

SECRETARÍA AUXILIAR PARA LA REGULACIÓN DE LA SALUD PÚBLICA

División de Licenciamiento de Médicos y Profesionales de la Salud **Junta Examinadora de Quiroprácticos**

PUERTO RICO BOARD OF CHIROPRACTIC EXAMINERS <u>APPLICATION FOR RE – EXAMINATION</u>

FULL NAME:		112			
PHYSICAL ADDRESS:		J.	250()		
	10 2020				
POSTAL ADDRESS:				T. T.	
TELEPHONE:	El	MAIL:	√'m'⟩	Z. W. S.F	
SOCIAL SECURITY NUMBER:		D	ATE OF BIRTH	[:	
DATE OF LAST EXAM:	NUMBER OF ATTEMPT: (dd/mm/yyyy)				
REASONABLE ACCOMMODATION:	_YES	NO	(If yes, must p	rovide medical e	vidence)
REASONABLE ACCOMMODATION NEED:	ED:			S.	
				75	
	16	A T	3 ~ 0		
DATE OF APPLICATION SUBMITTED			SIGNAT	URE OF APPLIC	ANT
TO BE COMPLETED BY THE PUERT	O RICO I			RACTIC EXAMI	NERS
DATE APPLICATION RECEIVED:			AB \ =		
APPLICANTION APPROVI	ED		APP	LICATION DEN	IED
COMMENTS:		B			
	6	1		7/100	
APPLICATION EVALUATED BY:			(O.A.D.D		
President		mber	ABB	ES EST	nom
Lic. Number:		Numbe			
Vice President Lic. Number:	Dat	e:			

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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. <u>Original and copy of valid unexpired identification</u> (driver's license or state identification card). Provide evidence of U.S. Citizenship, if applicable (Passport, Visa, or proof of Alien Status).
- 4. <u>Original</u> Certificate of Background Check from your State Police or State Law Enforcement Agency where you have been living during the last six (6) months.
- 5. <u>Original</u> Certificate of Child Support from your State Agency where you have been living during the last six (6) months.
- 6. <u>Copy</u> 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.

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