

# OREGON BOARD OF CHIROPRACTIC EXAMINERS

## Exam Candidate's Information Guide



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*– The Board is continually working to upgrade the application and examination process, therefore the information within this guide is subject to change at any time.*

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**WHEN YOU HAVE COMPLETELY READ THIS PACKET OF INFORMATION, YOU MUST COMPLETE THE FORM ON THE LAST PAGE VERIFYING YOUR UNDERSTANDING OF ALL EXAMINATION POLICIES AND PROCEDURES AND RETURN THE SIGNED FORM TO THE O.B.C.E. WITH THE APPLICATION.**

## STATEMENT OF PURPOSE

The purpose of this exam procedure is to evaluate each candidate's qualifications to practice in this state as defined by Chapter 684 of the Oregon Revised Statutes also known as "The Chiropractic Practice Act".

Licensure in Oregon is not a "right", but rather a privilege granted to those who demonstrate competency as required by ORS 684.050(4). Graduation from a CCE college in itself does not certify competency in those areas defined by the broad-scope Oregon practice act, nor necessarily does experience in practice under other state jurisdictions.

Trick questions are not intended. The object is to protect the public welfare by licensing only qualified chiropractors who demonstrate the knowledge and skills required under ORS Chapter 684. Test items are specifically devised to determine whether "adequate competency" can be demonstrated by the candidate. Your competency is measured by appropriate responses to academic and clinical examination.

Public expression of personal performance anxiety and hysteric conversion reactions are discouraged. Demonstrate your ability to think and act like a Chiropractic physician by maintaining professional conduct while understanding and accepting Oregon licensing protocol.

*"Look at the BIG picture..."  
"Get off your wishbone,  
Stick out your jawbone,  
Straighten up your backbone...  
and get to work..."*

*B. J. Palmer, DC*

## SECTION 1 - POLICIES AND GUIDELINES

**Read all material before filling out any forms, or before requesting your transcripts.**

Enclosed with this Guide are the materials necessary to apply for the Oregon Chiropractic State Board Examination. Included is an application form, the "Request for Accommodation" form, a copy of the Oregon Laws (Chapter 684) and Administrative Rules (Chapter 811), Certification of Licensure in Another State form and FBI Standard Applicant Fingerprint Card (Form FD258) along with an "ID Verification" form. Additional memorandums may be added to update the candidate of proposed or adopted changes to the exam or exam policies.

**It is the candidate's responsibility to provide all necessary information to complete the applicant file by the given deadline.**

### **I. APPLICANT ELIGIBILITY**

An applicant for a chiropractic license in Oregon shall furnish to the Board a diploma and transcript, certified by the registrar, or other documents satisfactory to the Board evidencing graduation from a chiropractic school or college approved by the Board under the Board's academic standards, or from a school accredited by the Council on Chiropractic Education or its successor agency under standards that are accepted and adopted biennially by the Board in the version applied to that school by the accrediting agency. (See ORS 684.040(2)(d))

Additionally, effective April 1, 1998 the Oregon Board determined that all candidates must submit 36 hours of education in minor surgery and proctology as part of their application eligibility. This requirement will effect all candidates (whether a first time taker, retaker [of any subject], or reciprocity candidate). See OAR 811-020-0006.

### **II. SPECIAL ACCOMMODATIONS** (American Disability Act)

If you have a disability and require some accommodation in taking this examination, you must fill out and submit the "Request for Accommodation" form along with the application. The need for accommodation must be specifically outlined in the "comments" section of the form and supporting documentation provided. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation on site.

### **III. DOCUMENTS TO BE SUBMITTED** (by all candidates, including reciprocity)

- A) A completed, **official application** including a recent **photograph**, and the **non-refundable fees** of **\$197.25** (\$150.00 exam fee and \$47.25 criminal background check fee) (Photocopies of the application are not accepted.)
- B) **Official FBI Standard Applicant Fingerprint Card (Form FD258) along with "ID Verification" form.** Contact your local law enforcement agency to have your fingerprints completed. Your fingerprints must be clear as outlined on the back of the card. The candidate is responsible for any fees required for this procedure.

- C) Evidence of the applicant's good moral character submitted in the form of a **letter of recommendation** on the letterhead stationery of another licensed Chiropractic physician.
- D) **Signed affidavit (application) attesting to successful completion of at least two years of liberal arts and sciences study in an accredited college.** Applicant need not submit original/official transcripts unless requested by the Board. The Board may, at its discretion, request **foreign transcripts** be evaluated by an educational evaluation service. Should the Board require evaluation of **foreign transcripts**, the candidate will be responsible to contact one of the following educational evaluation services. The unopened, original evaluation report shall be sent directly to the Oregon Board of Chiropractic Examiners.

**Int'l Educational Research Foundation, Inc.**

Post Office Box 3665  
 Culver City, CA 90231-3665  
 Phone: (310) 258-9451  
 FAX: (310) 342-7086  
 Website: [www.ierf.org](http://www.ierf.org)

**Educational Credential Evaluators, Inc.**

Post Office 514070  
 Milwaukee, WI 53203-3470  
 Phone: (414) 289-3400  
 FAX: (414) 289-3411  
 Website: [www.ece.org](http://www.ece.org)

**Foreign Academic Credentials Service, Inc.**

Post Office Box 400  
 Glen Carbon, IL 62034  
 Phone: (618) 656-5291  
 FAX: (618) 656-5292  
 Website: [www.facsusa.com](http://www.facsusa.com)

**World Education Services**

P.O. Box 5087  
 Bowling Green Station  
 New York, NY 10274-5087  
 Phone: (212) 966-6311  
 FAX: (212) 739-6152  
 Website: [www.wes.org](http://www.wes.org)

An applicant may have his/her credentials evaluated by any other credentialing agency that is a member of the National Association of Credential Evaluation Services, Inc. (414) 289-3412.

At its November 2001 meeting, the OBCE reconsidered its policy on pre-professional education for license application in Oregon. The Board determined that it will accept the Council on Chiropractic Education's (CCE's) standards defined for two-year's education. (See OBCE's Guide to Policy & Practice Questions)

- E) **An official transcript**, certified by the registrar, **and copy of a diploma** from a chiropractic college approved by the Board under the Board's academic standards or from a school accredited by the Council on Chiropractic Education or its successor agency, which requires for graduation a period of actual attendance of four years, or its equivalent as determined by the Board, each with a schedule of minimum educational requirements enumerated in ORS 684.050(4). An official transcript of grades must be submitted from each chiropractic college attended. Transcripts must reflect 120 hours of Physiotherapy.

Candidates may sit for the Oregon State Board exam if they are within six months of graduation and can meet the remainder of the application requirements. A photocopy of the diploma must be submitted prior to licensure.

F) **National Board of Chiropractic Examiners (NBCE):** An official certificate of proficiency issued for the following examinations: (ALL parts required)

- 1) Part I
- 2) Part II
- 3) Part III (minimum score 375) (*Exempt, if licensed in another state prior to July 1, 1992*)
- 4) Physiotherapy
- 5) NBCE Part IV (min. score 375) (*Exempt, if applicant practiced in another state at least five years*)

Parts I, II, III, and Physiotherapy transcript must be received by the OBCE's 30 day deadline.

The official Part IV transcript is not required prior to sitting for the Oregon Specific Exams, but it is required prior to licensure in Oregon. This is a policy change effective April 9, 1998.

G) **Licensure in Another State:** If you now hold or have ever held a chiropractic license in another state, you are required to submit the Certification of Licensure in Another State form to the state(s) where you are/were licensed. The statement must certify the initial date of licensure, license status and whether there is a record of discipline on your license for unprofessional or unethical practices in that state. Any details regarding any disciplinary actions on the license must be submitted with the report. Additionally, information regarding how licensure was obtained – state or national examination or reciprocity is required. Please provide scores, if licensure obtained by examination. Failure to comply will result in an incomplete application, and/or will be considered an attempt to conceal information (ORS 684.100(1)(a) and OAR 811-035-0015(16) and you may not be eligible to sit for the current examination.

Copies may be made of the enclosed Certification of Licensure form for submission to more than one state. Any fee charged by the other state licensing board(s) is the licensee's responsibility to pay.

H) **Minor Surgery/Proctology Requirement:** An official transcript is required showing successful completion of 36 hours Board approved coursework in minor surgery/proctology (in addition to the standard courses of physical examination, emergency/first aid, histology, etc). See OAR 811-020-0006.

I) **Social Security Statutory Requirements Form:** (mandatory form included with application materials)

J) **Statement of Understanding:** (found in the Forms section of this Guide)

**IV. FEES AND DEADLINES**    *Deadlines must be observed.*

- A) The completed application, \$197.25 fee, and supporting documentation must be postmarked no later than **30 days prior** to the exam date.
- B) All requests for retake and \$100 fee must be postmarked no later than **30 days prior** to the exam date.

**V. REFUND POLICY**

The application and criminal background check fees are **NON-REFUNDABLE**. However, if a candidate notifies the Board in writing, at least 10 days prior to the exam that he/she will not be able to attend the scheduled test, the fees may be forwarded to the next exam opportunity. Upon written request, the retake fee may be refunded when the request is submitted at least 10 days prior to the test date.

If an applicant is scheduled to sit for an examination, does not submit a written notice of absence to the OBCE, and does not “show” for the exam(s), the candidate will lose the submitted fees (initial or retake fee).

**VI. APPLICANT INQUIRIES**

The OBCE will attempt to keep all applicants informed about the status of their files however; it is ultimately each candidate’s responsibility to insure all required documentation is submitted by the exam deadline. As each application is received, the applicant will be notified of its receipt and of any documentation still outstanding.

Telephone or written inquiries about applications or the exam procedure may be directed to:

Donna Dougan  
Oregon Board of Chiropractic Examiners  
3218 Pringle Road SE Suite 150  
Salem, Oregon 97302-6311  
503-373-1579

E-mail requests may be submitted to: [donna.dougan@state.or.us](mailto:donna.dougan@state.or.us)  
OBCE website: <http://www.oregon.gov/obce>

**VII. NAME AND ADDRESS CHANGES**

An applicant must notify the OBCE whenever there is an address, phone number or name change. Failure to do so may prevent the applicant from sitting for the next available examination. Changes must be submitted in writing. Please remember to include telephone number changes.

Change of Address Form may be found in Section 5 of the Candidate's Guide.

## **VIII. TEST DATE SCHEDULING**

The OBCE State Board Exam is offered four times a year in January, April, July and October. The schedule of application and exam deadlines is provided as a separate sheet in your application material (*The dates are subject to change*). Contact the OBCE if you do not see it, or visit our website [www.oregon.gov/obce](http://www.oregon.gov/obce)

## **IX. TEST SITE**

Generally, the test is held either in Salem or Portland, Oregon. The exact location will be established from exam to exam. Information, which includes directions and a map, will be sent to each applicant when the file is complete and approved by the Board of Chiropractic Examiners.

## **X. WEATHER POLICY**

The Oregon Specific Examination will be held unless severe weather conditions dictate otherwise.

This policy is established to avoid any potential hazardous situation related to attending the Oregon Specific Examination. History dictates that there is less than a 5% chance of severe weather conditions which would prohibit a candidate from attending the exam on time (or at all). In the rare instance when this occurs, please refer to the following policy. The candidate is ultimately responsible to contact the radio station or the Board of Chiropractic Examiners.

In case of severe weather conditions, the Board of Chiropractic Examiners will notify local radio stations of any delays or cancellations affecting the state board exam. Please listen to either of these two stations for changes:

**1190 KEX (AM)      or      750 KXL (AM)**

- If the weather slows, or prohibits, travel for any of the OBCE, a delay will occur. The best policy is, plan to stay longer when the weather is severe. If the examination is held, and a candidate chooses not to show, the candidate will be considered a “no show” and will lose the application or retake fee.
- If the examination is canceled, the OBCE will reschedule a date and time at its earliest possible convenience. If this is necessary, the Board appreciates everyone’s cooperation. It will be the candidate’s responsibility to make arrangements for the rescheduled exam date.

The Board recommends that hotel/motel reservations be made as close to the exam site as possible. You may contact the Portland Visitors Association at 1-800-962-3700 and Salem Visitors Association at 1-800-874-7012 to obtain information concerning accommodations. **Plan your accommodations and travel accordingly.**

The Board of Examiners believes that it is important to do everything possible to conduct the exam as scheduled. Please, do your part by planning wisely.

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## SECTION 2 - EXAMINATION PROCEDURES

### I. DESCRIPTION OF THE EXAMINATIONS & FORMAT

Candidates may be required to understand, interpret, and apply basic facts to specific situations and to know terms, facts, methods and procedures.

The two written tests listed below include 50 multiple-choice type questions; 50 minutes are allowed to complete each written exam. Each test item is worth two points for a total of 100 points per subject area.

Points are awarded for correct answers only; therefore, it is to the candidate's advantage to answer every test item by marking one of the choices thought to be the correct answer. Only one response should be marked for each item. Items which contain two or more marked responses, and those with no response, will receive no credit.

*The written exams will test your knowledge in the following subject areas:*

**Minor Surgery and Proctology:** pertains to minor surgery as defined by Oregon Revised Statute 684.010. Proctology pertains to those diseases, conditions and states originating in, or manifest in, the colon, rectum, anus or surrounding tissue.

**Obstetrics, Gynecology and Genitourinary:** pertains to the body during gestation from conception to delivery and postpartum, the human reproductive systems, the genitourinary systems and associated functions and pathologies.

*The Ethics and Jurisprudence exam is now taken online and will test your knowledge in the following subject areas:*

**Ethics, Jurisprudence and Public Health:** pertains to moral and legal behavior of the practitioner under Oregon Revised Statute (ORS) Chapter 684 and Oregon Administrative Rule (OAR) Chapter 811 (including OBCE Guide to Policy and Practice Questions and Oregon Chiropractic Practices and Utilization Guidelines) and current public health issues. This test does not address personal philosophy or technique.

### II. SCHEDULING OF THE EXAMINATIONS

**\*\* NEW \*\*** The **Ethics, Jurisprudence and Public Health examination** is offered as an online exam now. Once you have paid your examination fee and your application has been approved you will be given instructions on how to access the exam.

#### FRIDAY

8:00 - 8:50	Registration - for new candidates (re-taker's may register 30 minutes prior to the exam they are re-taking)
8:50 - 9:00	Orientation
9:00 - 9:50	Minor Surgery/Proctology
10:00 - 10:50	Obstetrics/Gynecology/Genitourinary

The actual order of the exams may be changed due to the number of candidates taking each subject.

### **III. EXAMINATION ADMINISTRATION POLICIES**

General suggestions: Get a good night's sleep before the examination - avoid last minute cramming. Avoid eating a large, heavy meal before the exam (it may cause drowsiness). Try to relax and approach the exam positively. Dress comfortably - plan for warm or cool temperatures; shirts, sweaters, vests, sweatshirts or with front pockets are not allowed, you will be asked to remove them at the exam sit. You may consider bringing ear plugs.

#### **Some helpful exam strategies:**

- 1) Avoid spending too much time on one question. If you're uncertain about an answer, advance to the next question. Return to the problem question toward the end of the exam.
- 2) Select only one answer choice. No credit is given for items indicating more than one answer choice. Erase any changed answers completely.
- 3) Use all the time allotted. If you have time left over, go over the exam from the beginning to make sure that you answered all of the questions.

#### **A) CANDIDATE'S RESPONSIBILITY**

All candidates are required to register and show proof of identification (any legal picture ID).

Exam room doors are closed strictly on the hour. An applicant not in the room, for any reason, will not be allowed to write that examination. No exceptions.

Bring two No. 2 pencils with erasers. There are to be no notebooks, text books, or other materials used during the exams. Books, backpacks, purses, coats, etc. are to be deposited at the side of the room or by the door. Food is not allowed at the desk during the written exams, however, drinks with lids are. Cellular phones or other communication devices will not be allowed in the area please leave them in your vehicle or at home.

Restrooms and water fountains are in the areas.

Any examinee engaging in any disruptive conduct or communication during registration or the examination will be expelled.

Any examinee found to be cheating by looking at another's paper, giving assistance to another or obtaining answers from another candidate or other source will be asked to leave the examination site immediately, shall fail the examination and will not be allowed to take the exam for a period of five years. **See Oregon Administrative Rule 811-010-0085(11).**

## **B) TEST DEVELOPMENT**

The Oregon Specific Examination is composed of a written and online component.

New examination questions are solicited regularly from chiropractic practitioners and educators. The passing scores for the minor surgery and obstetrics examinations are determined by using a panel of experts to correlate test performance with the minimum level of competence or knowledge required for safe and effective chiropractic practice.

Passing scores derived this way are referred to as “criterion referenced.” The older and more familiar method of passing score determination is “cut score”. Criterion referenced passing scores, because they do not depend on a cut score, allow for the possibility that everyone could, theoretically, pass or fail the examination. Even those individuals with the lowest scores can pass the examination if the scores are high enough to reach the criterion of minimum competence or knowledge set by the panel of experts. (Note: there are several operational techniques for setting criterion referenced passing scores. For the Board’s written examinations the Angoff Method is used.)

After the examinations are administered, the statistical performance of each question is reviewed by the Board. If it is determined, as a result of this analysis, that any question is flawed, an appropriate adjustment is made to the scoring key.

## **C) RESULTS**

The Board approves the examination report. Examination grades will be released within 30 days of the examination date. Test results will be mailed and will not be given over the phone. Please do not call the Board office.

## **D) REGRADES**

Any request for regrade must be submitted in writing to the Board no later than 15 days after the date results are released. A regrade involves a manual tally of points earned for the specific examination requested. You will receive a written response within 10 days after the request is received in the OBCE office.

## **E) RETAKES**

Candidates who do not pass all portions of the Oregon Specific Examination may retest the failed portions at the next available opportunity provided they submit the appropriate retake fee along with a letter of intent by the given deadline (see Deadlines and Fees).

An applicant must take at least one of the failed section(s) within 13 months following the date when the applicant took the entire examination. If the applicant fails to re-test on at least one failed section within 13 months of the last examination, the file shall become inactive and the applicant must re-apply and take the entire examination.

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### SECTION 3 - SAMPLE QUESTIONS AND ANSWERS

**ETHICS, JURISPRUDENCE and PUBLIC HEALTH – ONLINE ONLY-** this exam consists of statements that may be violations; you are asked to identify the Rule or Statute that the statement violates.

1. Once licensed and in practice the chiropractor keeps his license certificate and certificate of registration in a locked file cabinet for safe keeping.
  - A. OAR 811-010-0045 (2)
  - B. OAR 811-010-0025
  - C. OAR 811-010-0086 (2)
  - D. None of the above
  
2. A chiropractic physician adjusts a patient's dog without a written prescription from a veterinarian.
  - A. ORS 684.010 (2) (b)
  - B. ORS 684.035
  - C. ORS 684.025 (3)
  - D. Not a violation
  
3. Without a notice a chiropractor closes his office and abandons his patient files
  - A. ORS 684.100 (1) (g)
  - B. ORS 684.100 (1) (f) (A)
  - C. ORS 684.100 (1) (s)
  - D. ORS 684.100 (1) (a)
  
4. A chiropractor who is also a naturopathic doctor does not chart under which license he is providing his services.
  - A. OAR 811-035-0005 (2)
  - B. OAR 811-015-0006 (1)
  - C. OAR 811-015-0005 (2)
  - D. OAR 811-015-0005 (1)
  
5. A chiropractor appears before the Peer Review Committee but refuses to answer questions pertaining to the complaint.
  - A. OAR 811-035-0005 (1)
  - B. OAR 811-035-0015 (20)
  - C. Not a violation
  - D. ORS 684.100 (4)

Answers are on page 14

## **MINOR SURGERY and PROCTOLOGY**

1. A small cone shaped projection found protruding from an encircling ring at the upper end of the anal canal best describes
  - A. Papilla
  - B. Fissure
  - C. Crypt
  - D. Hemorrhoid
  
2. \_\_\_\_\_ describes subjective symptoms of hemorrhoids.
  - A. A dull ache, pressure or uneasiness upon sitting
  - B. Pressure or weight upon standing
  - C. Aching of hips and legs
  - D. All of the above
  
3. Epistaxis is
  - A. Anaphylactic shock
  - B. A nosebleed
  - C. A spinal block
  - D. Applying direct pressure to stop bleeding
  
4. What is the correct dilution of water and bleach to make hypochlorite solution?
  - A. 25 : 1
  - B. 12 : 1
  - C. 5 : 1
  - D. 1 : 1
  
5. The most typical individual prone to anaphylaxis is
  - A. Blacks
  - B. Hispanics
  - C. Blonde/blue-eyed Germanic
  - D. North American Indians

Answers are on page 14

## **OBSTETRICS, GYNECOLOGY and GENITOURINARY**

1. Infertility is defined as the inability to
  - A. Achieve pregnancy
  - B. Achieve pregnancy within 6 months
  - C. Achieve pregnancy within 12 months
  - D. Achieve pregnancy within 24 months
  
2. The major functions of progesterone are
  - A. Preparation of the endometrium for implantation
  - B. The maintenance of pregnancy
  - C. Breast growth
  - D. A and B
  
3. Retinopathy, hypertension, proteinuria and edema in a pregnant diabetic before the 25th week of gestation indicates a serious risk of:
  - A. Congestive heart failure
  - B. Fetal malformation
  - C. Renal failure
  - D. Thrombophlebitis
  
4. Premature labor can be defined as the onset of labor:
  - A. Before effacement and dilation of the cervix
  - B. Before the 39th week of gestation
  - C. With effacement and dilation of the cervix before the 39th week of gestation
  - D. With effacement and dilation of the cervix before the 37th week.
  
5. Hyperemesis gravidarum can be confirmed by:
  - A. A thorough history
  - B. Serum potassium levels below 4.5 mEq/L
  - C. Albuminuria of 1 + or greater
  - D. Dehydration and weight loss as pregnancy progresses

Answers are on page 14

## ANSWERS TO SAMPLE QUESTIONS

### ETHICS/JURISPRUDENCE/PUBLIC HEALTH

1. B
2. C
3. C
4. C
5. B

### MINOR SURGERY/PROCTOLOGY

1. A
2. D
3. B
4. C
5. C

### OBSTETRICS/GYNECOLOGY/GENITOURINARY

1. C
2. D
3. C
4. D
5. D

## SECTION 4 - LICENSING

Once a licensee passes the Oregon State Board Exam (and all **official** documentation - NBCE Part IV transcript and/or chiropractic diploma - is received) he/she may submit the initial license fee of \$100 to obtain the Oregon license. The initial license registration is valid for a minimum of 180 days. However, if the applicant's next birth date is within the 180 days, the initial license will be valid for an additional 12 months beyond the applicant's birth date.

### I. LICENSE-RELATED FEES

A) Initial License	<b>\$100</b>
B) Active Renewal	<b>\$300</b>
C) Senior Active Renewal (25 years active practice & 60 years of age)	<b>\$225</b>
D) Inactive Renewal	<b>\$175</b>

### II. LICENSING

Applicant's who have completed all requirements for licensure, including passage of all required examinations, must submit the initial license fee to obtain their license **within one year from the date they completed all the requirements**. An applicant's initial license will be valid for a minimum of 180 days. However, if the applicant's next birth date is within the 180 days, the initial license will be valid for an additional 12 months beyond the applicant's birth date.

### III. RENEWAL

The Board will mail a licensee's Renewal Notice/Affidavit approximately 45 days prior to the licensee's renewal date (last day of birth month). **OAR 811-010-0086**

The first generated renewal notice received by a first-year Chiropractic Physician will be for an active license by default. Anyone not practicing within the State of Oregon may change the status to inactive by paying the appropriate fee at subsequent renewals. No CE is due to maintain an inactive license.

Submit the appropriate fee as indicated on the notice, with the renewal notice and signed affidavit verifying completion of continuing education (CE pertains to ACTIVE renewal only).

### IV. CONTINUING EDUCATION

To obtain an Active license at the first renewal, licensees are required to submit 2 hours of continuing education in Evidence Based Outcomes Management, 4 hours in "over-the-counter medications," and attend a New Licensee Introduction to the Board workshop. They will not need to complete the full 20 hours required of active licensees until the second year of licensure. There are also second year CE requirements. Visit the OBCE website to find out more: <http://www.oregon.gov/OBCE/ContEduc.shtml>

Continuing Education courses are offered throughout Oregon by the Chiropractic associations, Chiropractic colleges, and a variety of other sources, including community colleges, other professional associations, community hospitals, etc. Online, video, or audio CE is accepted. For all other venues, read the administrative rule for continuing education **OAR 811-015-0025** in addition to viewing the website.

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## **SECTION 5 - OBCE FORMS**

I. COMMENT SHEET

II. CHANGE OF ADDRESS FORM

III. STATEMENT OF UNDERSTANDING \*\*

Verification that you have read and understand the entire contents of the Candidate's Packet.

\*\* The certificate must be signed and returned to the OBCE office with the application.

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## OREGON BOARD OF CHIROPRACTIC EXAMINERS EXAMINATION COMMENT SHEET

Write in year and circle the month of your exam

You may submit this form after the examination or complete another copy at the exam site when you are through testing.

<b>NAME</b> (OPTIONAL)
<b>ID #</b> (OPTIONAL)

YEAR	
JAN	APRIL
JULY	OCT

IF YOU HAVE TIME, the Board is interested in constructive comments regarding this examination and its administration.

**RATE THE EXAMINATION:**      GOOD                  AVERAGE                  POOR (Explain further)

1. The degree of difficulty:                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_
2. Intent of questions was clear                  \_\_\_\_\_                  \_\_\_\_\_                  \_\_\_\_\_
3. The amount of time allotted for the exam was appropriate. If not, which?      Too short \_\_\_\_\_                  Enough \_\_\_\_\_                  Too Much \_\_\_\_\_
4. Other comments about the exams:                  \_\_\_\_\_

**OVERALL OPINION OF THE EXAMINATION:**

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**RATE THE ADMINISTRATION OF THE EXAMINATION:**

- |                                  | YES   | NO    |                            |
|----------------------------------|-------|-------|----------------------------|
| 1. Exams started on schedule.    | _____ | _____ | If not, early? late? _____ |
| 2. Proctor was courteous.        | _____ | _____ | Explain. _____             |
| 3. Testing room was comfortable. | _____ | _____ | If not, why? _____         |
| 4. Other: _____                  |       |       |                            |

**WHAT SUGGESTIONS DO YOU HAVE TO IMPROVE THIS EXAMINATION?**

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# Oregon

Theodore R. Kulongoski, Governor

## Oregon Board of Chiropractic Examiners

3218 Pringle Road SE, Suite 150

Salem, Oregon 97302-6311

(503) 378-5816

FAX (503) 362-1260

E-mail: [Oregon.obce@state.or.us](mailto:Oregon.obce@state.or.us)

Web: [www.oregon.gov/OBCE/](http://www.oregon.gov/OBCE/)

### CHANGE OF ADDRESS FORM

(According to OARs 811-010-0015 and 811-010-0110 licensees and chiropractic assistants must each report, in writing, to the Board any change to their clinical practice or employment. The notice of change must give both the old and the new address.)

#### **DIRECTIONS:**

**PRINT OR TYPE** all information in the appropriate spaces below. Return the Change of Address form to the above OBCE address, or fax to the OBCE at (503) 362-1260.

#### **Check Your OBCE Status:**

Licensed Chiropractor

Certified Chiropractic Assistant

DC Applicant

Print your **PREVIOUS** address and telephone # below

Your Name:

Clinic Name or Previous Employing DC:

Street:

City:

State:

Zip:

Telephone:

As an Oregon-licensed chiropractor, you are **REQUIRED** to file your **PHYSICAL** practice address with the OBCE; however, if the US Postal Service does not deliver to your physical address, **OR** you are not currently practicing, you may provide a PO Box instead. Chiropractic Assistants and Applicants may use this section to notify the board of new employment change

Print your **NEW Physical Practice** address: **AND** Print **NEW Mailing** address if different than Practice

DC's Name:

Your Name:

Clinic Name:

Clinic, if applicable:

Street:

Address or POB:

City:

ST:

Zip:

City:

ST:

Zip:

County:

County:

Telephone

Telephone:

#### **Check ALL boxes that apply to the NEW address change:**

Physical Address of Clinic

Mailing address

Second office

Home address

**Signature:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**If you use email frequently, enter the address here:** \_\_\_\_\_

**OREGON BOARD OF CHIROPRACTIC EXAMINERS**

**STATEMENT OF UNDERSTANDING**

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Date \_\_\_\_\_

In preparation for the Oregon Specifics Examination I acknowledge that I have read and do understand the OBCE's Candidate's Guide.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please print name here

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**FOLD THIS FORM INTO THIRDS ON THE DOTTED LINES, SEAL AND MAIL TO THE OBCE.**

OREGON BOARD OF CHIROPRACTIC EXAMINERS  
3218 PRINGLE ROAD SE, SUITE 150  
SALEM, OR 97302-6311