

TBCE Date Stamp

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FACILITY APPLICATION

Texas Board of Chiropractic Examiners

333 Guadalupe St., Suite 3-825
Austin, TX 78701
(512) 305-6700 FAX (512) 305-6705



A facility owner must be 21 years or older. All questions on this application must be answered. Failure to respond to all questions or to provide all required information will result in a delay of the Facility Registration. Make cashier's check or money order payable to the Texas Board of Chiropractic Examiners.

Fac # **F**
Assigned by TBCE

Legal Facility Information	Facility Name		
	Facility d/b/a Name, if applicable		
Street	City	State	ZIP Code
County	Telephone No.	Fax No.	E-mail Address

Facility Mailing Address (if different)

Street	City	State	ZIP Code
County	Telephone No.	Fax No.	E-mail Address

Primary or Managing Partner Check if facility is Sole Proprietorship Partnership Corporation.

All additional facility owners/partners with at least a 10% or greater ownership interest must be provided. List all additional owners/partners on separate **Form ID1A Rule §74.2(b)** The application must be signed by the owner, if a sole proprietorship, or by an authorized representative, if a partnership or corporation.

Name (First)		Middle	Last	Suffix
Date of birth (mm/dd/yyyy)	Social Security No.		Driver's License	Driver's License State
Percent of Ownership	DC License # (if applicable)		Gender <input type="checkbox"/> F-Female <input type="checkbox"/> M-Male	
Ethnicity <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pacific Islander <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> O-Other				
Home Address - Street			Home Telephone No.	Home Cell No.
City	State	ZIP Code	County	

How many individuals own this facility?

SIGNATURE REQUIRED: Check if Owner or Authorized Representative

Signature

Facility Questionnaire

COMPLETE FACILITY QUESTIONNAIRE, ATTACH ANY REQUIRED FORMS

Does this facility share office space or staff but maintain separate business identities, including billing, accounting and other functions. Yes No If yes, since what date? _____ (mm/dd/yyyy)

Has this facility commenced providing chiropractic services? Yes No If yes, since what date? _____ (mm/dd/yyyy)

Is this facility the primary office? Yes No If no, what is the facility number of the primary office? _____ (mm/dd/yyyy)

Have you ever owned a chiropractic facility in Texas? Yes No If yes, give facility license number: _____ (mm/dd/yyyy)

Give the name of all this facility's licensed DCs or employees that are not owners/partners. Include the days and hours worked at the facility of licensed DCs or employees. Attach a separate **Form 101LD** for additional DCs or employees.

Facility/Clinic Name		Hours of Facility/Clinic Operation
License No.	Name (first)	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___
License No.	Name (first)	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___
License No.	Name (first)	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

SUBMIT A FORM 101A FOR EACH OWNER/PARTNER WITH A 10% OR GREATER INTEREST IN THE FACILITY AND ATTACH TO THIS APPLICATION. FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR FACILITY APPLICATION OR RENEWAL.

Do you own chiropractic facilities in another state(s)? Yes No
If yes, list the state(s) of licensure and your facility registration number in the other state(s)

State(s) Licensed	Facility Number	State(s) Licensed	Facility Number

Have you ever been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other chiropractic licensing agency and/or disciplinary authority of another state? (Examples: Revocation, suspension of license, administrative penalty, or letter of reprimand.)
 Yes No

If you answered Yes, include the name of the Board, licensing or disciplinary authority, the date of the order, and if applicable, the date of termination of the condition and/or problem.

Name of Board	Licensing/Disciplinary Authority	Date of Order	Termination Date of Condition

Have you ever been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

Have you been subject of a deferred adjudication for a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

If you answered Yes to Question(s) 3 or 4, provide details on each conviction including offense, punishment, date of conviction, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application

Type of Offense	Punishment	Conviction Date	Incarcerated Yes/No	Probation Yes/No	Community Supervision



Texas Board of Chiropractic Examiners

State law prohibits renewing a license **more than once** after a licensee has defaulted on any student or TGSLC loan. You should contact your student loan institution or TGSLC before completing this form. Texas Administrative Code §73.2, §80.2

Your license will not be renewed and suspended if information is received from the Attorney General's Office, State of Texas that the applicant is in default of their Child Support Agreement per Family Code, Chapter 22-Suspension of License, §232.003

My name is _____
(First) (Middle) (Last)

My date of birth is _____

My address is _____
(Address), (City), (State), (Zip) and (Country)

I declare under penalty of perjury that the foregoing is true and correct. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand it is a violation of the Texas Chiropractic Act, section 201.5025 and the Texas Penal Code, section 37.10, to submit a false statement to the TBCE.

Signature: _____ Date: _____

**Should you have any questions regarding this application, contact TBCE at
(512) 305-6700 or email to tbce@tbce.state.tx.us**

TEXAS BOARD OF CHIROPRACTIC EXAMINERS

Additional Facility Owner/Partner With 10% Interest Texas

Board of Chiropractic Examiners
333 Guadalupe St., Suite 3-825
Austin, TX 78701
(512) 305-6700 FAX (512) 305-6705

All questions must be answered. A facility owner must be 21 years or older. Give the name of the facility that you own 10% or greater in. Sign the certification and attach to the Facility Application or Renewal Form

Facility Name	Address	City	State	ZIP
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Additional Owner/Partner

Name (First)		Middle	Last		Suffix
Date of birth (mm/dd/yyyy)	Social Security No.		Driver License		Driver License State
Percent of Interest Owned		DC License # (if applicable)		Gender <input type="checkbox"/> F-Female <input type="checkbox"/> M- Male	
Ethnicity <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Asian/Pacific Islander <input type="checkbox"/> I-American Indian/Alaskan Native <input type="checkbox"/> O-Other					
Home Address – Street			Home Telephone No.		Home Cell No.
City	State		ZIP Code		County

An OWNER/PARTNER WITH A 10% OR GREATER INTEREST IN THE FACILITY MUST ANSWER ALL QUESTIONS. FAILURE TO ANSWER ALL QUESTIONS WILL DISQUALIFY YOUR FACILITY APPLICATION OR RENEWAL.

FACILITY QUESTIONNAIRE

① Do you own chiropractic facilities in other state(s)? Yes No

If yes, list the state(s) of licensure and your facility registration number in the other states(s)

State(s) Licensed	Facility Number	State(s) Licensed	Facility Number

② Have you ever been the subject of a disciplinary action by the Texas Board of Chiropractic Examiners or any other chiropractic licensing agency and/or disciplinary authority of another state? (Examples: Revocation, suspension of license, administrative penalty, or letter of reprimand.) Yes No

If you answered Yes, include the name of the Board, licensing or disciplinary authority, the date of the order, and if applicable, the date of termination of the condition and/or problem.

Name of Board	Licensing/Disciplinary Authority	Date of Order	Termination Date of Condition

Continue on to next page

Facility Questionnaire

Owner/Partner Name

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③ Have you ever been convicted of a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

④ Have you been subject of a deferred adjudication for a felony or misdemeanor other than a traffic offense, but including a drug or alcohol-related offense? Yes No

If you answered Yes to Question(s) 3 or 4, provide details on each conviction including offense, punishment, date of conviction, whether you were incarcerated, and if you are currently on probation or community supervision. To expedite your application, you should notify the Board immediately of any conviction so that they may send you additional materials required for processing your application

Type of Offense	Punishment	Conviction Date	Incarcerated Yes/No	Probation Yes/No	Community Supervision

State law prohibits renewing a license **more than once** after a licensee has defaulted on any student or TGSLC loan. You should contact your student loan institution or TGSLC before completing this form. Texas Administrative Code §73.2, §80.2

Your license will not be renewed and suspended if information is received from the Attorney General's Office, State of Texas that the applicant is in default of their Child Support Agreement per Family Code, Chapter 22-Suspension of License, §232.003

I certify that the information I have provided to the above application and questions are true and correct. I understand that it is a violation of the Texas Chiropractic Act to submit a false statement to the board.

Signature _____

Date _____



Texas Board of Chiropractic Examiners

State law prohibits renewing a license **more than once** after a licensee has defaulted on any student or TGSLC loan. You should contact your student loan institution or TGSLC before completing this form. Texas Administrative Code §73.2, §80.2

Your license will not be renewed and suspended if information is received from the Attorney General's Office, State of Texas that the applicant is in default of their Child Support Agreement per Family Code, Chapter 22-Suspension of License, §232.003

My name is _____
(First) (Middle) (Last)

My date of birth is _____

My address is _____
(Address), (City), (State), (Zip) and (Country)

I declare under penalty of perjury that the foregoing is true and correct. I understand that no one else may submit this form on my behalf and that I am accountable and responsible for the accuracy of any answer or statement on this form.

Further, I understand it is a violation of the Texas Chiropractic Act, section 201.5025 and the Texas Penal Code, section 37.10, to submit a false statement to the TBCE.

Signature: _____ Date: _____

**Should you have any questions regarding this application, contact TBCE at
(512) 305-6700 or email to tbce@tbce.state.tx.us**

TEXAS BOARD OF CHIROPRACTIC EXAMINERS

Additional Licensed DC/Employees

Non Facility Owner/Partner

Texas Board of Chiropractic Examiners
333 Guadalupe St., Suite 3-825
Austin, TX 78701
(512) 305-6700 FAX (512) 305-6705

All questions on this form must be answered. Give the name and address of the facility and licensed DCs or employees that are not owners/partners. Include the days and hours worked at this facility. Attach to Facility Application or Renewal as needed.

Facility/Clinic Name		Hours of Facility/Clinic Operation		
Address	City	State	ZIP	

Licensed DC(s) or Employees employed at the above facility/clinic that are not owners/partners

License No.	First Name	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

License No.	First Name	Last Name
Days worked at this location M T W TH F S		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

License No.	First Name	Last Name
Days worked at this location M T W TH F S		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

License No.	First Name	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

License No.	First Name	Last Name
Days worked at this location M T W TH F S		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___

License No.	First Name	Last Name
Days worked at this location M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> S <input type="checkbox"/>		Hours worked at this location by day M ___ T ___ W ___ TH ___ F ___ S ___