

Relocation of Practice Applicant Check List

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

- _____ \$175.00 Application Fee
- _____ \$175.00 Examination Fee
- _____ Two (2) Passport Photos (affix one to the application and have it notarized)
- _____ Certified Birth Certificate
- _____ Change of Name Documents (If Applicable)
- _____ Military Discharge Papers (If Applicable)
- _____ Chiropractic College Final Transcripts
- _____ Chiropractic College Diploma
- _____ Letter of Good Standing or Verification of Licensure (If licensed in another state)

* All transcripts and Diplomas need to be sent directly from the school.

* Payment for the application and examination must be a Cashier's Check or Money Order.

* Application cannot be taken out of its original form. Example: Copied and mailed in separately to individual chiropractors to sign-off on your character affidavits.

* Notarize signatures that require notarization

* Contact the OBCE staff if you have any questions regarding the application.