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  Limited Liability Company
Partnership     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):

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<tr>
<th>MA CH License Number</th>
<th>Year of Issue</th>
<th>Expiration date</th>
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Has the proposed ChoR ever held any other Mass. professional license?  
___ Yes ___ No  
If yes, please list (attach additional pages if necessary):

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<th>License number</th>
<th>Profession</th>
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Has the proposed ChoR ever held a professional license issued by another state?  
___ Yes ___ No  
If yes, please list (attach additional pages if necessary):

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<th>Profession</th>
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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):  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________  
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________________________________________________________________________  

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.