

Professional Licensing Agency
402 West Washington Street
Room W072
Indianapolis, Indiana 46204



Michael R. Pence
Governor of Indiana
Nicholas W. Rhoad
PLA Executive Director

BOARD OF CHIROPRACTIC EXAMINERS LIMITED TEMPORARY PERMIT INFORMATION AND INSTRUCTION SHEET

Before completing and submitting your application to our office, please read all materials and information included.

APPLICATION AND INFORMATION TO DOWNLOAD

Applicants must download the following documents and information from the website at www.pla.in.gov:

1. Application For Limited Temporary Permit To Practice Chiropractic
2. Verification of Chiropractic State Licensure For A Limited Temporary Permit (attached to application)
3. Information and Instruction Sheet
4. Statutes and Administrative Rules which pertain to the practice of chiropractic

IPLA ADDRESS/PHONE NUMBER/FAX/EMAIL/WEBSITE

Indiana Professional Licensing Agency
Attn: Board of Chiropractic Examiners
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Staff Phone: (317) 234-2054
FAX #: (317) 233-4236
Staff Email: pla8@pla.in.gov
Website: www.pla.in.gov

BASIS FOR LIMITED TEMPORARY PERMIT

A limited temporary permit issued under this section shall be limited to a specific activity, function, series of events, or purpose and to a specific geographical area within the state, which limitations shall be stated on the face of the temporary permit.

TRANSCRIPTS, EXAMINATION SCORE REPORTS & STATE VERIFICATIONS MUST BE SENT DIRECTLY FROM EACH ENTITY

The Board will not accept any transcripts, examination score reports or state verifications directly from the applicant. All transcripts, examination score reports and state verifications must be sent directly from those entities.

THE FAIR INFORMATION PRACTICE ACT

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information, or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law, in which case you will be notified.

MANDATORY DISCLOSURE OF U.S. SOCIAL SECURITY NUMBER

Your social security number is being requested by this state agency in accordance with Ind. Code 4-1-8-1 and 25-1-5-11(a). Disclosure is mandatory, and this record cannot be processed without it.

Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.

ABANDON APPLICATIONS

If an applicant does not submit all requirements within one (1) year after the date on which the application is filed, the application for a limited temporary permit is abandoned without any action of the Board. An application submitted subsequent to an abandoned application shall be treated as a new application.

ISSUANCE OF LIMITED TEMPORARY PERMIT

Upon issuance of your limited temporary permit by the Board, you will be sent an email notifying you that your limited temporary permit has been issued. There will be instructions on how to purchase a blue license card to be mailed to you or how to download a free license card for immediate printing.

This service will be available at www.in.gov/pla/license.htm.

TEMPORARY PERMIT EXPIRATION

A temporary permit is valid for a nonrenewable period of not more than thirty (30) days and shall be limited to a specific activity, function, series of events, or purpose and to a specific geographical area within the state, which limitations shall be stated on the face of the temporary permit.

LIMITED TEMPORARY PERMIT TO PRACTICE CHIROPRACTIC INFORMATION AND INSTRUCTIONS

Before completing and submitting your application to our office, please read all materials and information included.

A limited temporary permit issued under this section shall be limited to a specific activity, function, series of events, or purpose and to a specific geographical area within the state, which limitations shall be stated on the face of the temporary permit.

All applicants must submit an application and supporting documentation to:

Indiana Professional Licensing Agency
ATTN: Board of Chiropractic Examiners
402 West Washington Street, Room W072
Indianapolis, Indiana 46204

APPLICATION

Complete, typewritten (or legibly printed) application.

AFFIDAVIT

If you answer "yes" to any of the six (6) questions on the application, the applicant must explain fully in a signed and notarized affidavit, meaning an explanation or statement of facts and or events, including all related details. Describe the event including location, date and disposition. If you have a malpractice action, provide name(s) of plaintiff(s). Letters from attorneys or insurance companies are not accepted in lieu of your statement; however they may accompany your affidavit.

If the applicant has been ***arrested; entered into a prosecutorial diversion or deferment agreement; convicted; pled guilty to or pled nolo contendere to any offense, misdemeanor, or felony in any state***, except for minor violation of traffic law resulting in fines, and arrests or convictions that have been expunged by a court, the applicant shall submit a notarized statement detailing all criminal offenses, excluding minor traffic violations. The notarized statement must include the following information:

- (1) The date(s), location(s), court, and cause number.
- (2) The offense, misdemeanor or felony of which the applicant was arrested for, entered into a prosecutorial diversion or deferment agreement; convicted, pled guilty to or pled nolo contendere to.
- (3) The penalty imposed.

Also, included with your notarized statement, you will need to provide copies of any and all court documentation regarding each offense listed.

FEE INFORMATION

Applicants must submit a fifty dollar (\$50.00) application fee, made payable to the Indiana Professional Licensing Agency. Checks or Money orders are acceptable. **All fees are non-refundable or non-transferable.**

PHOTOGRAPH

Applicants must submit one (1) acceptable photograph, taken not earlier than one (1) year prior to the date of application. The photograph should be approximately 2 x 3 inches, head and shoulders view of the applicant only, black and white or color, of professional quality. No "Polaroid" type photographs, laminated photographs, laminated identification cards or group photographs will be accepted.

OFFICIAL CHIROPRACTIC TRANSCRIPTS OR CERTIFICATE OF CHIROPRACTIC EDUCATION

Applicants must submit official chiropractic transcripts or a certificate of chiropractic education, **sent directly to the Board from the school**, certifying receipt of a professional chiropractic degree.

VERIFICATION OF STATE LICENSURE

Applicants must provide a “Verification of Chiropractic State Licensure” form which is included with your application for licensure, from each state in which you currently are, or have ever been, licensed to practice chiropractic. The top portion of this form should be completed by the applicant and sent to the appropriate state licensing board for their submission to the Indiana Professional Licensing Agency. The form may be duplicated if necessary. This information must be **sent directly to the Board by the state** that issued the license.