PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS

APPLICATION FOR RE – EXAMINATION

FULL NAME: _____

PHYSICAL ADDRESS: _____

_____

POSTAL ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____
(dd/mm/yyyy)

DATE OF LAST EXAM: _____ NUMBER OF ATTEMPT: _____

REASONABLE ACCOMMODATION: _____ YES _____ NO **(If yes, must provide medical evidence)**

REASONABLE ACCOMMODATION NEEDED: _____

_____

_____ _____
DATE OF APPLICATION SUBMITTED SIGNATURE OF APPLICANT

TO BE COMPLETED BY THE PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS
(Please don't write in these spaces)

DATE APPLICATION RECEIVED: _____

_____ APPLICANTION APPROVED **_____ APPLICATION DENIED**

COMMENTS: _____

_____

APPLICATION EVALUATED BY:

_____ _____
President **Member**
Lic. Number: _____ **Lic. Number:** _____

_____ **Date:** _____
Vice President
Lic. Number: _____

REQUIREMENTS TO PRESENT WITH THIS APPLICANTION

Documents must be presented all at once.

1. **Official** application for examination duly fulfilled **(page 1)** with all requirements included.

2. **One recent 2x2 photograph**.

3. **Original and copy of valid unexpired identification** (driver's license or state identification card). Provide evidence of U.S. Citizenship, if applicable (Passport, Visa, or proof of Alien Status).

4. **Original** Certificate of Background Check from your State Police or State Law Enforcement Agency where you have been living during the last six (6) months. **The document must have been issued no more than ninety (90) days prior submission**

5. **Original** Certificate of Child Support from your State Agency where you have been living during the last six (6) months. **The document must have been issued no more than ninety (90) days prior submission**

6. **Copy** of current Cardiopulmonary Resuscitation (CPR) card and/or certificate.

7. Evidence of malpractice carrier coverage **(Applicable for applicants with a professional license in another state).**

8. Postal or Bank Money order, ATH, VISA, MASTERCARD, or certified check for the amount of **$100.00** (US Currency) payable to the Secretary of Treasury of Puerto Rico. **(Fee is non-refundable).**

9. Two envelopes with post stamps and your postal address.

10. Application **must** be submitted personally or by certified mail to the following address:

PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS
PO BOX 10200
SAN JUAN, P.R. 00908-0200

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

Application must be received on or before the due date published in the official press announcement.

REV. JULIO 2026