Candidate's Application Check List

Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Relocation of Practice: ___ Original License: ____

_____ $175.00 Application Fee*
_____ $175.00 Examination Fee*
_____ Two (2) Passport Photos
_____ Birth Certificate †
_____ Chance of Name Documents: (If Needed)
_____ Military Discharge Papers: (If Needed)
_____ High School Transcript
_____ Jr. College Transcript
_____ College Transcript
_____ Preliminary Application: (If you have not yet graduated)
_____ Chiropractic College Transcript: _____ College Attended
_____ Chiropractic College Diploma: _____ Graduation Date
_____ National Board Scores †
_____ Letter of Good Standing (If licensed in another state)
_____ Other Professional License or Certification (List Below)

_____

_____

_____ Two (2) D.C.'s for Character Affidavits.
(Affidavits must be submitted on the original form. Affidavits submitted separately will NOT be accepted)

YOR ARE SCHEDULED TO SIT THE FOLLOWING EXAMINATION:

Oklahoma Exam:
Jurisprudence Exam: _____
Successfully Completed National Board Scores that are required and have been received:
Part 1: _____
Part 2: _____ Physiotherapy: _____
Part 3: _____
Part 4: _____
The items listed below are not properly documented for your application:
_____

NOTE All transcripts must be sent directly from the school.
*Must be Cashier's Check or Money Order **ONLY**
†Must be a **Certified Copy**