual Business Meeting. This passed without opposition and is enclosed.

The Federation is built on a foundation of public protection by establishing more uniform chiropractic standards. When "seasoned" practitioners seek to relocate, they are sometimes confronted by credentialing obstacles from testing requirements which were not in place at the time of their original licensure. Our Interjurisdictional Mobility Committee has researched and proposed more uniform guidelines to ease the burden on both professionals and regulatory boards.

Please take the time to review and discuss this resolution with your individual licensing board. It is our hope that your board considers adopting or referencing this concept in an effort to allow for mobility of chiropractic licensure. Boards in Minnesota, Oklahoma, and Alaska have already made significant progress in this area. Please feel free to contact the FCLB board or staff regarding questions, concerns, or comments on this issue. Additional information on future goals of the committee will be addressed in the FCLB Regulatory Relay.

RESOLUTION #2 of the
Federation of Chiropractic Licensing Boards

Submitted for Consideration
by
FCLB Interjurisdictional Mobility Committee
San Antonio, Texas
April 7, 2001

Interjurisdictional Mobility

WHEREAS there exists an inherent need for doctors of chiropractic to be able to relocate their practices, a privilege hereby referred to as "interjurisdictional mobility;" and

http://www.fclb.org/im.htm

8/24/2007
WHEREAS numerous jurisdictions have statutory restrictions in their language that require certain educational and testing requirements that arose in relative recent history; and

WHEREAS these statutory changes occurred after many doctors were already licensed and in practice; and,

WHEREAS these established doctors were therefore, and by definition, not required to have met these newer requirements; and

WHEREAS these changes have prevented these doctors from exercising interjurisdictional mobility; now therefore be it

RESOLVED,

That the Federation of Chiropractic Licensing Boards recommend the following mutual guidelines be followed by member boards as a first step in the ongoing quest for unification of interjurisdictional mobility of licensure:

1. Applicant shall be in active practice for the five years immediately preceding the date of application. This will allow the board to evaluate the applicant's most recent practice performance.

2. Applicant shall provide full disclosure to facilitate the investigative process. Such process shall result in a clean practice record as evidenced by CIN-BAD, and malpractice carriers.

3. Applicant may be required to comply with the jurisprudence assessment of the jurisdiction to which he/she is applying for licensure*

4. Applicants who do not fulfill the above qualifications may be required to appear before the board for a personal interview. In addition, they may also be required to pass an appropriate examination (i.e., the Special Purpose Examination for Chiropractic).

5. Utilization of the standard FCLB Interjurisdictional Mobility form is recommended.

6. The individual Licensing Board shall set its own application fee.

* Original resolution amended in section number three to strike out "pass the specific jurisprudence examination..."

Passed, no opposition 4/7/01

For Questions Contact: info@fclb.org
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Passed, no opposition 4/7/01
APPLICATION FOR LICENSURE

The <Your board name> Examiners does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services.

If you need a reasonable accommodation for a disability (e.g., wheelchair accessibility, interpreter, Braille or large print materials) such an accommodation can be made available upon advance request by indicating that need on the enclosed Accommodation Request Form. Deaf and hearing-impaired applicants may contact the <Your Board Name> through the Relay Service at 1-800-627-3529.

This information will, upon request, be made available in alternative format (for example, large print, Braille, cassette tape).

Please type or print the following information:

1. Full name ________________________________

2. List other name/s ____________________________

3. Address __________________________________
   City ___________________________ State _____ Zip ______
   County __________________________ Daytime phone no. (____) _____________

4. Date of birth ___________________ Age _____ Sex ______

5. State of residency _________________ How long ___________

6. Colleges attended other than chiropractic (attach an additional page, if necessary):
   ______________________________________ Dates ___________ to ___________
   ______________________________________ Dates ___________ to ___________

7. Chiropractic college from which degree was received:
   ______________________________________ Dates ___________ to ___________

8. Other chiropractic colleges attended (attach an additional page, if necessary):
   ______________________________________ Dates ___________ to ___________
   ______________________________________ Dates ___________ to ___________
9. Name state(s) in which you hold/held a chiropractic license, length of time, and current standing in each state (i.e.: CA-1yr-full)  

10. Indicate the chiropractic college or continuing education sponsor from whom you obtained the required 8 hours of training in sexual abuse recognition  

11. Indicate any other special CE courses specifically required by any other states you are licensed (e.g. infection control, X-ray, etc.)  

12. Have you ever been convicted of any crime? ________ If yes, please specify the nature and date:  

13. Are you the subject of any pending investigation (civil, criminal, or licensure), or are there any such investigations you reasonably believe may be initiated?  

14. Have you ever had records of any arrest and/or conviction sealed?  
   If so, Please Explain.  

15. Do you have a medical condition which in any way impairs or limits your ability to practice chiropractic with reasonable skill and safety? If yes, please explain.  

16. Does your use of chemical substance(s) in any way impair or limit your ability to practice chiropractic with reasonable skill and safety? If yes, please explain.  

17. If you answered yes to either question number 13 or 14, are the limitations or impairments caused by your ongoing medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. 

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1If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed or whether you are not eligible for licensure.
18. If you answered yes to either question number 13 or 14, are the limitations or impairments caused by your ongoing medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. __________________________________________________________

_______________________________________________________________

19. Are you currently engaged in the illegal use of any controlled dangerous substance? ________________________________________________________

_______________________________________________________________

20. Are you currently aware of any malpractice claim against you, or which you may reasonably expect to be filed against you? If so, please explain. ________________________________________________________

_______________________________________________________________

21. Have you even been the subject of a malpractice claim? If so, please explain. If the claim was settled, please describe the findings and the amount settled for. ________________________________________________________

If you answered yes to either questions #20 or #21, please sign the attached release for information on the next page.

22. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not illegally engaging in the use of controlled dangerous substances? If yes, please explain. ________________________________________________________

_______________________________________________________________

23. Are you now the subject of any pending legal or disciplinary proceedings or have other proceedings of a like nature ever been instituted against you with any regulatory board or court? If yes, explain: ________________________________________________________

_______________________________________________________________

24. Have any disciplinary proceedings or probation been initiated during your course of instruction by any college of chiropractic? If yes, explain (additional page/s, if necessary):

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________
RIGHTS OF SUBJECTS OF DATA

Upon issuance of a license by the <Your Board Name>, all information which you provide on this form is classified as public under Minnesota Statutes 134.41, subdivision 4.

The purpose and intended use of this information is to enable the <Your Board Name> to determine whether you meet statutory and rule requirements for licensure. You are not legally required to provide this information, but failure to do so could result in the delay and possible denial of licensure.

WAIVER

I, ____________________________, authorize any and all chiropractic colleges, police departments, courts or other entities maintaining records on myself, to provide said records to the Minnesota Board of Chiropractic Examiners upon their request. I hereby absolve said chiropractic colleges, police departments, courts or other entities of any and all liabilities and from state and/or federal prosecution for providing said records pursuant to this request.

______________________________  _______________________
Signature of Applicant            Date

AFFIDAVIT

I, the undersigned, being duly sworn, do state upon oath that the answers given in the foregoing application are true and correct, and agree, if issued a license, to abide by the laws of the state of Minnesota concerning the practice of chiropractic.

______________________________  _______________________
Signature of Applicant            Date

______________________________  (SEAL)
Signature of Notary

This ___________ day of ____________, 19__
REQUEST FOR RECORDS

To: ____________________________
   (Malpractice Carrier)

I, ______________________________ (Print Name) hereby request a release of any and all records regarding claims made against me, whether settled or not, to include the name of the claimant, the alleged reasons for filing the claim, and the amount of any award if any or any other disposition of the case. I authorize such material to be made available only to:

The Minnesota Board of Chiropractic Examiners
2829 University Ave, SE Su, 300
Minneapolis, MN 55122
612-617-2222

I hereby release ____________________________ (Insurance Co.) and all of its agents, employees or other personnel from any and all civil or criminal liability for providing information pursuant to this request.

Print Name

Address

City, State, Zip

Signature