

CHAPTER 5. STATE BOARD OF CHIROPRACTIC

Subchap.	Sec.
A. GENERAL PROVISIONS	5.1
B. LICENSURE, CERTIFICATION, EXAMINATION AND REGISTRATION PROVISIONS	5.11
C. BUSINESS ASPECTS OF PRACTICE	5.31
D. PROFESSIONAL LIABILITY INSURANCE	5.41
E. MINIMUM STANDARDS OF PRACTICE	5.51
F. PERFORMANCE OF RADIOLOGICAL PROCEDURES BY AUXILIARY PERSONNEL	5.61
G. CONTINUING EDUCATION	5.71
H. DISCIPLINARY ACTION	5.81
I. CHILD ABUSE REPORTING REQUIREMENTS	5.91

Authority

The provisions of this Chapter 5 issued under the Chiropractic Registration Act of 1951 (63 P. S. §§ 601—624) (Repealed), unless otherwise noted.

Source

The provisions of this Chapter 5 adopted July 29, 1965; amended July 11, 1975, effective July 12, 1975, 5 Pa.B. 1785, unless otherwise noted.

Cross References

This chapter cited in 25 Pa. Code § 215.24 (relating to human use); 49 Pa. Code § 23.34 (relating to professional corporations); 49 Pa. Code § 25.214 (relating to corporate practice and fictitious names); 49 Pa. Code § 41.26 (relating to professional corporations); and 49 Pa. Code § 47.21 (relating to professional corporations).

Subchapter A. GENERAL PROVISIONS

5.1.	Definitions.
5.2.	Applicability of general rules.
5.3.	[Reserved].
5.4.	[Reserved].
5.5.	[Reserved].
5.6.	Fees.

§ 5.1. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

Act—The Chiropractic Practice Act (63 P. S. §§ 625.101—625.1106).

Approved chiropractic college—A chiropractic college approved in accordance with section 303 of the act (63 P. S. § 625.303).

Board—The State Board of Chiropractic of the Commonwealth.

Bureau—The Bureau of Professional and Occupational Affairs of the Department of State of the Commonwealth.

Child abuse—A term meaning any of the following:

- (i) A recent act or failure to act by a perpetrator which causes nonaccidental serious physical injury to a child under 18 years of age.
- (ii) An act or failure to act by a perpetrator which causes nonaccidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iii) A recent act, failure to act or series of acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iv) Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.

ChildLine—An organizational unit of the Department of Public Welfare which operates a 24-hour a day Statewide toll free telephone system for receiving reports of suspected child abuse, referring reports for investigation and maintaining the reports in the appropriate file.

Chiropractic specialty—A specialized area of chiropractic in which a licensee has achieved certification or diplomate status through a program approved by an approved chiropractic college that has established valid standards acceptable to the Board for the achievement of certification or diplomate status.

Individual residing in the same home as the child—An individual who is 14 years of age or older and who resides in the same home as the child.

Licensee—An individual holding an unrestricted license to practice chiropractic granted by the Board in accordance with the act and this chapter.

NBCE—The National Board of Chiropractic Examiners.

National Board of Examination—An examination developed, prepared, administered and graded by the NBCE.

Perpetrator—A person who has committed child abuse and is a parent of the child, a person responsible for the welfare of a child, an individual residing in the same home as a child or a paramour of a child's parent.

Person responsible for the child's welfare—A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. The term does not include a person who is employed by or provides services or programs in a public or private school, intermediate unit or area vocational-technical school.

Recent acts or omissions—Acts or omissions committed within 2 years of the date of the report to the Department of Public Welfare or county agency.

Serious mental injury—A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that does one or more of the following:

(i) Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened.

(ii) Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

Serious physical injury—An injury that causes a child severe pain or significantly impairs a child's physical functioning, either temporarily or permanently.

Sexual abuse or exploitation—The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another person to engage in sexually explicit conduct or a simulation of sexually explicit conduct, for the purpose of producing a visual depiction, including photographing, videotaping, computer depicting or filming, of sexually explicit conduct, or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.

Authority

The provisions of this § 5.1 amended under sections 302 and 1101 of the Chiropractic Practice Act (63 P. S. §§ 625.302 and 625.1101); and the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2).

Source

The provisions of this § 5.1 adopted July 29, 1965; amended August 26, 1988, effective August 27, 1988, 18 Pa.B. 3807; amended December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended November 8, 1996, effective November 9, 1996, 26 Pa.B. 5376. Immediately preceding text appears at serial pages (208569) to (208570).

§ 5.2. Applicability of general rules.

Under 1 Pa. Code § 31.1 (relating to scope of part) the provisions of 1 Pa. Code Part II (relating to general rules of administrative practice and procedure) are applicable to practice and procedure before the Board, except if provided otherwise in the act or this chapter.

Authority

The provisions of this § 5.2 amended under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.2 adopted July 11, 1975, effective July 12, 1975, 5 Pa.B. 1785; amended July 2, 1976, effective July 3, 1976, 6 Pa.B. 1585; amended December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944. Immediately preceding text appears at serial page (130164).

5-2.1

(222867) No. 266 Jan. 97

§ 5.3. [Reserved].

Source

The provisions of this § 5.3 adopted July 2, 1976, effective July 3, 1976, 6 Pa.B. 1585; reserved December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944. Immediately preceding text appears at serial page (130164).

§ 5.4. [Reserved].

Source

The provisions of this § 5.4 adopted July 2, 1976, effective July 3, 1976, 6 Pa.B. 1585; reserved December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944. Immediately preceding text appears at serial pages (130164) and (154055).

§ 5.5. [Reserved].

Source

The provisions of this § 5.5 adopted July 2, 1976, effective July 3, 1976, 6 Pa.B. 1585; amended August 26, 1988, effective August 27, 1988, 18 Pa.B. 3807; reserved December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944. Immediately preceding text appears at serial pages (154055) to (154056).

§ 5.6. Fees.

The Board will charge the following fees:

Pennsylvania chiropractic law examination	\$87
Application for licensure by examination	\$25
Application for licensure by reciprocity	\$65
Biennial registration	\$210
Limited license	\$30
Adjunctive procedure certification	\$25
Certification of grades or licensure	\$25
Application for continuing education course approval	\$30
License restoration	\$25

Authority

The provisions of this § 5.6 issued under section 812.1 of The Administrative Code of 1929 (71 P.S. § 279.3a); amended under sections 302(3), 522(a) and 1101 of the Chiropractic Practice Act (63 P.S. §§ 625.302(3), 625.522(a) and 625.1101).

Source

The provisions of this § 5.6 adopted May 10, 1985, effective May 11, 1985, 15 Pa.B. 1739; amended August 26, 1988, effective August 27, 1988, 18 Pa.B. 3807; amended November 23, 1990, effective November 24, 1990, 20 Pa.B. 5836; amended April 10, 1992, effective April 11, 1992, 22 Pa.B. 1755; amended May 5, 1995, effective immediately and apply to the 1994-96 biennial renewal period commencing September 1, 1994, 25 Pa.B. 1772; amended January 26, 1996, effective January 27, 1996, and apply to examinations given in May 1996, 26 Pa.B. 324; amended January 24, 1997, effective immediately and apply to examinations to perform radiologic procedures given after July 1, 1997, 27 Pa.B. 413; amended May 23, 1997, effective May 24, 1997, 27 Pa.B. 2540; amended April 30, 1999, effective May 1, 1999, 29 Pa.B. 2294; amended June 23, 2017, effective June 24, 2017, 47 Pa.B. 3494. Immediately preceding text appears at serial page (255479).

Cross References

This section cited in 49 Pa. Code § 5.15 (relating to licensure examinations); and 49 Pa. Code § 5.20 (relating to volunteer license).

**Subchapter B. LICENSURE, CERTIFICATION, EXAMINATION
AND REGISTRATION PROVISIONS**

- Sec.
- 5.11. [Reserved].
- 5.11a. Types of licensure and certification offered by the Board.
- 5.12. Licensure by examination.
- 5.13. Licensure by reciprocity.
- 5.14. Certification to use adjunctive procedures.
- 5.15. Licensure examinations.
- 5.16. Failure on examination; reexamination.
- 5.17. Biennial registration; unregistered status and inactive status; failure to renew; address of record.
- 5.18. Reporting of other licenses, certificates or authorizations to practice, disciplinary sanctions and criminal dispositions.
- 5.19. Certification of grades or licensure to another jurisdiction.
- 5.20. Volunteer license.

§ 5.11. [Reserved].

Source

The provisions of this § 5.11 adopted January 30, 1976, effective January 31, 1976, 6 Pa.B. 159; reserved December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944. Immediately preceding text appears at serial page (154057).

§ 5.11a. Types of licensure and certification offered by the Board.

The Board will offer the following types of licensure and certification to candidates who qualify under the act and this chapter:

- (1) License by examination.
- (2) License by reciprocity.
- (3) Limited license.
- (4) Certification to use adjunctive procedures.
- (5) Volunteer license.

Authority

The provisions of this § 5.11a issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under sections 302 and 1104 of the Chiropractic Practice Act (63 P. S. §§ 625.302 and 625.1104); and section 5 of the Volunteer Health Services Act (35 P. S. § 449.45).

Source

The provisions of this § 5.11a adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended November 28, 1997, effective November 29, 1997, 27 Pa.B. 6204. Immediately preceding text appears at serial page (230600).

§ 5.12. Licensure by examination.

(a) An applicant for license by examination shall present evidence of the following:

- (1) Graduation from an approved chiropractic college.
- (2) Passing scores on Parts I, II, III and IV of the National Board Examination.

(b) The applicant shall complete an application obtained from the Board detailing the applicant's education and experience, and certifying that the applicant has met the requirements for licensure under the act and this chapter. The application shall be returned to the Board with the required fee.

(c) The applicant shall provide proof that the applicant has obtained professional liability insurance in accordance with § 5.41 (relating to certification of professional liability insurance). It is sufficient if the applicant files with the application a copy of a letter from the applicant's professional liability insurance carrier indicating that the applicant will be covered against professional liability in the required amounts effective upon the issuance of the applicant's license to practice chiropractic in this Commonwealth. Upon issuance of the license, the licensee has 30 days to submit to the Board the certificate of insurance or a copy of the policy declaration page as described in § 5.41. The effective date of this subsection is September 1, 1988.

Authority

The provisions of this § 5.12 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under 302(3) of the Chiropractic Practice Act (63 P. S. § 625.302); and section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a).

Source

The provisions of this § 5.12 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended May 23, 1997, effective May 24, 1997, 27 Pa.B. 2540. Immediately preceding text appears at serial pages (225534) and (208573).

Cross References

This section cited in 49 Pa. Code § 5.15 (relating to licensure examinations).

§ 5.13. Licensure by reciprocity.

(a) An applicant for licensure by reciprocity shall present evidence of the following:

(1) Graduation from an approved chiropractic college.

(2) A passing score on clinical and written examinations acceptable to the Board, if the applicant graduated from chiropractic college prior to January 1, 1968.

(3) Passing scores on the following parts of the National Board Examination:

(i) Parts I and II if the applicant graduated from chiropractic college after January 1, 1968.

(ii) Parts I, II and III if the applicant graduated from chiropractic college after December 27, 1991, or was first licensed to practice chiropractic after December 27, 1991.

(iii) Parts I, II, III and IV if the applicant graduated from chiropractic college after May 23, 1997, or was first licensed to practice chiropractic after May 23, 1997.

(4) A current and valid unrestricted license to practice chiropractic obtained by examination in another state or territory of the United States or a province of Canada whose standards for licensure by examination at the time of initial licensure were substantially equivalent to those required under the act and this chapter for licensure at that time and which accepts Pennsylvania licensees for licensure by reciprocity. An applicant who otherwise meets the requirements of this paragraph but whose license is not current satisfies the requirements of this paragraph if the applicant holds a current and valid unrestricted license to practice chiropractic in another state or territory of the United States or a province of Canada whose standards for licensure by examination at the time of initial licensure were substantially equivalent to those required in this Commonwealth at that time and that jurisdiction accepts Pennsylvania licensees for licensure by reciprocity.

(5) Having engaged in the active clinical practice of chiropractic under a license in another state or territory of the United States or a province of Canada on a full-time basis for at least 3 years, including at least 20 months of the 2 years immediately preceding the date of application, and including at least 12 months in the jurisdiction that issued the license by examination described in paragraph (4), or the equivalent on a part-time basis.

(b) The applicant shall complete an application obtained from the Board detailing the applicant's education, examinations, licensure and experience, and certifying that the applicant has met the requirements for licensure under the act and this chapter, and return the application and appropriate documentation to the Board with the required fee.

(c) An applicant's verification that the applicant has engaged in the practice of chiropractic as required under subsection (a)(5) will satisfy the requirement that the applicant present evidence of experience.

(d) The applicant shall provide proof that the applicant has obtained professional liability insurance in accordance with § 5.41 (relating to certification of professional liability insurance). It is sufficient if the applicant files with the application a copy of a letter from the applicant's professional liability insurance carrier indicating that the applicant will be covered against professional liability in the required amounts effective upon the issuance of the applicant's license to practice chiropractic in this Commonwealth. Upon issuance of the license, the licensee has 30 days to submit to the Board the certificate of insurance or copy of the policy declaration page as described in § 5.41. The effective date of this subsection is September 1, 1988.

(e) The Board may deny an application for licensure by reciprocity as provided in section 506(a) of the act (63 P. S. § 625.506(a)).

Authority

The provisions of this § 5.13 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under sections 302(3) and 504 of the Chiropractic Practice Act (63 P. S. §§ 625.302(3) and 625.504).

Source

The provisions of this § 5.13 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended August 23, 2013, effective August 24, 2013, 43 Pa.B. 4850. Immediately preceding text appears at serial pages (339993) to (339994).

Cross References

This section cited in 49 Pa. Code § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record).

§ 5.14. Certification to use adjunctive procedures.

(a) After January 1, 1988, a licensee may not use adjunctive procedures in practice unless the licensee receives certification from the Board.

(b) An applicant for certification to use adjunctive procedures shall present evidence of one of the following qualifications:

- (1) A passing score on the National Board Physiotherapy Examination.
 - (2) Successful completion of a comprehensive course following a progressive program of study, containing a minimum of 100 hours, which is acceptable to the Board.
 - (3) Utilization of adjunctive procedures in the practice of chiropractic continuously since December 16, 1983. An application for certification under this subsection shall have been received by the Board by September 1, 1988. To maintain this certification, the licensee shall have completed, by September 30, 1988, 36 hours of additional study in the use of adjunctive procedures as part of the continuing education required for the 1988 biennial registration.
 - (4) A passing score on an examination for licensure to practice chiropractic which includes the use of adjunctive procedures.
- (c) The licensee shall complete an application obtained from the Board, detailing the licensee's qualifications for certification, and return the application to the Board, with the required fee.

Authority

The provisions of this § 5.14 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.14 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record).

§ 5.15. Licensure examinations.

- (a) To qualify for licensure by examination, an applicant shall successfully complete the following examinations:
- (1) Parts I, II, III and IV of the National Board Examination.
 - (2) The Pennsylvania Chiropractic Law Examination developed, prepared, administered and graded by the professional testing organization approved by the Board.
- (b) The applicant shall apply to the NBCE for admission to the National Board Examinations and pay the required fees at the direction of the NBCE.
- (c) The applicant shall be responsible for directing that the NBCE send examination results and other information requested to the Board.
- (d) Passing scores on the National Board Examinations shall be established by the NBCE for each administration of the National Board Examinations in accordance with section 502(e) of the act (63 P. S. § 625.502(e)). A passing score on Part IV of the National Board Examination obtained at any time since Part IV

has been offered by the NBCE will satisfy the Part IV National Board Examination requirement under § 5.12(a)(4) (relating to licensure by examination).

(e) An application to take the Pennsylvania Chiropractic Law Examination shall be submitted with the required application fee specified in § 5.6 (relating to fees) to the Board approved professional testing organization at least 60 days prior to the date of the examination.

Authority

The provisions of this § 5.15 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.15 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended May 23, 1997, effective May 24, 1997, 27 Pa.B. 2540. Immediately preceding text appears at serial pages (208575) to (208576).

Cross References

This section cited in 49 Pa. Code § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record).

§ 5.16. Failure on examination; reexamination.

(a) An applicant who fails one or more of the National Board Examinations is eligible for reexamination in accordance with the rules and regulations of the NBCE.

(b) An applicant who fails the Pennsylvania Chiropractic Law Examination may take a reexamination within 2 years. If the applicant fails the reexamination, the applicant may be required to complete studies as directed by the Board prior to reapplication for licensure.

Authority

The provisions of this § 5.16 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under section 302(3) of the Chiropractic Practice Act (63 P. S. § 625.302(3)); and section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a).

Source

The provisions of this § 5.16 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended May 23, 1997, effective May 24, 1997, 27 Pa.B. 2540. Immediately preceding text appears at serial page (208576).

§ 5.17. Biennial registration; unregistered status and inactive status; failure to renew; address of record.

(a) A licensee shall register each biennial period to retain the right to practice in this Commonwealth. Initial registration shall automatically occur when a license is issued. Registration for a biennial period shall expire on September 1 of every even numbered year.

(b) A limited license shall be issued for a period not to exceed 1 year and may not be renewed.

(c) Certification to use adjunctive procedures shall automatically be renewed upon biennial registration.

(d) Applications for biennial registration shall be made on forms supplied by the Board. These forms shall be received by the Board with the required registration fee by the expiration of the previous biennial registration period.

(e) Biennial registration forms and other forms and literature distributed by the Board will be forwarded to the last mailing address given to the Board by the licensee. If a licensee changes his mailing address of record, the licensee shall notify the Board in writing within 10 days thereafter. Failure of the Board to send or of the licensee to receive a biennial registration application does not relieve the licensee of the biennial registration responsibility.

(f) An application for biennial registration shall contain the following information in the manner indicated on the application form:

(1) Other licenses, certificates or authorizations to practice issued, and disciplinary sanctions and criminal dispositions instituted, as required by section 523 of the act (63 P. S. § 625.523) and § 5.18 (relating to reporting of other licenses, certificates or authorizations to practice, disciplinary sanctions and criminal dispositions).

(2) Proof of professional liability insurance as required by section 508 of the act (63 P. S. § 625.508) and § 5.41 (relating to certification of professional liability insurance).

(3) Proof of attendance at continuing education courses during the previous biennial registration period as required by section 507 of the act (63 P. S. § 625.507) and § 5.14 (relating to certification to use adjunctive procedures), if proof was not filed by the expiration of that biennial registration period.

(g) A licensee failing to file biennial registration application or pay the required registration fee by the registration date will have the license classified as unregistered. As long as a licensee holds an unregistered license, the licensee is not permitted to practice in this Commonwealth. A licensee who does so when the license was unregistered will be required to pay a penalty fee of \$5 for each month or part of a month since the expiration of the biennial registration and may be subject to disciplinary proceedings before the Board or criminal prosecution, or both.

(h) A licensee who does not intend to practice in this Commonwealth and who does not desire to renew registration shall notify the Board in writing. Upon receipt of this notification, the Board will classify the license as inactive.

(i) The Board will not mail biennial registration forms to a licensee whose license is classified as inactive or unregistered, unless the licensee requests, in writing, that the Board renew the license.

(j) To renew an inactive or unregistered license, a licensee shall file an application for biennial registration, pay the current and back registration and

penalty fees which are due, submit a notarized affidavit setting forth the time in which the licensee did not practice in this Commonwealth, submit a resume of activities since the license was last registered, submit a letter of good standing from another state where the licensee has been practicing and submit evidence of compliance with continuing education and professional liability insurance requirements in accordance with the act and this chapter.

(k) A licensee will not be assessed a fee or penalty for preceding biennial registration periods in which the licensee did not practice in this Commonwealth.

(l) If all other conditions are met as set forth in the act and this chapter, current registration will be issued upon the payment of registration and penalty fees which have accrued.

(m) To reactivate a license that has been inactive for more than 5 years, the licensee shall satisfy all other requirements for reactivation required by this section, including the continuing education requirements, and establish current competence to practice by at least one of the following:

(1) Successful completion of the examinations required under § 5.15(a) (relating to licensure examinations) within 1 year prior to application for reactivation.

(2) Compliance with § 5.13 (relating to licensure by reciprocity).

(3) Proof of continuous licensed practice of chiropractic in one or more other jurisdictions of the United States or Canada for at least 5 years immediately preceding application for reactivation and successful completion of the examination required by § 5.15(a)(2) (relating to licensure by examination).

(4) Successful completion of both of the following examinations within 6 months prior to application for reactivation:

(i) The examination required by § 5.15(a)(2).

(ii) The Special Purpose Examination in Chiropractic administered by the National Board of Chiropractic Examiners.

Authority

The provisions of this § 5.17 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under sections 302(3) and 501(b) of the Chiropractic Practice Act (63 P. S. §§ 625.302 and 625.501).

Source

The provisions of this § 5.17 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended November 28, 2008, effective November 29, 2008, 38 Pa.B. 6471. Immediately preceding text appears at serial pages (230604) and (238239) to (238240).

Cross References

This section cited in 49 Pa. Code § 5.20 (relating to volunteer license); and 49 Pa. Code § 5.77 (relating to failure to meet continuing education requirements).

§ 5.18. Reporting of other licenses, certificates or authorizations to practice, disciplinary sanctions and criminal dispositions.

(a) A licensee or an applicant for licensure shall notify the Board of one or more of the following:

(1) A license, certificate or other authorization to practice a profession issued, denied or limited by another state, territory or possession of the United States, another country or a branch of the Federal government.

(2) A disciplinary sanction instituted against the applicant or licensee by a licensing authority of another state, territory or possession of the United States, another country or a branch of the Federal government.

(3) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an accelerated rehabilitative disposition with respect to a felony offense, or a misdemeanor offense relating to a health care practice or profession instituted against the applicant or licensee by the courts of the Commonwealth, a Federal court or a court of another state, territory, possession or country.

(b) The reporting responsibilities enumerated in subsection (a) shall continue after the Board issues a license or registration. If, after the Board has issued a license or registration, one or more of the events listed in subsection (a) occur, a licensee shall report that matter to the Board in writing within 90 days after its occurrence.

Authority

The provisions of this § 5.18 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.18 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record); and 49 Pa. Code § 5.77 (relating to failure to meet continuing education requirements).

§ 5.19. Certification of grades or licensure to another jurisdiction.

(a) The Board may certify grades, licensure status or certification to use adjunctive procedures to another jurisdiction upon written request and payment of the required fee.

(b) A person who is licensed or certified to use adjunctive procedures by the Board who is applying for a license or certification in another jurisdiction or country may be required to arrange for the Board to provide certain information to the licensing authority in the other jurisdiction by the Board completing a portion of his application and then forwarding the application to the other licensing authority. In that case, the licensee shall complete the application prior to submitting it to the Board with the exception of the portion to be completed by the Board. The licensee shall then forward the application to the Board with the written request that the Board complete the application and forward it to the licensing authority of the other jurisdiction.

(c) In certifying a license or adjunctive procedure certification to another jurisdiction, the Board will also report information as to the status of the license or certification in this Commonwealth and any prior disciplinary sanctions or criminal dispositions instituted against the licensee.

Authority

The provisions of this § 5.19 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.19 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

§ 5.20. Volunteer license.(a) *Purpose and definitions.*

(1) The following subsections implement the Volunteer Health Services Act (35 P. S. §§ 449.41—449.50) and provide for the issuance of a volunteer license to a qualified individual who retires from active practice and seeks to provide professional services as a volunteer. A volunteer license authorizes the holder to practice only in an organized community-based clinic and without remuneration.

(2) The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Approved clinic—An organized community-based clinic offering primary health care services to individuals and families who cannot pay for their care, to Medical Assistance clients or to residents of medically underserved areas or health professionals shortage areas. The term includes a State health center, nonprofit community-based clinic and Federally qualified health center, as designated by Federal rulemaking or as approved by the Department of Health or the Department of Public Welfare.

Unrestricted license—A license which is not restricted or limited by order of the Board under its disciplinary power.

(b) *License.* A volunteer license may be issued to a licensee of the Board who documents to the satisfaction of the Board that the applicant will practice without personal remuneration in approved clinics and meets one of the following conditions:

(1) Holds a currently renewed, active, unrestricted license in this Commonwealth and retires from active practice at the time the applicant applies for a volunteer license.

(2) Retires from active practice in this Commonwealth in possession of an unrestricted license which was allowed to lapse by not renewing it. A retired licensee shall meet any requirements of the act or the regulations pertaining to continued education or continued competency to be eligible for renewal.

(c) *Applications.* An applicant for a volunteer license shall complete an application obtained from the Board. In addition to providing information requested by the Board, the applicant shall provide:

(1) An executed verification on forms provided by the Board certifying that the applicant intends to practice exclusively:

- (i) Without personal remuneration for professional services.
- (ii) In an approved clinic.

(2) A letter signed by the director or chief operating officer of an approved clinic that the applicant has been authorized to provide volunteer services in the named clinic by the governing body or responsible officer of the clinic.

(d) *Validity of license.* A volunteer license shall be valid for the biennial period for which it is issued, subject to biennial renewal. During each biennial

renewal period, the volunteer license holder shall notify the Board of any change in clinic or volunteer status within 30 days of the date of the change, or at the time of renewal, whichever occurs first.

(e) *Biennial renewal.* A volunteer license shall be renewed biennially on forms provided by the Board.

(1) As a condition of biennial renewal, the applicant shall satisfy the same continuing education requirements as the holder of an active, unrestricted license.

(2) The applicant shall be exempt from § 5.6 (relating to fees) pertaining to the biennial renewal fee and shall be exempt from section 508 of the Chiropractic Practice Act (63 P. S. § 625.508) with regard to the maintenance of liability insurance coverage under section 701 of the Health Care Services Malpractice Act (40 P. S. § 1301-701).

(f) *Return to active practice.* A volunteer license holder who desires to return to active practice shall notify the Board and apply for biennial registration on forms provided by the Board in accordance with § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record).

(g) *Disciplinary provisions.* A volunteer license holder shall be subject to the disciplinary provisions of the act and this chapter. Failure of the licensee to comply with the Volunteer Health Services Act (35 P. S. §§ 449.41—449.50) or this section may also constitute grounds for disciplinary action.

Authority

The provisions of this § 5.20 issued under sections 302 and 1104 of the Chiropractic Practice Act (63 P. S. §§ 625.302 and 625.1104); and section 5 of the Volunteer Health Services Act (35 P. S. § 449.45).

Source

The provisions of this § 5.20 adopted November 28, 1997, effective November 29, 1997, 27 Pa.B. 6204.

Subchapter C. BUSINESS ASPECTS OF PRACTICE

- Sec.
5.31. Professional advertising.
5.32. Corporate and fictitious names; professional corporations.

§ 5.31. Professional advertising.

(a) A licensee may provide information to the public which includes the location of the licensee's office, office hours, postgraduate degrees received from

5-12.1

an approved college or accredited academic institution, chiropractic specialties, years of chiropractic practice and fees for routine professional services.

(b) Advertisements, letterhead, signs or other printed material shall indicate the licensee's name and profession.

(c) Advertising which is false, fraudulent, deceptive or misleading will be considered unprofessional conduct and may provide the basis for disciplinary action against the advertising licensee. An advertisement shall be deemed by the Board to be fraudulent, false, deceptive or misleading if it does one of the following:

(1) Contains a misrepresentation of facts.

(2) Makes only a partial disclosure of relevant facts in its content or in the context in which it is presented; for example, advertising free services or services for a specific charge when, in fact, the licensee is transmitting a higher charge for the advertised services to a third-party payor for payment, or advertising a free service or services which are conditioned upon the purchase of an additional service or services without disclosing the condition.

(3) Creates false or unjustified expectations of beneficial treatment for a successful result.

(4) Is designed to inflame or appeal primarily to a layperson's fears, ignorance or anxieties regarding the person's state of health or physical well-being.

(5) Contains a representation that the licensee holds certification in a chiropractic specialty when the licensee does not hold certification in that specialty.

(6) Contains a representation that the licensee is a licensed physical therapist when a licensee is not licensed under the Physical Therapy Practice Act (63 P. S. §§ 1301—1313).

(d) An advertisement for a free x-ray shall comply with § 5.53(b) (relating to radiological procedures).

Authority

The provisions of this § 5.31 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.31 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

§ 5.32. Corporate and fictitious names; professional corporations.

(a) Fictitious and professional corporation names shall meet the following conditions:

(1) The corporate name shall end with the words corporation, incorporated, professional corporation or a derivative thereof.

(2) The fictitious or corporate name shall contain the word chiropractor, chiropractic, doctor of chiropractic or D. C., unless incorporated under this section.

(3) The fictitious or corporate name may not have been previously filed with the Corporation Bureau and approved by the Board and in current use by another licensee.

(4) The fictitious or corporate name may not indicate or suggest by its terms an official status or affiliation with Federal, State, county or municipal governmental entity.

(5) The fictitious or corporate name may not contain false, deceptive or misleading terminology.

(b) A licensee may form a professional corporation with other licensees or other licensed health care practitioners who treat human ailments and conditions and who are licensed to provide health care services in this Commonwealth without receiving a referral or supervision from another health care practitioner.

Authority

The provisions of this § 5.32 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under section 302(3) of the Chiropractic Practice Act (63 P. S. § 625.302(3)); and section 812.1 of The Administrative Code of 1929 (71 P. S. § 279.3a).

Source

The provisions of this § 5.32 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended May 23, 1997, effective May 24, 1997, 27 Pa.B. 2540. Immediately preceding text appears at serial pages (208580) to (208581).

Subchapter D. PROFESSIONAL LIABILITY INSURANCE

- Sec.
5.41. Certification of professional liability insurance.
5.42. Notification of termination of coverage.
5.43. Waiver of requirement for professional liability insurance.
5.44. Effective date.

§ 5.41. Certification of professional liability insurance.

(a) A licensee who is practicing in this Commonwealth shall maintain professional liability insurance or an approved self-insurance plan for professional liability in the minimum amount of \$100,000 per occurrence and \$300,000 per annual aggregate.

(b) A licensee shall certify compliance with subsection (a) on the licensee's biennial registration application. A registration will not be issued unless the licensee provides the certification which shall consist of a certificate of insurance or copy of the declaration page from the insurance policy setting forth the effective date, expiration date and policy coverage in the amounts required. If the licensee requests a waiver of the requirement for professional liability insurance in accordance with § 5.43 (relating to waiver of requirement for professional liability insurance), the licensee's application for biennial registration will be conditionally approved pending determination of the waiver request by the Board and the issuance of a final order thereon.

(c) A licensee shall make available to the Board or its agents all records, relating to the licensee's maintenance of professional liability insurance, including policies, cancelled checks, receipts or other proofs of premium payment or compliance with standards for self-insurance plans.

(d) A licensee is not required to maintain professional liability insurance for a biennial registration period in which a license has been classified as inactive or unregistered and the licensee has not practiced in this Commonwealth. Professional liability insurance is required for any portion of the biennial registration period in which the license is active.

Authority

The provisions of this § 5.41 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.41 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.12 (relating to licensure by examination); 49 Pa. Code § 5.13 (relating to licensure by reciprocity); 49 Pa. Code § 5.17 (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record); 49 Pa. Code § 5.42 (relating to notification of termination of coverage); and 49 Pa. Code § 5.44 (relating to effective date).

§ 5.42. Notification of termination of coverage.

(a) A licensee shall notify the Board in writing within 30 days of the cancellation of the licensee's professional liability insurance or of the licensee's failure or refusal or the failure or refusal of the insurance carrier which issued the lic-

ensee's professional liability insurance to renew the licensee's professional liability insurance, or the termination of the licensee's self-insurance plan for professional liability.

(b) The license of a licensee whose professional liability insurance is terminated shall be automatically suspended 60 days after the date of the termination. That license shall be restored upon payment of the required license restoration fee and submission to the Board of satisfactory evidence that the licensee has obtained professional liability insurance as required by section 508 of the act (63 P. S. § 625.508) and § 5.41 (relating to certification of professional liability insurance).

(c) If a licensee requests a waiver from the requirement for professional liability insurance in accordance with § 5.43 (relating to waiver of requirement for professional liability insurance), the Board may postpone the automatic suspension of the license pending the issuance of an order on the request.

Authority

The provisions of this § 5.42 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.42 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.44 (relating to effective date).

§ 5.43. Waiver of requirement for professional liability insurance.

(a) The Board may order the waiver of the requirement for professional liability insurance if, after notice and hearing, the Board determines that the licensee's failure to obtain the coverage is not because of his individual performance, but because of general market conditions.

(b) For the Board to hold a hearing on a request for waiver, the licensee shall state, in writing, the reasons why the request should be granted.

Authority

The provisions of this § 5.43 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.43 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.41 (relating to certification of professional liability insurance); 49 Pa. Code § 5.42 (relating to notification of termination of coverage); and 49 Pa. Code § 5.44 (relating to effective date).

§ 5.44. Effective date.

Sections 5.41—5.43 are effective January 27, 1992.

Authority

The provisions of this § 5.44 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.44 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; corrected April 3, 1992, effective December 28, 1991, 22 Pa.B. 1554. Immediately preceding text appears at serial page (165073).

Subchapter E. MINIMUM STANDARDS OF PRACTICE

Sec.

- 5.51. Patient records.
- 5.51a. Patient records—statement of policy.
- 5.52. Approved scientific instruments of analysis and diagnostic imaging procedures.
- 5.53. Radiological procedures.

§ 5.51. Patient records.

(a) A licensee shall maintain a patient record for each patient which accurately reflects the licensee's evaluation and treatment of the patient. Entries in the patient record shall be made in a timely fashion.

(b) The patient record shall contain the patient's full name, address, date of birth, sex and other information sufficient to identify the patient, the date of every entry in the patient record and the name of the person making an entry if that person is not the licensee.

(c) The patient record shall contain sufficient information to document the clinical necessity for chiropractic care rendered, ordered or prescribed.

(d) A referral to another health care provider shall be reported in the patient record.

(e) A licensee shall retain a patient record for at least 7 years from the date of the last chiropractic service for which a patient record entry is required. A licensee shall retain the patient record for a minor patient until 1 year after the minor patient reaches majority, even if this means that the licensee retains the record for more than 7 years.

Authority

The provisions of this § 5.51 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.51 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.51a (relating to patient records—statement of policy).

§ 5.51a. Patient records—statement of policy.

This section provides guidance to licensees of how clinical necessity for chiropractic care under § 5.51(c) (relating to patient records) may be documented.

(1) *Definitions.* As used in this section, the following words and terms, have the following meanings, unless the context clearly indicates otherwise:

Acute condition—A patient's condition where the onset of the condition or symptoms, or both, has occurred or substantively worsened within a 6-week period prior to presentation and which is caused by some intervening event or trauma whether known or unknown.

Chronic care—Treatment of a chronic condition that is not expected to improve or resolve the chronic condition but is nonetheless expected to result in improvement in the patient's functional status that has regressed after a withdrawal of care.

Chronic condition—A patient's condition when the condition or symptomatology has existed for longer than 6 weeks. Classification of a condition as chronic in no way affects the expectation of whether the condition can be resolved or improved with treatment.

Elective care—Treatment delivered in the absence of symptoms or positive findings following examination or testing.

Exacerbation—A sudden, marked deterioration of the condition being treated, which causes a marked worsening in the patient's functional status, and which is caused by some intervening event or trauma, whether known or unknown.

Maintenance care—Treatment after maximum therapeutic benefit has been achieved from a course of treatment or care rendered for a chronic condition, which is not reasonably expected to improve substantively the patient's condition or functional capacity. Maintenance care is generally rendered on a predictable frequency and includes care for which the outcome is preventative, palliative or elective.

Palliative care—Treatment for an acute or chronic condition that is not reasonably expected to resolve or substantively improve the underlying injury, disease or defect and that is rendered with the sole expectation of ameliorating the patient's symptoms as opposed to significantly improving the patient's condition or capacity to function.

Preventive service—Service provided with the expectation of preventing worsening in a patient's chronic condition, preventing the onset of a condition,

or reducing the risk of recurrence in a condition that has been treated and resolved. A service provided based upon findings uncovered during a preventive service examination is not a preventive service.

Recurrence—A return of an acute condition which was previously treated and resolved or stabilized and which has been quiescent for a period of time.

Restorative care—A course of active care provided that is reasonably expected to substantively improve the patient's condition or the patient's capacity to function.

Supportive care—Treatment for a condition once maximum therapeutic benefit has been established and after therapeutic treatment has been withdrawn two or more times with the patient failing to sustain previous therapeutic gains.

(2) *Restorative care*. The patient record regarding restorative care should contain documentation of the development of the patient's symptoms to include the mechanism of onset and the functional limitations associated with the presenting symptoms. The documentation should additionally detail the diagnostic test results and examination findings/indications (diagnosis) that form the objective basis for the symptoms and functional limitations. The course of treatment necessary to ameliorate the patient's condition should be identified to include the specific therapeutic modalities or procedures to be utilized. The documentation should also identify the specific functional results or goals of treatment that are planned. Subsequent documentation should identify changes in the patient's subjective or objective state that provide evidence of the provider's continuing expectation that additional improvement will occur with additional treatment. Any changes in the plan of care or anticipated outcomes should be identified to include the clinical rationale for these changes. When the patient reaches a functional plateau, the documentation should detail the results obtained and whether the patient was transitioned to another form of care or was discharged. When the patient self-dismisses or otherwise terminates care, the documentation should so indicate and identify the rationale for termination and the results achieved, if any. Documentation of restorative care and necessary chronic care should contain information to support that it satisfies at least one of the following:

- (i) It was reasonably expected to improve the patient's condition at the time it was rendered.
- (ii) It assisted the patient to achieve maximum functional capacity in performing daily, recreational, social or occupational activities.
- (iii) It improved the patient's condition.
- (iv) It was provided consistent with the treating doctor's diagnosis.
- (v) It was provided consistent with the patient's active symptomatology, functional complaint, or abnormal physical findings.

(3) *Maintenance care*. The patient record regarding maintenance care should demonstrate how the care sought to promote health or functional status,

or both. Documentation of maintenance care should contain information to support that it satisfies at least one of the following:

- (i) It assisted the patient to maintain the patient's capacity to perform daily, recreational, social or occupational activities.
- (ii) It was provided consistent with the treating doctor's diagnosis.
- (iii) It was provided consistent with the patient's active symptomatology, functional complaint, or abnormal physical findings.

(4) *Palliative care.* The patient record regarding palliative care should demonstrate how the care was intended to relieve continued pain and to positively affect the patient's symptomatology, and to demonstrate the need for the frequency of palliative care. Documentation of palliative care should contain information to support that it satisfies at least one of the following:

- (i) It alleviated the patient's pain.
- (ii) It mitigated the severity of the patient's symptoms.
- (iii) It was provided consistent with the treating doctor's diagnosis.
- (iv) It was provided consistent with the patient's active symptomatology, functional complaint, or abnormal physical findings.

(5) *Preventative care.* The patient record regarding preventive care should include a history and documentation of examination, counseling and risk factor reduction. Documentation of preventative care should contain information to support that it satisfies at least one of the following:

- (i) It prevented the onset of a condition that might result in permanent disability.
- (ii) It prevented the worsening of the patient's condition.
- (iii) It reduced the risk of subsequent injury.
- (iv) It was provided consistent with the treating doctor's diagnosis.
- (v) It was provided consistent with the patient's active symptomatology, functional complaint, or abnormal physical findings.

(6) *Elective care.* The patient record regarding elective care should demonstrate how care was intended to enhance the patient's level of health, wellness or general well-being. Documentation of elective care should contain information to support that it satisfies at least one of the following:

- (i) It was reasonably expected to improve the patient's level of health, wellness or general well-being.
- (ii) Where applicable, it was provided consistent with the treating doctor's diagnosis.

(7) *Supportive care.* The patient record regarding supportive care should contain documentation of at least two trials of withdrawal of therapeutic treatment that have failed to sustain previous therapeutic gains following an aggravation, exacerbation or recurrence. The patient record need not demonstrate functional improvement beyond the previously established maximum therapeutic level.

(8) *Diagnostic tests.* Documentation concerning diagnostic tests should address at least one of the following:

(i) The rationale for ordering the diagnostic test so that without the diagnostic test the doctor of chiropractic could not establish a differential diagnosis to a reasonable degree of chiropractic certainty.

(ii) The extent to which the diagnostic test facilitated the proper or effective management or control of the patient's condition, including monitoring of condition.

(iii) How the diagnostic test quantified an objective status of the patient's condition or functional capacity.

Authority

The provisions of this § 5.51a issued under section 302(3) of the Chiropractic Practice Act (63 P. S. § 625.302(3)).

Source

The provisions of this § 5.51a adopted March 19, 2010, effective March 20, 2010, 40 Pa.B. 1534.

§ 5.52. Approved scientific instruments of analysis and diagnostic imaging procedures.

(a) Scientific instruments of analysis approved by the Board may include any scientific instrument of analysis which the licensee has been taught to use in an accredited college, through postgraduate education or through continuing education approved by the Board.

(b) Diagnostic imaging procedures approved by the Board may include the exposing, processing and interpreting of an x-ray or other diagnostic imaging which the licensee has been taught to expose, process or interpret in an accredited college, through postgraduate education or through continuing education approved by the Board.

(c) A scientific instrument of analysis may be utilized and a radiologic or other diagnostic imaging procedure may be performed only by a licensee who has been trained to utilize the instrument or perform the procedure as part of professional education in an accredited college, through postgraduate education or through continuing education approved by the Board. A licensee who has not received this training may not utilize the instrument or perform the procedure, but may refer the patient to a health care provider authorized under Pennsylvania law to utilize the instrument or perform the procedure.

Authority

The provisions of this § 5.52 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.52 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944.

§ 5.53. Radiological procedures.

(a) A licensee may not perform radiological procedures on a patient unless the licensee determines clinical need.

(b) An offer or advertising of free x-rays to actual or potential patients shall be accompanied by a statement that x-rays will be given only when necessary or that to avoid needless health hazards associated with ionizing radiation no x-ray will be given unless there is a prior observable clinical need, or by a similar disclaimer.

(c) The licensee shall avoid split screen radiological techniques or other mechanisms which compensate for tissue thickness by altering the screens or the light emissions from the screens, such as the occluding of one of the screens of the cassette.

(d) A licensee may not perform radiological procedures on a pregnant patient unless the licensee determines that the patient's symptoms are of such significance that the proper treatment of the patient might be jeopardized without the use of the radiological procedures.

(e) A licensee may not perform radiological procedures without the use of appropriate compensating filters, gonad shielding and collimation, except where the gonad shielding and collimation would exclude or obscure an area from examination which is clinically necessary for the licensee to examine.

Authority

The provisions of this § 5.53 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.53 adopted December 16, 1991, effective December 17, 1991, 21 Pa.B. 5944.

Cross References

This section cited in 49 Pa. Code § 5.31 (relating to professional advertising).

**Subchapter F. PERFORMANCE OF RADIOLOGICAL PROCEDURES
BY AUXILIARY PERSONNEL**

- Sec.
5.61. Definitions.
5.62. Auxiliary personnel who may perform radiological procedures.
5.63. Application for examination.
5.64. [Reserved].

§ 5.61. Definitions.

The following words and terms, when used in this chapter, have the following meanings, unless the context clearly indicates otherwise:

ACRRRT—The American Chiropractic Registry of Radiologic Technologists.

ARRT—The American Registry of Radiologic Technologists.

Auxiliary personnel—A person other than a physician, dentist, podiatrist or chiropractor.

Direct supervision—aintenance of control over the performance of a radiological procedure by personally authorizing the performance of the procedure only under specific instructions and monitoring the performance of the procedure to ensure compliance with the instructions.

Ionizing radiation—Gamma rays and x-rays; alpha and beta particles, high-speed electrons, neutrons, protons and other nuclear particles. The term does not include ultrasound, sound or radio waves or visible, infrared or ultraviolet light.

Premises of a licensee—A location at which a licensee practices chiropractic, other than a health care facility regulated by the Department of Health, Department of Public Welfare or the Federal government.

Radiological procedure—A diagnostic imaging procedure that utilizes ionizing radiation.

Authority

The provisions of this § 5.61 issued under section 522 of the Chiropractic Practice Act (63 P. S. § 625.522).

Source

The provisions of this § 5.61 adopted August 21, 1987, effective August 22, 1987, 17 Pa.B. 3477.

§ 5.62. Auxiliary personnel who may perform radiological procedures.

Auxiliary personnel who have passed an examination in radiological procedures approved by the Board, the State Board of Medicine or the State Board of Osteopathic Medicine as determined by the relevant Board, or an examination in

radiography of ARRT or ACRRT, as determined by ARRT or ACRRT, may apply ionizing radiation to patients for diagnostic purposes on the premises of a licensee under the direct supervision of the licensee. The licensee is not required to personally observe performance of the procedure but shall be on the premises when an x-ray is taken.

Authority

The provisions of this § 5.62 issued under section 522 of the Chiropractic Practice Act (63 P.S. § 625.522).

Source

The provisions of this § 5.62 adopted August 21, 1987, effective August 22, 1987, 17 Pa.B. 3477.

Cross References

This section cited in 49 Pa. Code § 5.81 (relating to unprofessional and immoral conduct).

§ 5.63. Application for examination.

Applications by auxiliary personnel for the examination in radiological procedures approved by the Board shall be submitted directly to the testing service, with the required fee set by the testing service.

Authority

The provisions of this § 5.63 issued under section 522 of the Chiropractic Practice Act (63 P.S. § 625.522); amended under section 302(3) of the Chiropractic Practice Act (63 P.S. § 625.302(3)).

Source

The provisions of this § 5.63 adopted August 21, 1987, effective August 22, 1987, 17 Pa.B. 3477; amended June 23, 2017, effective June 24, 2017, 47 Pa.B. 3494. Immediately preceding text appears at serial page (208587).

§ 5.64. [Reserved].

Source

The provisions of this § 5.64 adopted August 21, 1987, effective August 22, 1987, 17 Pa.B. 3477; reserved August 26, 1988, effective August 27, 1988, 18 Pa.B. 3807. Immediately preceding text appears at serial page (121462).

Subchapter G. CONTINUING EDUCATION

- Sec.
- 5.71. Institutions and organizations eligible to conduct continuing education courses; faculty.
 - 5.72. Length of time of continuing education courses.
 - 5.73. Application for approval of continuing education courses; attendance certificates.
 - 5.74. Compilation of official attendance list.

- 5.75. Certification of continuing education credit hours; maintenance of attendance certificates.
- 5.76. Waiver or exceptions to continuing education requirements.
- 5.77. Failure to meet continuing education requirements.
- 5.78. Falsification of information.

§ 5.71. Institutions and organizations eligible to conduct continuing education courses; faculty.

Chiropractic continuing education courses may be conducted or sponsored by an approved chiropractic college or by an individual or chiropractic association or organization. Course instructors shall be faculty members of an approved chiropractic college or certified by an approved chiropractic college as qualified to teach the course.

Authority

The provisions of this § 5.71 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.71 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.72. Length of time of continuing education courses.

Continuing education courses will be approved for continuing education credit at the rate of 1 credit hour per 50 minutes of applicable instruction, exclusive of coffee breaks, lunches, visits to exhibits, and the like.

Authority

The provisions of this § 5.72 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.72 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.73. Application for approval of continuing education courses; attendance certificates.

(a) Providers of continuing education courses shall submit applications for course approval with the required fee to the Board at least 90 days prior to the scheduled date of the program. Prior to Board approval, a course may not be advertised as approved for continuing education required for biennial registration in an announcement or publication.

(b) An application for course approval shall include the following information:

- (1) The full name and address of the approved chiropractic college, individual, chiropractic organization or chiropractic association conducting or sponsoring the course.
 - (2) The title of the course.
 - (3) The date and location of the course.
 - (4) The name, title, affiliation and professional background of each course instructor and certification by an approved chiropractic college that the instructor is a faculty member of the chiropractic college or recognized by the chiropractic college as qualified to teach the course.
 - (5) A detailed outline of the course which includes a brief description of the subject matter to be presented and the order of presentation.
 - (6) The total number of credit hours included in the program, excluding coffee breaks, lunches, visits to exhibits, and the like.
 - (7) The signature and title of the individual designated by the provider to authenticate attendance at the course.
 - (8) The name and address of the person designated by the sponsor to receive the official notification of the action of the Board upon the application for course approval.
- (c) The Board will appoint a Committee of Board members to review applications for course approval. The Committee will approve or disapprove a course based on the standards contained in section 507 of the act (63 P. S. § 625.507) and this subchapter. The administrative office of the Board will notify the provider of the Committee's decision within 45 days of receipt of the application for course approval.
- (d) Notification of disapproval of a course will include the reasons for the Committee's decision. A provider may submit for review by the Board an amended application within 10 days after receipt of notification of disapproval. An amended application shall document alterations to rectify deficiencies noted by the Committee.
- (e) The administrative office of the Board shall be notified immediately of material changes in an approved course. Committee approval may be withdrawn if changes in the course do not adhere to section 507 of the act or this subchapter.
- (f) Statements made in the application for course approval shall be sworn to be true and correct to the best of the provider's information, knowledge and belief.
- (g) The attendance certificate issued to licensees shall contain a statement that the attendance certificate shall be maintained on file by the licensee for 4 years.

Authority

The provisions of this § 5.73 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.73 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.74. Compilation of official attendance list.

(a) The provider of a continuing education program is responsible for designating an authorized representative to authenticate attendance and compile an official list of Pennsylvania licensees in attendance at the program.

(b) The authorized representative is responsible for submitting an official attendance list to the Board's administrative office within 30 days following the final day of the program.

Authority

The provisions of this § 5.74 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.74 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.75. Certification of continuing education credit hours; maintenance of attendance certificates.

(a) A licensee who is practicing in this Commonwealth shall certify on a form supplied by the Board by the expiration of the biennial registration period that the licensee has satisfied continuing education requirements. The following information shall be included on the form:

- (1) The dates of the courses attended.
- (2) The credit hours claimed.
- (3) The title of the courses attended and a brief description of the content.
- (4) The name and address of the providers of the courses attended.
- (5) The location of the courses attended.

(b) Licensees are required to maintain attendance certificates on file subject to Board audit for 4 years.

Authority

The provisions of this § 5.75 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.75 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.76. Waiver or exceptions to continuing education requirements.

(a) The Board may grant a waiver of all or a portion of the continuing education required for biennial registration in cases of emergency, illness or undue

hardship. A licensee requesting a waiver from the Board shall state, in writing, the reasons why the licensee is unable to comply with continuing education requirements. Before making a determination, the Board may require a personal appearance by the licensee. If the Board finds probable cause that the licensee is unable to practice with reasonable skill and safety to patients because of the same condition for which he is granted a waiver, the Board may, after notice and hearing, suspend or revoke the license or place restrictions on the license limiting the scope of the licensee's practice, in accordance with section 506(a)(8) and (b) of the act (63 P. S. § 625.506(a)(8) and (b)).

(b) The Board may grant approval for courses which have met all of the academic requirements established by the act and this chapter, despite a procedural defect in the approval process, when a licensee requests an exception, in writing, setting forth that the procedural defects are beyond his control as well as reasons why failure to approve the course would create a hardship for the licensee.

Authority

The provisions of this § 5.76 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.76 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

§ 5.77. Failure to meet continuing education requirements.

(a) Unless granted a waiver, a licensee who fails to satisfy continuing education requirements for a biennial registration period will have his license classified as unregistered and will be prohibited from practicing chiropractic until the licensee satisfies continuing education requirements and renews registration in accordance with § 5.18 (relating to reporting of other licenses, certificates or authorizations to practice, disciplinary sanctions and criminal dispositions).

(b) A licensee attending a continuing education course to reinstate an unregistered license will not have the same credit hours applied toward the continuing education requirement for the next biennial registration period.

(c) A licensee is not required to satisfy continuing education requirements for a biennial period in which a license has been classified as inactive and the licensee has not practiced in this Commonwealth for the entire biennial period.

(d) Unless otherwise excused by the act or this chapter, a licensee who fails to complete the minimum required amount of continuing education during the applicable renewal period is subject to discipline under § 43b.22 (relating to schedule of civil penalties—chiropractors). Within 6 months after the issuance of a citation under § 43b.22 for failing to complete the required amount of continuing education, the licensee shall make up the deficiency and provide proof of attendance at continuing education courses as necessary to satisfy the requirements in section 507 of the act (63 P. S. § 625.507) for the previous biennial

registration period. The additional continuing education may be completed during the current biennial registration period, subject to the limitation of subsection (b). In addition to any civil penalty assessed under this subsection, failure to provide the Board with proof of the required amount of continuing education within 6 months after the issuance of a citation under § 43b.22 for failing to complete the required amount of continuing education shall subject the licensee to disciplinary action under section 506(a)(9) of the act (63 P. S. § 625.506(a)(9)). Failure to complete all of the required amount of continuing education within 6 months after the issuance of a citation under § 43b.22 for failing to complete the required amount of continuing education shall subject the licensee to disciplinary action under section 506(a)(13) of the act. This subsection does not apply to a licensee who permitted the license to expire at the conclusion of the biennial renewal period for which the licensee did not complete the required amount of continuing education and did not practice the profession prior to reactivating that license under § 5.17(j) (relating to biennial registration; unregistered status and inactive status; failure to renew; address of record) upon a demonstration that the licensee subsequently completed all required deficient continuing education.

Authority

The provisions of this § 5.77 issued under section 302 of the Chiropractic Practice Act (act) (63 P. S. § 625.302); amended under sections 302(3), 506(2)(9) and 507(a) of the act (63 P. S. §§ 625.302(3), 625.506(a)(13) and 625.507(a)(9)).

Source

The provisions of this § 5.77 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944; amended June 3, 2011, effective June 4, 2011, 41 Pa.B. 2845. Immediately preceding text appears at serial page (347353).

§ 5.78. Falsification of information.

Falsification by a licensee of information required under this subchapter may result in disciplinary sanctions issued against the licensee. Falsification by a course provider of information required under this subchapter may result in the withdrawal of course approval.

Authority

The provisions of this § 5.78 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302).

Source

The provisions of this § 5.78 adopted December 17, 1991, effective December 18, 1991, 21 Pa.B. 5944.

Subchapter H. DISCIPLINARY ACTION

Sec.
5.81. Unprofessional and immoral conduct.

§ 5.81. Unprofessional and immoral conduct.

A licensee who engages in unprofessional or immoral conduct is subject to disciplinary action in accordance with section 506 of the act (63 P. S. § 625.506).

(1) Unprofessional conduct includes the following:

(i) Revealing personally identifiable facts obtained as the result of a doctor-patient relationship without the prior consent of the patient, except as authorized or required by law.

(ii) Performing a chiropractic service incompetently or performing a chiropractic service which the licensee knows or has reason to know that the licensee is not competent to perform.

(iii) Advertising a chiropractic practice in a manner which is intended or has the tendency to deceive the public.

(iv) Knowingly permitting, aiding or abetting a person who is not licensed to perform activities, requiring a license in health care practice.

(v) Continuing to practice chiropractic or to indicate the ability to practice chiropractic while one's license is unregistered or inactive or is suspended or revoked.

(vi) Impersonating another health care practitioner.

(vii) Offering, undertaking or agreeing to cure or treat a disease by a secret method, procedure, treatment or preparation or the treating of a human condition by a method, means or procedure which the licensee refuses to divulge to the Board upon demand of the Board.

(viii) Delegating a radiological procedure to a person whom the chiropractor knows or has reason to know is not qualified to perform the proce-

ture, under section 522 of the act (63 P. S. § 625.522) and § 5.62 (relating to auxiliary personnel who may perform radiological procedures).

(ix) Failing to exercise direct supervision over auxiliary personnel authorized to perform radiological procedures.

(x) Willfully engaging in sexual activity with a patient within the scope of the chiropractor/patient relationship or harassing, assaulting, abusing or intimidating a patient.

(xi) Abandoning a patient. Abandonment occurs when a licensee withdraws services after a doctor-patient relationship has been established, by failing to give notice to the patient of the licensee's intention to withdraw in sufficient time to allow the patient to obtain necessary chiropractic care.

(xii) Ordering excessive tests, treatment or use of treatment and diagnostic facilities not reasonably warranted by the condition of the patient.

(xiii) Failure to include the word chiropractor, chiropractic, D.C. or a derivative thereof in advertisements, letterhead, signs and other printed material.

(xiv) Practicing or advertising adjunctive procedures without a certificate to use adjunctive procedures issued by the Board.

(xv) Practicing or advertising needle acupuncture, unless the licensee is licensed to do so by the State Board of Medicine or the State Board of Osteopathic Medicine and acting in accordance with the Acupuncture Licensure Act (63 P. S. §§ 1801—1806.1) and regulations of the State Board of Medicine in §§ 18.11—18.18 (relating to licensure and practice of acupuncturists and practitioners of oriental medicine) or regulations of the State Board of Osteopathic Medicine in §§ 25.301—25.308 (relating to registration and practice of acupuncturists).

(2) Immoral conduct includes the following:

(i) Misrepresentation or concealment of a material fact in obtaining a license to practice chiropractic or the reinstatement thereof.

(ii) The commission of an act involving moral turpitude, dishonesty or corruption.

Authority

The provisions of this § 5.81 issued under section 302 of the Chiropractic Practice Act (63 P. S. § 625.302); amended under sections 302(3), 506(a)(4) and (11) of the Chiropractic Practice Act (63 P. S. §§ 625.302(3) and 625.506(a)(4) and (11)).

Source

The provisions of this § 5.81 adopted December 27, 1991, effective December 28, 1991, 21 Pa.B. 5944; amended December 24, 2009, effective December 26, 2009, 39 Pa.B. 7203. Immediately preceding text appears at serial pages (208592) and (222869).

Cross References

This section cited in 49 Pa. Code § 5.95 (relating to confidentiality—waived).

Subchapter I. CHILD ABUSE REPORTING REQUIREMENTS

- Sec.
5.91. Suspected child abuse—mandated reporting requirements.
5.92. Photographs, medical tests and X-rays of child subject to report.
5.93. Suspected death as a result of child abuse—mandated reporting requirement.
5.94. Immunity from liability.
5.95. Confidentiality—waived.
5.96. Noncompliance.

Authority

The provisions of this Subchapter I issued under the Child Protective Services Law, 23 Pa.C.S. § 6383(b)(2); and section 302(3) of the Chiropractic Practice Act (63 P. S. § 625.302(3)), unless otherwise noted.

Source

The provisions of this Subchapter I adopted November 8, 1996, effective November 9, 1996, 26 Pa.B. 5376, unless otherwise noted.

§ 5.91. Suspected child abuse—mandated reporting requirements.

(a) *General rule.* Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), chiropractors who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made to the Department of Public Welfare when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse.

(b) *Staff members of public or private agencies, institutions and facilities.* Chiropractors who are staff members of a medical or other public or private institution, school, facility or agency, and who, in the course of their employment, occupation or practice of their profession, come into contact with children shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Upon notification by the chiropractor, the person in charge or the designated agent shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with subsections (a), (c) and (d).

(c) *Reporting procedure.* Reports of suspected child abuse shall be made by telephone and by written report.

(1) *Oral reports.* Oral reports of suspected child abuse shall be made immediately by telephone to ChildLine, (800) 932-0313.

(2) *Written reports.* Written reports shall be made within 48 hours after the oral report is made by telephone. Written reports shall be made on forms available from a county children and youth social service agency.

(d) *Written reports.* Written reports shall be made in the manner and on forms prescribed by the Department of Public Welfare. The following information shall be included in the written reports, if available:

- (1) The names and addresses of the child and the parents or other person responsible for the care of the child, if known.
- (2) Where the suspected abuse occurred.

- (3) The age and sex of the subjects of the report.
- (4) The nature and extent of the suspected child abuse including any evidence of prior abuse to the child or siblings of the child.
- (5) The name and relationship of the persons responsible for causing the suspected abuse, if known, and any evidence of prior abuse by those persons.
- (6) Family composition.
- (7) The source of the report.
- (8) The person making the report and where that person can be reached.
- (9) The actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner.
- (10) Other information which the Department of Public Welfare may require by regulation.

Cross References

This section cited in 49 Pa. Code § 5.95 (relating to confidentiality—waived); and 49 Pa. Code § 5.96 (relating to noncompliance).

§ 5.92. Photographs, medical tests and X-rays of child subject to report.

A chiropractor may take or cause to be taken photographs of the child who is subject to a report and, if clinically indicated, cause to be performed a radiological examination and other medical tests on the child. Medical summaries or reports of the photographs, X-rays and relevant medical tests taken shall be sent to the county children and youth social service agency at the time the written report is sent or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request.

Cross References

This section cited in 49 Pa. Code § 5.95 (relating to confidentiality—waived); and 49 Pa. Code § 5.96 (relating to noncompliance).

§ 5.93. Suspected death as a result of child abuse—mandated reporting requirement.

A chiropractor who has reasonable cause to suspect that a child died as a result of child abuse shall report that suspicion to the coroner of the county where death occurred or, in the case where the child is transported to another county for medical treatment, to the coroner of the county where the injuries were sustained.

Cross References

This section cited in 49 Pa. Code § 5.95 (relating to confidentiality—waived); and 49 Pa. Code § 5.96 (relating to noncompliance).

§ 5.94. Immunity from liability.

Under 23 Pa.C.S. § 6318 (relating to immunity from liability), a chiropractor who participates in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs shall have immunity from civil and criminal liability that might result by reason of the chiropractor's actions. For the purpose of any civil or criminal proceeding, the good faith of the chiropractor shall be presumed. The Board will uphold the same good faith presumption in any disciplinary proceeding that might result by reason of a chiropractor's actions in participating in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs.

Cross References

This section cited in 49 Pa. Code § 5.95 (relating to confidentiality—waived).

§ 5.95. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 5.91—5.94 take precedence over the act and any other ethical principle or professional standard that might otherwise apply to chiropractors. This section takes precedence over the provisions in § 5.81 (relating to unprofessional and immoral conduct) and any other ethical principle or professional standard that might otherwise apply.

§ 5.96. Noncompliance.

(a) *Disciplinary action.* A chiropractor who willfully fails to comply with the reporting requirements in §§ 5.91—5.93 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) will be subject to disciplinary action under section 506(a)(9) and (13) of the act (63 P. S. § 625.506(a)(9) and (13)).

(b) *Criminal penalties.* Under 23 Pa.C.S. § 6319 (relating to penalties for failure to report), a chiropractor who is required to report a case of suspected child abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.

[Next page is 6-1.]