

**MONTANA BOARD OF CHIROPRACTORS**  
**PO BOX 200513**  
**(301 S PARK, 4TH FLOOR - Delivery)**  
**Helena, Montana 59620-0513**  
**(406) 841-2390 or 2331 FAX (406) 841-2305**  
**EMAIL: [dlibschi@mt.gov](mailto:dlibschi@mt.gov) WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)**

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.  
(Please allow 14 days for processing from the date that the Board has a complete routine application)

**CHIROPRACTORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE**

**LICENSE REQUIREMENTS:**

**A. LICENSING BY EXAM**

- ◆ Applicant shall have graduated from a chiropractic college that has been accredited by the Council on Chiropractic Education.
- ◆ Applicant shall verify graduation with a Bachelor's degree from an accredited college. (An applicant who graduated from or was enrolled in a chiropractic college on or before October 1, 1995 is *exempt from the bachelor's degree requirement.*)
- ◆ Applicant shall have passed parts I, II, III and IV and Physiotherapy. Examinations are given by the National Board of Chiropractic Examiners (NBCE).
- ◆ Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

**B. LICENSING FROM ANOTHER STATE (Endorsement)**

- ◆ Applicant shall have graduated from a chiropractic college that has been accredited by the Council on Chiropractic Education.
- ◆ Applicant shall provide documentation of current licensure in another state.
- ◆ License applicant shall provide proof of equal credentials from the current licensing state. Failure to demonstrate equal credentials may require successful passage of the SPEC examination.
- ◆ Applicant shall request license verification be sent directly from the state(s) where the applicant is licensed or has ever held a license.
- ◆ Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

**C. TEMPORARY PERMIT**

- ◆ Applicant may be issued a temporary permit while waiting to take the NBCE Part IV Examination or the Special Purposes Examination for Chiropractors (SPEC).
- ◆ A Temporary permit holder must practice under the on-premises supervision of a chiropractor licensed in the State of Montana.
- ◆ Applicant and supervising chiropractor shall consent to the conditions of a temporary permit.
- ◆ Applicant shall pass the Montana Jurisprudence Exam with a minimum score of 75%.

**D. STUDENTS/INTERNS**

- ◆ Applicant must be enrolled in or have graduated from an accredited Chiropractic College.
- ◆ An Intern must practice under the direction and direct supervision of a chiropractor licensed in the State of Montana.
- ◆ Submit current transcripts from the Chiropractic College.
- ◆ Applicant shall pass the Montana Jurisprudence Examination with a minimum score of 75%.

**E. PRECEPTORS**

- ◆ Preceptor shall hold an active Montana license.
- ◆ Preceptor shall have practiced for at least 5 years in Montana as a Chiropractor.
- ◆ Preceptor must be in good standing with the Board.

**FEES: (Make check or money order payable to the Montana Board of Chiropractors)**

<b>\$300.00</b>	Application Fee
<b>\$100.00</b>	Temporary Permit Fee (paid in addition to the application fee)
<b>\$100.00</b>	Application for Student Intern
<b>\$100.00</b>	Application for practitioners serving as preceptors

**ALL FEES ARE NON-REFUNDABLE**

**DOCUMENTS:** The following documents must be submitted to the Board office in order to complete your license application.

**LICENSURE BY EXAMINATION DOCUMENTS:**

- ✓ Completed and signed Application for Licensure
- ✓ Official transcripts sent directly from an accredited Chiropractic College.
- ✓ Official transcripts sent directly from an accredited institution to verify Bachelor's degree, if applicable.
- ✓ Official exam transcript sent directly from the National Board of Chiropractic Examiners (NBCE) including Part I, Part II, Part III, Part IV, and Physiotherapy.
- ✓ Two letters of moral character (relatives may not be used as references). The form can be found with the application material.
- ✓ Check or money order for the appropriate fees.

**LICENSURE BY ENDORSEMENT DOCUMENTS:**

- ✓ Completed and signed Application for Licensure
- ✓ Official transcripts sent directly from an accredited Chiropractic College.
- ✓ Official exam transcript sent directly from the National Board of Chiropractic Examiners (NBCE)
- ✓ Two letters of moral character (relatives may not be used as references). The form can be found with the application material.
- ✓ Verification of licensure sent directly from each state where you are or have ever been licensed (some states charge a fee for this service; contact each state board prior to sending the request).
- ✓ Check or money order for the appropriate fees.

#### **TEMPORARY PERMIT DOCUMENTS:**

- ◆ Completed and signed Application for Licensure
- ◆ Notarized "Consent Conditions for Temporary Permit" statement consenting to conditions of a temporary permit; signed by both the supervising licensed chiropractor and the applicant.
- ◆ Evidence of being scheduled to take either the NBCE Part IV or SPEC exam.
- ◆ Check or money order for the appropriate fees.

#### **STUDENT/INTERN/PRECEPTOR DOCUMENTS:**

- ◆ Completed Intern/Preceptorship application; signed by both the intern and the preceptor.
- ◆ A letter from the Chiropractic College that the student is attending, listing the student's date of matriculation and expected graduation date.
- ◆ Current transcripts sent directly from the accredited Chiropractic College.
- ◆ Preceptor shall submit malpractice insurance, if coverage over and above that which may be provided by the chiropractic college is required.

#### **PROCESSING PROCEDURES:**

When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

If the application is considered routine it will take up to 14 days to process once the application is complete.

If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

#### **JURISPRUDENCE EXAMINATION INFORMATION**

All applicants are required to pass the Jurisprudence examination with a minimum score of 75%. This is an open book examination covering the statutes and regulations. The examination downloads with the application. Statutes and rules can be downloaded from the Board's website at: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)

**For information with regard to the processing of this application or other concerns please contact the Board of Chiropractors staff at (406) 841-2390 or 2331 or email us at: [dlibsdcchi@mt.gov](mailto:dlibsdcchi@mt.gov)**

PLEASE BE SURE TO KEEP A COPY OF THE MONTANA LAWS AND RULES FOR THE PRACTICE OF CHIROPRACTIC WHICH ARE AVAILABLE ON OUR WEBSITE: [www.chiropractor.mt.gov](http://www.chiropractor.mt.gov)



11. List all professional licenses you currently hold. Verification must be sent directly to Montana from each state/province/territory.

State	License #	Issue Date	Expiration Date	License Method	Requested State Verification
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Exam <input type="checkbox"/> Endorse <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.  Yes  No

13. Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license as a result of any of the following: having a complaint filed against you; entering into a consent agreement with respect to your license as a result of a complaint; during an investigation or during disciplinary proceedings? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.  Yes  No

14. Has a complaint ever been made against you alleging unethical behavior, standard of care issues or unprofessional conduct? If yes, attach a detailed explanation.  Yes  No

15. Have you ever voluntarily or involuntarily surrendered any hospital privileges, health maintenance organization participation, Medicare/Medicaid privileges, or other privileges during a pending investigation, or in anticipation of an investigation, or had such privileges reprimanded, denied, restricted, suspended, placed on probation, revoked, or subjected to other sanction or action? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations.  Yes  No

16. Has any legal or disciplinary action been filed against you, which relates to your propriety of, or your fitness to practice this profession (including malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of the claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations.  Yes  No

17. Have you ever been expelled from or asked to resign from any professional organization or been censured by a professional organization of which you were a member? If yes, attach a detailed explanation.  Yes  No

18. Do you have criminal charges pending or have ever plead guilty, forfeited bond, or been convicted of a crime (including plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines of less than \$100.00 and (2) charges or convictions prior to your 16th birthday. (If yes, please attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements.)  Yes  No

19. Have you any physical or mental condition which may have or has adversely affected your ability to practice this profession, including but not limited to a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation.  Yes  No
20. Have you used alcohol or any other mood-altering substance in a manner which may have or has adversely affected your ability to practice this profession? If yes, attach a detailed explanation.  Yes  No
21. Have you ever voluntarily or involuntarily surrendered the privilege to dispense any drug, including but not limited to controlled substances, or had such privileges investigated, denied, restricted, suspended, revoked or otherwise modified by any governmental agency, including but not limited to the Drug Enforcement Administration, any state licensing or disciplinary court or other entity? If yes, attach a detailed explanation.  Yes  No

22. **PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

Name of School	City and State/Province/Territory	Dates Attended	Degree Earned

23. Have you ever been certified by a Specialty Board?  Yes  No

Certifying Agency	Specialty	Date Awarded, Re-certified

24. Have you ever been denied specialty certification or failed to pass a specialty certification examination or portion thereof?  Yes  No

By whom? \_\_\_\_\_

Reason for denial? \_\_\_\_\_ Number of times failed \_\_\_\_\_

25. **PROFESSIONAL AND CHARACTER REFERENCES**

Please type or print names and addresses of two references. Use these reference names to send the reference forms for your moral/professional character references.

Name:	
Address:	
Telephone Number:	

Name:	
Address:	
Telephone Number:	

**DECLARATION**

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Chiropractors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and will abide by the current licensure statutes and rules of the State of Montana governing the profession. I will abide by the current laws and rules that govern my practice.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**CONSENT CONDITIONS FOR TEMPORARY PERMIT**

1. Temporary permit holder and licensed supervising chiropractor must abide by 37-1-305 MCA, and 24.126.507 ARM.
2. Temporary permit holder must practice under the ON PREMISE SUPERVISION OF A LICENSED CHIROPRACTOR.
3. Temporary permit holder cannot sign insurance claims, Worker's Compensation claims, Medicare/Medicaid claims, or birth or death certificates, as only licensed practitioners have this right.
4. Temporary permit does not allow holder to operate a separate office as an individual or practice as an individual.
5. Any advertisement where the temporary permit holder is named or pictured must designate him/her as a pre-graduate or post-graduate intern. This designation must appear with the name of the supervising licensed chiropractor.

THE FOLLOWING SIGNATURES MUST BE NOTARIZED:

We, the undersigned, agree to the above as conditions for issuance of a temporary permit.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Signature of Supervisor

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at

\_\_\_\_\_  
City/State

SEAL

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Notary Public Printed Name

\_\_\_\_\_  
For the State of

My commission expires \_\_\_\_\_, \_\_\_\_\_

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**VERIFICATION OF MORAL/PROFESSIONAL CHARACTER**

**APPLICANT:** Complete the upper portion of this form and mail to each of the character references you have listed in your application.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

(Please Type or Print)

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This verification sent to: \_\_\_\_\_

**CHARACTER REFERENCE:** Please answer the following questions concerning the applicant's moral and professional character. This document is your authorization to release any and all information and opinions you have, favorable or otherwise, directly to the Montana Board of Chiropractors. Your response will be kept confidential.

Name of reference: \_\_\_\_\_

Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title/profession/position: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

To your knowledge, does the applicant have any habits or practices that would adversely affect his/her professional activities? If your answer is "yes", please explain:  Yes  No

Do you consider this applicant worthy of approval to practice as a Chiropractor in Montana?  Yes  No

Please comment on the applicant's professional character, morals and ethics (attach additional sheet as needed):

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

The Applicant and the Board thank you for your assistance.

**VERIFICATION OF LICENSURE**

THIS IS NOT AN ENDORSEMENT CERTIFICATION

**PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE AS A CHIROPRACTOR. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. SOME BOARDS REQUIRE A FEE FOR THIS SERVICE.**

STATE BOARD:

I am applying for a license to practice Chiropractic in the State of Montana and the Board of Chiropractors requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to the **BOARD OF CHIROPRACTORS, PO BOX 200513, HELENA, MT 59620-0513.** Your early response is appreciated.

\_\_\_\_\_  
(Signature) Name (Please Print) \_\_\_\_\_  
Address \_\_\_\_\_ My License Number is \_\_\_\_\_

**DO NOT DETACH - - THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MONTANA STATE BOARD OF CHIROPRACTORS.**

State of: \_\_\_\_\_

Full Name of Licensee: \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_

Licensed by Examination \_\_\_\_\_ Endorsement (List State) \_\_\_\_\_ Other (Please List) \_\_\_\_\_

License is Current?  Yes  No If NO, explain \_\_\_\_\_ License Status:  Active  Inactive  Other

Has License been suspended, revoked, on probation or otherwise disciplined?  Yes  No  
If YES, explain and attach documentation.

Has licensee ever been requested to appear before your Board?  Yes  No  
If YES, explain.

Derogatory information, if any \_\_\_\_\_

Comments, if any \_\_\_\_\_

BOARD SEAL Signed: \_\_\_\_\_  
Title: \_\_\_\_\_  
State Board: \_\_\_\_\_  
Date: \_\_\_\_\_

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**Application for Licensure as Student Intern/Preceptorship**

1. FULL NAME \_\_\_\_\_  
Last First Middle

2. OTHER NAME(S) KNOWN BY \_\_\_\_\_

3. BUSINESS NAME \_\_\_\_\_

4. BUSINESS ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

5. HOME ADDRESS \_\_\_\_\_  
Street or PO Box # City and State Zip

PREFERRED MAILING ADDRESS  BUSINESS  HOME EMAIL ADDRESS \_\_\_\_\_

6. BUSINESS PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_ FAX \_\_\_\_\_

7. SOCIAL SECURITY NUMBER \_\_\_\_\_ FOREIGN ID NUMBER \_\_\_\_\_

8. DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_  MALE  
 FEMALE

9. DATES OF INTERNSHIP: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**STUDENT/INTERN**

10. **PROFESSIONAL EDUCATION:**

Name of University or College	City and State/Province/Territory	Dates Attended	Degree Earned

11. Attach a letter from the Chiropractic College the student is attending listing the student's date of matriculation and expected graduation.

12. Submit current transcripts sent directly from the Chiropractic College.



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**PLEASE PRINT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION**

**This is an open book exam. A passing score of 75% is required for licensure.**

**Section 1 contains 20 true/false questions.**

**Section 2 and Section 3 contain 10 questions each that describe actions that are in violation of the Montana Chiropractic Code Annotated (Statutes) and Administrative Rules of Montana (Rules). Any of these violations can lead to **SUSPENSION, RESTRICTION or REVOCATION** of the chiropractor's license. Write the complete section number of the most applicable statute or rule in the blank next to the violation, including the sub-sections.**

**By submitting this form I verify that I am the person that has completed this examination.**

## MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION 1 - - Each question is worth 2 points**

Mark each question True or False

- TRUE  FALSE (1) An applicant for licensure must submit a completed application. A complete application does not require exam scores from the National Board of Chiropractic.
- TRUE  FALSE (2) Licensees can sign birth and death certificates.
- TRUE  FALSE (3) A temporary permit is granted to all applicants upon application.
- TRUE  FALSE (4) Complaints filed against a licensee for violation of a statute or rule must be filed with Montana Chiropractic Association.
- TRUE  FALSE (5) Licensees must be renewed annually by date of birth.
- TRUE  FALSE (6) The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors.
- TRUE  FALSE (7) The Board requires 15 hours of continuing education annually to qualify for license renewal.
- TRUE  FALSE (8) Six continuing education credits can be accumulated and carried over from one renewal year to the next.
- TRUE  FALSE (9) To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
- TRUE  FALSE (10) Applicants for licensure must be a graduate of a chiropractic college approved by the Board.
- TRUE  FALSE (11) Chiropractors may diagnose, palpate and treat the human body by the application of manipulative, manual, mechanical, dietetic methods, including chiropractic physiotherapy, the use of supportive appliances, diagnostic x-ray, minor surgery, and analytical instruments.
- TRUE  FALSE (12) A licensed chiropractor that wants to become a preceptor to a student intern must have practiced for a minimum of 5 years.
- TRUE  FALSE (13) Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
- TRUE  FALSE (14) An intern can see patients even though the preceptor has left the office for the day.
- TRUE  FALSE (15) A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates.
- TRUE  FALSE (16) Upon being served a malpractice suit, a Montana licensee may have their case submitted before the Montana Chiropractic Legal Panel.
- TRUE  FALSE (17) Having a physical or mental disability that renders the licensee unable to practice chiropractic with reasonable skill and safety is considered unprofessional conduct and could lead to license revocation.
- TRUE  FALSE (18) A chaperone must be present at all times a patient is examined and treated intra-vaginally.
- TRUE  FALSE (19) A license must be renewed annually. All applicants for renewal who have not paid the renewal fee on or before the renewal date shall pay an additional late fee.
- TRUE  FALSE (20) An impairment rating must be based on the current edition of the Guides to the Evaluation of Permanent Impairment published by the American Medical Association.

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION 2 - Each question is worth 3 points**

Section 3 contains 10 questions that describe actions that are in violation of the Administrative Rules of Montana (Rules). Any of these violations can lead to **SUSPENSION, RESTRICTION or REVOCATION** of the chiropractor's license. Write the complete section number of the most applicable administrative rule in the blank under the violation, including the sub-sections.

**ADMINISTRATIVE RULES OF MONTANA**

1. Licensee recommends treatments in excess of what is warranted by patient's condition.

\_\_\_\_\_

2. Licensee advertises in such a manner that implies certification or specialty in a particular area, when the specialty or certification has not been approved by the Board.

\_\_\_\_\_

3. Licensee fails to obtain 12 hours of continuing education prior to license renewal.

\_\_\_\_\_

4. Licensee, under false pretenses, defames another chiropractor.

\_\_\_\_\_

5. Licensee refers patient to another health care practitioner or facility and accepts a referral fee.

\_\_\_\_\_

6. Temporary permit holder treats patients without on-premise supervision.

\_\_\_\_\_

7. Licensee performs inappropriate breast examination.

\_\_\_\_\_

8. Licensee fails or refuses to make records available to the Board upon request.

\_\_\_\_\_

9. Licensee allows student intern to sign insurance claims.

\_\_\_\_\_

10. Licensee charges insurance companies a higher fee than patients who do not have insurance.

\_\_\_\_\_

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**SECTION 3 - Each question is worth 3 points**

Section 3 contains 10 questions that describe actions that are in violation of the Montana Code Annotated (Statutes) that apply to the chiropractic profession. Any of these violations can lead to SUSPENSION, RESTRICTION or REVOCATION of the chiropractor's license. Write the complete section number of the most applicable statute in the blank under the violation, including the sub-sections.

**MONTANA CODE ANNOTATED (STATUTES)**

1. Licensee has another person complete this examination.

\_\_\_\_\_

2. Licensee failed to report the finding of hepatitis, TB or AIDS.

\_\_\_\_\_

3. Licensee allows an unlicensed person to treat and bill under his/her name and license.

\_\_\_\_\_

4. Licensee misrepresents facts on application when securing a license.

\_\_\_\_\_

5. Licensee places an advertisement implying he/she is a medical doctor.

\_\_\_\_\_

6. Licensee becomes addicted to drugs or alcohol.

\_\_\_\_\_

7. Licensee advertises permanent cures for incurable diseases.

\_\_\_\_\_

8. Licensee is convicted of a felony.

\_\_\_\_\_

9. Licensee reveals confidential information about a patient without patient's consent.

\_\_\_\_\_

10. Licensee's license from another state was suspended or revoked.

\_\_\_\_\_

END OF EXAMINATION

Please return, by CERTIFIED MAIL, to  
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