

**MONTANA BOARD OF CHIROPRACTORS
PO BOX 200513**

(301 S PARK, 4TH FLOOR - Delivery)

Helena, Montana 59620-0513

(406) 841-2202 FAX (406) 841-2305

EMAIL: dlibsdchi@mt.gov WEBSITE: www.chiropractor.mt.gov

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%.

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.

FEES:

\$100.00 Temporary Permit Fee (paid in addition to the application fee)

ALL FEES ARE NON-REFUNDABLE

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

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.

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: dlibsdchi@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

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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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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%.

FEES: (Make check or money order payable to the Montana Board of Chiropractors)
\$300.00 Application Fee

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.
- ✓ 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.

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).
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Application for Licensure as:

- Chiropractor (Exam) License from Another State (Endorsement)

Allow 14 days from the date the Board has a complete routine application file for licensure.

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. LICENSE NAME _____
(State your name as it should appear on the license if granted.)

10. Which exam did you take for initial licensure? If the NBCE, please indicate which parts.

NBCE

Part I	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Part II	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Part III	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	
Part IV	<input type="checkbox"/> Yes <input type="checkbox"/> No	Year Taken:	

State Board Exam Please indicate which state _____

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. Have you ever had an application for a professional or occupational license refused or denied? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
13. Have you ever withdrawn an application for licensure prior to the licensing agency's decision regarding your application? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
14. Have you ever been denied the privilege of taking an examination required for any professional or occupational license? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
15. Have you ever withdrawn or been suspended, placed on probation, expelled or requested to resign from any postsecondary educational program? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
16. Have you ever requested temporary or permanent leave of absence, been placed on probation, restricted, suspended, revoked, allowed to resign, or otherwise acted against by any professional or occupational education program (i.e., residency, internship, apprenticeship, etc)? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
17. Has a licensing agency initiated or completed disciplinary action against any professional or occupational license you have held? If yes, please provide agency documents including the complaint, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements directly from the source. Yes No
18. Have you ever voluntarily surrendered, cancelled, forfeited, failed to renew a professional or occupational license in anticipation of or during an investigation or disciplinary proceeding or action? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
19. Has a complaint ever been made against you with a professional or occupational licensing agency? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No
20. Have you ever been the subject of any sanction or action, denial, suspension, revocation, restriction or termination regarding hospital, facility or staff privileges; health maintenance organization participation, third party provider or Medicare/Medicaid participation; or any other privileges? If yes, please attach a detailed explanation and provide supporting documentation from the source. Yes No

21. Have you ever been censured, expelled, denied membership or asked to resign from a professional organization related to your profession or occupation? If yes, please attach a detailed explanation and provide documentation from the source. Yes No

22. Do you have any initiated or completed action against you by any state, federal, tribal, or foreign licensing jurisdiction? (For example: Drug Enforcement Agency; Alcohol, Tobacco and Firearms; Homeland Security; Indian Health Service, etc) If yes, please attach a detailed explanation and provide documentation from the source. Yes No

23. Have any civil legal proceedings been filed against you by a (patient/client), (former patient/client) or employer/employee? If yes, attach a detailed explanation and documentation from the source including initiating document(s) and documentation of final disposition. Yes No

24. Have you ever been convicted of a misdemeanor or felony crime or do you have a pending criminal charge? "Convicted" for the purposes of this question includes a conviction under appeal, guilty plea, no contest plea, and/or forfeiture of bond. "A pending criminal charge" for the purposes of this question includes a deferred imposition of sentence and/or deferred prosecution. If you answer yes, you must submit a detailed explanation of the events AND the charging documents and final judgments or orders of dismissal. You must report but may omit documentation for: (1) misdemeanor traffic violations older than 10 years ago and that resulted in fines of less than \$200; and (2) convictions prior to your 18th birthday unless you were tried as an adult. Yes No

25. Have you ever been diagnosed with chemical dependency or another addiction, or have you participated in a chemical dependency or other addiction treatment program? If yes, please attach a detailed explanation and provide documentation regarding evaluations, diagnosis, treatment recommendations and monitoring from the source. Yes No

26. Have you ever been diagnosed with a physical condition or mental health disorder involving potential health risk to the public? If yes, please provide a detailed explanation. Yes No

27. Have you ever been court-martialled or discharged other than honorably from any branch of the armed service? If yes, attach a detailed explanation and documentation for the source. Yes No

28. **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

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

Certifying Agency	Specialty	Date Awarded, Re-certified

30. 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 _____

31. **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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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.

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REQUEST FOR OFFICIAL VERIFICATION OF LICENSURE
(THIS IS NOT AN ENDORSEMENT CERTIFICATION)

APPLICANT: Do **NOT** send this form in with your application. This is to be used as necessary to request official license verification from states or licensing entities in which you currently hold, or ever have held a license.

COMPLETE THE FORM AND MAIL IT TO ANY STATE BOARD IN WHICH YOU ARE REQUESTING OFFICIAL LICENSE VERIFICATION BE SENT TO THE MONTANA BOARD. YOU MAY COPY THIS FORM AS MANY TIMES AS NEEDED. BE ADVISED THAT SOME BOARDS REQUIRE A FEE FOR THIS SERVICE. IT IS RECOMMENDED YOU CONTACT THE BOARDS BY PHONE PRIOR TO MAILING IN THIS FORM TO SEE IF YOU NEED TO INCLUDE PAYMENT.

LICENSEE INFORMATION

To Whom It May Concern:

I am applying for a license to practice Chiropractic in the State of Montana and the Board of Chiropractors requires official license verification. This is your authority to release any information in your files, favorable or otherwise, **DIRECTLY** to:

Montana Board of Chiropractors
PO Box 200513
Helena, MT 59620-0513.

Your prompt response is appreciated.

Name (Please Print) _____ Signature _____

Address: _____

Street or PO Box # _____ City _____ State _____ Zip _____

My License Number from your State is: _____ License Type: _____

This form is to be used to request official verification from states where you hold or have ever held a license. Please **DO NOT** return this form to our office.

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PLEASE PRINT

NAME _____ DATE _____

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 contains 20 questions each that describe actions that are in violation of the Montana 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. From the set of answers provided for each question, mark the answer of the most applicable statute or rule applying to the violation described**

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

Address _____

City _____ State _____ Zip Code _____

Daytime Phone _____ Evening Phone _____

Email Address _____

PLEASE PLACE MY LICENSE ON: ACTIVE INACTIVE

EXAM STARTS ON NEXT PAGE

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION REV 11/09

NAME _____

DATE _____

SECTION 1 - - Each question is worth 2 points

Mark each question True or False

1. TRUE FALSE An applicant for licensure must submit a completed application. A complete application does not require exam scores from the National Board of Chiropractic Examiners (NBCE).
2. TRUE FALSE Licensees can sign birth and death certificates.
3. TRUE FALSE A temporary permit is granted to all applicants upon application.
4. TRUE FALSE Complaints filed against a licensee for violation of a statute or rule must be filed with Montana Chiropractic Association.
5. TRUE FALSE Licensees must be renewed annually by date of birth.
6. TRUE FALSE The Montana Chiropractic Association appoints the members to serve on the Board of Chiropractors.
7. TRUE FALSE The Board requires 15 hours of continuing education annually to qualify for license renewal.
8. TRUE FALSE Six continuing education credits can be accumulated and carried over from one renewal year to the next.
9. TRUE FALSE To qualify as an impairment evaluator, the licensed chiropractor must have been in active practice in Montana for five years.
10. TRUE FALSE Applicants for licensure must be a graduate of a chiropractic college approved by the Board.
11. TRUE FALSE 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.
12. TRUE FALSE A licensed chiropractor who wants to become a preceptor to a student intern must have practiced for a minimum of 5 years.
13. TRUE FALSE Chiropractic in Montana does not include surgery, the prescription or use of drugs, or needle acupuncture.
14. TRUE FALSE An intern can see patients even though the preceptor has left the office for the day.
15. TRUE FALSE A lapsed license that is not renewed within one year of the most recent renewal date automatically terminates.
16. TRUE FALSE Upon being served a malpractice suit, a Montana licensee may have their case submitted before the Montana Chiropractic Legal Panel.
17. TRUE FALSE 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.
18. TRUE FALSE A chaperone must be present at all times a patient is examined and treated intra-rectally.
19. TRUE FALSE 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.
20. TRUE FALSE An impairment rating must be based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

NAME _____

DATE _____

SECTION 2 - Each question is worth 3 points (please mark only one answer)

Section 2 contains 20 statements which are violations of the chiropractic statutes or rules, and which can lead to action against the license which may include suspension, restriction, revocation, or other appropriate action. From the set of answers provided for each question, mark the answer of the **most applicable** statute or rule applying to the violation described.

1. A doctor recommends 35 treatments for a simple cervical strain/sprain, clearly more than warranted by the patient's condition.
 a. 24.126.2301(1)(f) b. 24.126.2301(1)(g)
 c. 24.126.2301(1)(o) d. 37-1-317(3)
2. A licensed Chiropractor is advertising a permanent cure for any condition.
 a. 37-1-316(13) b. 24.126.2301(1)(g)
 c. 37-1-316(5) d. 24.126.2301(1)(o)
3. A doctor performing emergency chiropractic services discovered that a patient exposed him to an infectious disease.
 a. 50-16-702 b. 50-16-1004
 c. 50-16-525 d. 37-12-322
4. A doctor refers patients to other health care providers of facilities in exchange for a referral fee.
 a. 24.126.2301(1)(a)(ii) b. 24.126.2301(1)(c)
 c. 24.126.2301(1)(e) d. 24.126.2301(1)(d)
5. A doctor is audited for proof of his yearly Continuing Education hours and could only prove 10 hours for that year because he thought he could use 2 extra hours he had from the previous renewal period.
 a. 24.126.511(2) b. 24.126.701(1)
 c. 24.126.904(1) d. 24.126.2103(4)
6. A licensed chiropractor enters into a written contract with a patient for 12 adjustments over the next 12 months, the balance to be paid in full before the first adjustment. The contract states that if the patient discontinues services with the chiropractor, all funds are forfeited by the patient.
 a. 24.126.2301(s) b. 24.126.2301(1)(p)
 c. 24.126.2301(r) d. 24.126.2301(1)(h)

EXAM CONTINUES ON NEXT PAGE

NAME _____ DATE _____

7. A doctor holding a temporary permit treats patients without the supervision of an on-premises licensed chiropractor.
- a. 24.126.507(1) b. 24.126.2301(1)(g)
- c. 24.126.704(1) d. 24.126.704(4)
8. In a yellow page ad, a chiropractor has an advertisement giving the implication that he/she is a medical doctor.
- a. 37-1-316(4) b. 37-1-316(16)
- c. 24.126.2301(1)(i) d. 37-12-104(1)
9. A doctor advertises in the newspaper that she has a certification for a procedure that is not approved by the Board.
- a. 37-1-320 b. 24.126.2301(1)(a)(i)
- c. 24.126.2301(1)(p) d. 24.126.2301(1)(a)(iii)
10. A doctor performs breast examinations on all new female patients as standard procedure.
- a. 24.126.2301(1)(b) b. 24.126.2301(1)(c)
- c. 24.126.2301(1)(j) d. 24.126.2301(1)(o)
11. A license candidate has another person take the Jurisprudence Exam in his or her place.
- a. 24.126.504(1) b. 24.126.901(5)
- c. 37-1-316(2) d. 24.126.2301(1)(m)
12. A doctor, under false pretenses, makes statements against another licensed chiropractor or health professional.
- a. 24.126.2301(1)(a)(ii) b. 50-16-528(2)
- c. 24.126.2301(1)(q) d. 24.126.2301(1)(d)
13. A doctor allows her assistant to treat and bill for chiropractic services under the doctor's name and license.
- a. 24.126.411(1) b. 24.126.2301(1)(u)
- c. 37-1-316(15) d. 37-1-316(16)
14. A doctor is under the influence of alcohol while adjusting a patient.
- a. 24.126.2301(1)(n) b. 37-1-320
- c. 37-1-316(13) d. 37-2-302

MONTANA CHIROPRACTIC JURISPRUDENCE EXAMINATION REV 11/09

- | NAME | | DATE | |
|------|---|---|--|
| 15. | Dr. John Doe has a new patient that was unhappy with the care he received from another chiropractor in town. Dr. Doe requested records and x-rays from his colleague who refused to hand copies of the records over. | | |
| | <input type="checkbox"/> a. 24.126.411 | <input type="checkbox"/> b. 24.126.511 | |
| | <input type="checkbox"/> c. 50-16-541 | <input type="checkbox"/> d. 24.126.2301(1)(o) | |
| 16. | A doctor has offered an intern an opportunity to treat patients in his office for the intern's last semester. The doctor decides to save time and allow the intern to sign the insurance form. | | |
| | <input type="checkbox"/> a. 24.126.704(3) | <input type="checkbox"/> b. 24.136.704(4) | |
| | <input type="checkbox"/> c. 24.126.2301(1)(p) | <input type="checkbox"/> d. 24.126.2301(3) | |
| 17. | A doctor sees a new patient who was in a car wreck and suffered a minor whiplash injury to the cervical spine. Knowing that private insurance cases pay well and that he will be billing the offending driver's insurance, the doctor decides to bill the highest EM code, then bills a 5 region manipulation, EMS, Ultrasound, trigger point therapy and extremities for every visit. The next day, another car wreck case comes in but there is no insurance involved. Considering there will be no insurance payments on the second patient, the doctor charges the patient a flat rate of \$30 per visit. | | |
| | <input type="checkbox"/> a. 24.126.2301(1)(b) | <input type="checkbox"/> b. 24.126.2103(1) | |
| | <input type="checkbox"/> c. 24.126.2301(1)(r) | <input type="checkbox"/> d. 24.126.2301(1)(f) | |
| 18. | A doctor goes out with some friends one night and decides to smoke a little pot. On the way home he is pulled over by the police, who find a small bag of marijuana in his car and arrest him. The doctor is subsequently convicted of possession of an unlawful substance. | | |
| | <input type="checkbox"/> a. 37-12-103 | <input type="checkbox"/> b. 37-12-101(3) | |
| | <input type="checkbox"/> c. 37-1-316(1) | <input type="checkbox"/> d. 37-12-104(1) | |
| 19. | A doctor examines a 19 year old girl with low back pain. He asks the girl if there is any chance that she might be pregnant in order to obtain lumbar x-rays. She replies that she is 3 months pregnant. The girl's mother comes in the next day to be treated and in the course of the conversation talks about how she disliked her daughter's boyfriend and that she wouldn't be surprised if her daughter was pregnant. Without thinking, the doctor blurts out that she is. | | |
| | <input type="checkbox"/> a. 37-12-104(2) | <input type="checkbox"/> b. 50-16-541(1) | |
| | <input type="checkbox"/> c. 37-1-316(17) | <input type="checkbox"/> d. 37-1-316(9) | |
| 20. | Dr. Simpson applies for a license to practice chiropractic in Montana. He reports no adverse actions against his previous license but in the course of the state's routine investigation, it is learned that Dr. Simpson's license was revoked in his previous state due to sexual misconduct. | | |
| | <input type="checkbox"/> a. 37-1-316(3) | <input type="checkbox"/> b. 37-12-103 | |
| | <input type="checkbox"/> c. 37-1-316(15) | <input type="checkbox"/> d. 37-1-317(b) | |

END OF EXAMINATION