

# **INSTRUCTIONS FOR SPECIALTY RECOGNITION APPLICATION**

## **PURPOSE**

The purpose of the Application for Specialty Recognition Form is to provide a means by which groups or individuals may request that the Texas Board of Chiropractic Examiners (TBCE) determine that a specific area of practice should be a TBCE recognized chiropractic specialty in Texas.

## **SUPPORT MATERIALS**

In addition to completing and submitting the required form, please submit any additional materials that would be helpful to be Board in determining the qualifications that are needed to achieve specialty recognition for the particular area of practice in question. Send the application and support materials together in one package

## **FEE**

There is no longer a fee associated with this application.

## **BOARD DECISION**

All completed applications will be reviewed by agency staff, an appropriate Board committee and by the Board itself. The final decision to recognize or not recognize a chiropractic specialty in Texas will be made by the Texas Board of Chiropractic Examiners. The Board meets four (4) times each year. Therefore, a final decision may not be reached until several months after the completed application is received.

## **QUESTIONS**

Questions regarding the specialty recognition process may be directed to:

Yvette Yarbrough, Executive Director  
Texas Board of Chiropractic Examiners  
333 Guadalupe, Suite 3-825  
Austin, TX 78701  
e-mail: [yvette@tbce.state.tx.us](mailto:yvette@tbce.state.tx.us)  
Phone: 512-305-6716  
Fax: 512-305-6705



**Specialty continued**

Describe if  Conditions or  Disorders to which the specialty area is directed

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**Provide the following information and attach all documents requested. Check if attached to this application**

①  **Proof of acceptance of the specialty area by the chiropractic profession** to include safety (safe for its intended purposes) and efficiency of the specialty, such as articles from referred journals, scholarly journals, treatises, textbooks used by the board approved Council of Chiropractic Education (CCE) colleges of chiropractic, syllabi and /or curriculum material used in education and training in the specialty area, and scholarly studies or research.

②  **Education and/or training requirements** including **how and where education** may be obtained and whether education and /or training is provided from a post graduate board-approved CCE chiropractic college.

③ **Give statement describing why the specialty complies with scope of practice** as defined in Texas Administrative Code §75.17 (Attach additional pages as necessary)

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④ **Identify all specialty examination and other requirements required to obtain and maintain the specialty certification.**

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**CONTINUING EDUCATION**

Give the number of hours of CE needed to maintain the specialty certification.

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# TBCE Board Decision

Comments:

Lined area for comments.

Board:  Approved  Disapproved

Date: \_\_\_\_\_