

Chiropractic Facility Licensure Application

Request for Waiver re: Experience of Chiropractor of Record

The statutes and regulations governing chiropractors in Massachusetts require all Chiropractic Facilities to identify a Chiropractor of Record. The Chiropractor of Record is responsible for the operation of the Chiropractic Facility in compliance with the laws of the Commonwealth and the rules and regulations of the Board. The appointment of the Chiropractor of Record is subject to approval by the Board of Registration of Chiropractors.

The Chiropractic Facility regulations state,

Unless a waiver is granted by the Board, the Chiropractor of Record must have a minimum of four years of verifiable experience as a Chiropractor licensed in the Commonwealth or another jurisdiction, where the person's responsibilities included but were not limited to patient care, record keeping, and billing. (233 CMR 5.04 (4))

To request a waiver of the four-year experience requirement, please complete this form. If the Board needs additional information, their representative will contact you.

General Information

Name of the Chiropractic Facility: _____

Name of the Business Entity: _____

Type of Establishment (select only one):

Sole Proprietorship
Partnership

Limited Liability Company
Corporation

Federal ID Number: _____

Facility Address:

Street, Suite #

City/ town State Zip Code

Facility telephone number: _____

Email address: _____

Website address: _____

Contact person: _____

Please describe the practice briefly (number and type of practitioners, e.g.): _____

Chiropractor of Record

Name of the proposed Chiropractor of Record (ChoR):

_____	_____
First Name	Last Name

_____	_____	_____
MA CH License Number	Year of Issue	Expiration date

Has the proposed ChoR ever held any other Mass. professional license? ☐ Yes ☐ No

If yes, please list (attach additional pages if necessary):

_____	_____
License number	Profession

_____	_____
License number	Profession

Has the proposed ChoR ever held a professional license issued by another state? ☐ Yes ☐ No

If yes, please list (attach additional pages if necessary):

_____	_____	_____
License number	Profession	State

_____	_____	_____
License number	Profession	State

Has the proposed ChoR ever been convicted of a crime, a violation of state or federal law or been the subject of any disciplinary action(s) taken by any licensing or regulatory body?

☐ Yes ☐ No

If yes, please describe (attach additional pages if necessary): _____

If you have questions about this form or the Chiropractic Facility Application process in general, you may contact the Chiropractic Facility Coordinator by phone at 617-727-9964 or by email at: Feiyan.H.Chen@massmail.state.ma.us.