



STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
BOARD OF CHIROPRACTIC EXAMINERS
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
(907) 465-3811 H Fax: (907) 465-2974
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pchi.htm

CHIROPRACTIC LICENSE APPLICATION *LICENSURE BY CREDENTIALS*

In accordance with AS 08.20.100(a), a person may not practice chiropractic or use chiropractic core methodology in the State of Alaska without a license. Please be advised licensure in another state does not automatically qualify an applicant for an Alaska license. All Chiropractic applicants are required to take and pass the state chiropractic examination before licensure.

PLEASE READ THE INSTRUCTIONS BEFORE COMPLETING THE APPLICATION. ANY PORTION OF THE APPLICATION THAT IS NOT SUBMITTED OR COMPLETED WILL DELAY ISSUANCE OF THE LICENSE. ALL LICENSES ARE RENEWED BIENNIALY ON DECEMBER 31 OF EVEN-NUMBERED YEARS.

The following must be submitted at least **45 days before** the next scheduled examination:

1. Fees payable to the State of Alaska as follows:
 - \$150.00 Application Fee (nonrefundable)
 - \$100.00 Temporary Permit Fee (if applicable)
 - \$100.00 Alaska State Chiropractic Examination Fee
2. Complete notarized or postmaster stamped application. (Form 08-4318a)
3. Complete "Authorization and Release of Records" form. (Form 08-4318b)
4. Certified transcripts showing degree granted from a school or college of chiropractic that is accredited by or a candidate for accreditation by the Council on Chiropractic Education sent directly to the Division of Corporations, Business, and Professional Licensing by the college. Transcripts must accompany form 08-4318c.
5. Official copy of the National Board of Chiropractic Examiners (NBCE) scores with the appropriate seal sent directly to the Division of Corporations, Business, and Professional Licensing from NBCE reflecting passage of Parts I and II, **or** Special Purpose Examination of Chiropractic (SPEC), **OR** reflecting passage of Special Purpose Examination of Chiropractic (SPEC) and Part III.
6. Verification of completion of 120 hours of formal training in physiological therapeutics or passage of the National Board of Chiropractic Examiners (NBCE) Physiotherapy examination.
7. Verification of license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application sent directly to the Division of Corporations, Business, and Professional Licensing from the state, agency or country issuing the license (AS 08.20.141(2)). (Form 08-4318d)
8. Notarized sworn statement from the applicant that the applicant has not been, within the five years preceding the date of application the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state or foreign country, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care and that adversely reflects on the applicant's ability or competence to engage in the practice of chiropractic or on the safety or well-being of patients. (Form 08-4318e)
9. Verification the applicant has been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application (AS 08.20.141(3)). (Form 08-4318f)

The Division of Corporations, Business, and Professional Licensing will contact the Federation of Chiropractic Licensing Boards to perform a check of the national licensee database to verify no actions have been reported regarding the applicant.

10. Upon passing the Alaska State Chiropractic examination, the applicant must submit the following:
 - \$500.00 Licensing fee
 - \$20.00 Wall Certificate fee (optional)

Temporary Permit – To be considered for a temporary permit an applicant must qualify under 12 AAC 16.033, including the educational and all national examination requirements.

An applicant for a temporary permit may not have previously taken and failed the Alaska State Chiropractic examination or have previously held a temporary permit.

A temporary permit is valid until the results of the next scheduled examination are received by the applicant.

To apply for a temporary permit, you must submit the following:

- Items 1 through 9 above
- \$100 Temporary Permit Fee
- A notarized or postmaster stamped sworn statement from a licensed Alaska Chiropractic Physician with whom the temporary permit holder will practice, that the chiropractic physician assumes all legal liability for practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing. (Form 08-4318g)

NOTE: In accordance with AS 08.20.141(2), if any action has been reported to the national licensee database of the Federation of Chiropractic Licensing Boards within the immediate five years preceding the date of this application, you may not be eligible for licensure by credentials.

Alaska State Chiropractic Examination

The Alaska State Chiropractic Examination is administered by the Alaska Board of Chiropractic Examiners four times a year. Applications and all supporting documents to sit for the examination must be postmarked at least **45 days before** the scheduled examination date. Incomplete applications will be processed for the subsequent examination – no exceptions.

Information regarding exam dates and deadlines are available on the division's website at: www.commerce.alaska.gov/occ

The Alaska State Chiropractic examination consists of a written examination covering information in the statutes and regulations booklet (published by the Division of Corporations, Business, and Professional Licensing). A score of 75 percent or higher is required to receive a passing score.

GENERAL INFORMATION

SOCIAL SECURITY NUMBERS

Alaska Statute 08.01.060(b) requires an applicant for a professional license to provide a United States Social Security Number. Applicants who do not have a Social Security Number must submit a completed "Request for Exception from Social Security Number Requirement" (Form 08-4372) located on the division's website at: www.commerce.alaska.gov/occ.

RENEWAL

Renewal notices are mailed at least 30 days before the license expiration. It is the licensee's responsibility to ensure renewal of the license. Failure to receive a renewal notice does not excuse nonrenewal. All licenses expire on December 31 of even-numbered years, regardless of when the license was issued or renewed.

CHANGE OF ADDRESS

The address provided on your application is the address where official correspondence will be sent. In accordance with 12 AAC 02.900, a person must notify the division in writing of any change in address. You can download the "Change of Address Form" (08-4291) from the division website at: www.commerce.alaska.gov.

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Programs under the jurisdiction of the Division of Corporations, Business, and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination you must submit a completed "Application for Examination Accommodation for Candidates with Disabilities" form. This form is available on the division's website: www.commerce.alaska.gov/occ/ or contact the division to request the form.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS

If the Alaska Commission on Postsecondary Education has determined you are in loan default or if the Alaska Child Support Enforcement Division has determined you are in arrears on child support, you will be issued a nonrenewable temporary license valid for 150 days. Contact Postsecondary Education at 1-800-441-2962 or (907) 465-2962 or Child Support Services at (907) 269-6657 if your last name begins with A –M; Contact (907) 269-6845 if your last name begins with N – Z, or 1-800-478-3300 to resolve payment issues.

BUSINESS LICENSES

Renewal applications for business licenses are processed separately. For more information about business licenses call (907) 465-2550 or use Internet address: <http://www.commerce.alaska.gov/occ/buslic.htm>

ABANDONMENT

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice and the application fee is forfeited.

Please be aware that all information on this form will be available to the public unless required to be kept confidential by state or federal law. In addition, current licensee information is available on the division's website at: www.commerce.state.ak.us/occ under "Professional License Search."

NOTIFICATION OF PROPOSED REGULATION CHANGES

If you would like to receive notice of all proposed regulation changes, please send a written request adding your name to the Alaska Board of Chiropractic Examiners' Interested Parties List to:

REGULATIONS SPECIALIST
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806, Juneau, Alaska 99811-0806

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING
BOARD OF CHIROPRACTIC EXAMINERS
P.O. BOX 110806
JUNEAU, ALASKA 99811-0806
(907) 465-3811
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pchi.htm

FOR OFFICE USE ONLY

**CHIROPRACTIC LICENSE APPLICATION
LICENSURE BY CREDENTIALS**

THIS APPLICATION MUST BE COMPLETED IN FULL. TYPE OR PRINT ALL INFORMATION IN INK.

Submit a complete "notarized or postmaster stamped" application form and all supporting documents to the above address.

\$150.00 Application Fee (nonrefundable) \$100.00 Temporary Permit Fee (if applicable)

\$100.00 State Chiropractic Examination Fee

Upon passing the examination, submit the following:

\$500.00 License Fee \$20.00 Wall Certificate Fee (optional)

Fees are to be made payable to the State of Alaska.

I HEREBY MAKE APPLICATION for licensure to practice as a Doctor of Chiropractic in the State of Alaska.

Full Name _____
Last First M.I. Maiden or Other Names

Address _____
Street or P.O. Box City State (Country) Zip Code

Work Telephone _____ Home Telephone _____

Date of Birth _____ Sex M F Social Security Number _____
(Required by AS 08.01.060)

Email Address (optional): _____

Please send correspondence via Email US Mail

GENERAL EDUCATION

High School _____ City and State _____

Date of Graduation _____ OR Date GED Awarded _____

College or University _____ City and State _____

Dates Attended _____ Degree Awarded _____

CHIROPRACTIC EDUCATION

Name of School _____ City and State _____

Dates Attended _____ Degree Awarded _____

NATIONAL BOARD EXAMINATIONPart I passed _____
YearPart II passed _____
YearPart III (WCCE) passed _____
YearPart IV passed _____
YearPhysiotherapy passed _____
YearSPEC Passed _____
Year**CHIROPRACTIC HISTORY****PRACTICE INFORMATION**

In accordance with AS 08.20.141(3), an applicant must have been in active licensed clinical chiropractic practice for at least three of the five years immediately preceding the date of application.

Include temporary or part-time work. State as to each employment or period of practice, the period during which you were employed as a chiropractor (or engaged in private practice) including dates, the address of the offices or places where you were so employed or engaged, and the names and addresses of all employers, partners, associates, or places where you practiced chiropractic, if any, and the reason for the termination of each employment or period of private practice.

INCLUSIVE DATES		ADDRESS, NAMES OF EMPLOYERS, ASSOCIATES, ETC.	STATUS, I.E., PART-TIME	REASON FOR LEAVING
Began	Ended			

Are you presently engaged in the clinical practice of chiropractic? Yes No If "yes," give location below:

Number of years at location below: _____

Location of Clinical Chiropractic Practice: _____
Street City, State, Zip Code (Country)

STATE, JURISDICTION, OR FOREIGN COUNTRY LICENSES

To qualify for licensure by credentials, the applicant must have held a license in good standing to practice chiropractic in another jurisdiction for the five years preceding the date of application (AS 08.20.141(2)).

Have you ever applied for or held a license, temporary permit, locum tenens permit, or courtesy license to practice chiropractic in the State of Alaska? Yes No

List all licenses for the practice of chiropractic that you now hold or ever have held:

JURISDICTION	LICENSED BY: (Exams, Reciprocal, or other)	LICENSE NO.	DATE OF ISSUANCE	EXPIRATION DATE

PROFESSIONAL REFERENCES

List three professional references.

FULL NAME	COMPLETE ADDRESS AND ZIP CODE	RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

DISCIPLINARY / INVESTIGATION / PRACTICE QUESTIONS

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are there any unsatisfied judgments against you resulting from the practice of chiropractic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you aware of any investigations against you, in any state, jurisdiction, or foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |

Have you ever:

- | | | |
|---|--------------------------|--------------------------|
| 4. practiced chiropractic illegally? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. advertised professional services in a false or misleading manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a felony or misdemeanor (other than a minor traffic violation)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. been convicted, including a conviction based on a guilty plea or plea of nolo contendere, of a crime involving the unlawful procurement, sale, prescription, or dispensing of drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. intentionally or negligently engaged in or permitted the performance of patient care by persons under your supervision that does not conform to minimum professional standards (regardless of whether actual injury to the patient occurred)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. failed to comply with a board order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. continued or attempted to practice after becoming unfit due to professional incompetence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. engaged in lewd or immoral conduct in connection with the delivery of professional services to patients? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. failed to satisfy board-adopted continuing education requirements? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. had any malpractice settlements or judgments paid on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. held an Alaska license to practice chiropractic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. had your chiropractic license denied, revoked, suspended, surrendered, recalled, cancelled, placed on probation, or been the subject of any restriction, censure, reprimanded, or other disciplinary action in any jurisdiction or foreign country? | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL HISTORY QUESTIONS:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 18. Are you now, or within the last five years have you been addicted to, or have you undergone treatment for the use of narcotics or drugs or excessive use of intoxicating liquors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Are you now experiencing, or have you within the last five years experienced a physical or mental disability? | <input type="checkbox"/> | <input type="checkbox"/> |

Within in the last five years have you:

- | | | |
|--|--------------------------|--------------------------|
| 20. been adjudicated an incompetent or an insane person by any court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. been a patient in any sanitarium, hospital, or mental institution for mental illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. continued or attempted to practice after becoming unfit due to addiction or severe dependency on alcohol or a drug that impairs your ability to practice safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. continued or attempted to practice after becoming unfit due to physical or mental disability? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. had any action reported to the Federation of Chiropractic Licensing Boards' national licensee database? | <input type="checkbox"/> | <input type="checkbox"/> |

A "Yes" answer may not prejudice your application, failure to report honestly may.

If you answered "Yes" to any of the above questions (1 – 24), please explain dates, locations and circumstances on a separate piece of paper. Also, submit any/all supporting documents that are applicable (court records, board actions, investigation notices etc.).

If you answered "yes" to questions 18 – 23 you must also submit a statement from your health care provider indicating your ability to practice the chiropractic profession.

Failure to fully disclose information pertaining to a "Yes" answer may cause a delay in the processing time of your application.

_____, being first duly sworn upon his/her oath, deposes and says:
(Applicant Name)

I make the following voluntary statement and no threats, promises, or any form of duress have been used to induce me to make this statement.

By my signature below, I declare that all facts, statements, and answers contained in this application are true and correct; I am not omitting any information that might be of value to this board in determining my qualifications and character, whether it is called for or not; and I agree that any falsification, omission, or withholding of information or facts concerning my qualifications as an applicant shall be sufficient to bar issuance of a license to me by the state board and such falsifications, omissions, or withholding shall serve as sufficient grounds for the suspension, cancellation, or revocation of my Alaska Chiropractic Physician license even though it is not discovered until after issuance.

I give permission to the Alaska Board of Chiropractic Examiners to secure additional information concerning me or any statement in this application from any person or any source the board may desire. I further agree to submit to questioning by the board or any member thereof, and to substantiate any statements if desired by the board.

I solemnly declare upon my honor that if granted a license to practice chiropractic in Alaska, I will respectfully comply with any law governing the practice of chiropractic in this state, and will do my best to uphold and maintain the ethics of the profession.

CONFIDENTIALITY

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

WARNING: Pursuant to AS 08.20.170, the board may refuse to issue a license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).

I certify that the above information is true and correct.

Applicant Signature

Date

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____ this _____ day of _____, 20_____.

Notary Public Signature

My Commission Expires: _____

NOTARY SEAL

or

(postmaster stamp if notary is not available)

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Board of Chiropractic Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806
(907) 465-3811
E-mail: license@alaska.gov
Website: www.commerce.alaska.gov/occ/pchi.htm

AUTHORIZATION AND RELEASE

TO WHOM IT MAY CONCERN:

I, _____, residing at
(Please print full name)

_____, hereby authorize the
(Please print full address)

Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my practice of chiropractic, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Division of Corporations, Business, and Professional Licensing and its investigators. This release also applies to all records that pertain to credentialing records at facilities at which I have applied for or held privileges to practice chiropractic.

I authorize the Division to discuss my records with persons or organizations that are considered appropriate by the Division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the Division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the Division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Signature of Applicant

Date

Home Telephone Number

Work Telephone Number

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____

this _____ day of _____, 20_____.

Notary Public Signature

NOTARY SEAL
or
(postmaster stamp if notary not available)

My Commissioner Expires: _____

NOTE: A photocopy reproduction of this request shall be, for all intents and purposes, as valid as the original.

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
VERIFICATION OF CHIROPRACTIC EDUCATION**

This form is essential to the application you are filing with this board. Before your application can be considered for approval, the information requested below must be officially verified by the chiropractic college where your degree was earned. Please complete the information in Section A and forward it to the college and they, in turn, will complete the remainder of this form and return it to this agency. You are advised to check with that college before forwarding this form to determine if there are additional requirements to be met before the information will be released.

SECTION A

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

_____ Last Name First Name Middle Name Maiden Name

_____ Mailing Address

_____ City State Zip Code

Date of Birth: _____

I hereby request and authorize _____ to provide any and all pertinent information requested in this form to the Alaska Board of Chiropractic Examiners to complete an application filed with that agency.

_____ Signature Date Signed

SECTION B - Complete for graduated students and submit with an official transcript.

CERTIFICATE OF DEAN OF CHIROPRACTIC COLLEGE GRANTING DEGREE

I hereby certify that _____ matriculated in the _____
Chiropractic College on the _____ day of _____. The applicant has attended _____ hours of instruction and
graduated with a degree of chiropractic on the _____ day of _____.

This applicant has completed _____ hours of formal training in physiological therapeutics. If courses are not clearly recognizable
as courses containing physiological therapeutics please attach a separate letter indicating the course title and the number of hours
dedicated to physiological therapeutics.

_____ Signature of Dean

SEAL OF COLLEGE OR UNIVERSITY

_____ Date

An official transcript must accompany this form.

Please return this form directly to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business, and
Professional Licensing
Board of Chiropractic Examiners
P.O. Box 110806
Juneau, AK 99811-0806

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
AUTHORIZATION FOR INTERSTATE EXCHANGE OF EXAMINATION AND LICENSURE INFORMATION**

If you hold, or have ever held a license in another jurisdiction, this form is essential to the application you are filing with this board. Before your application can be considered for approval, the information requested below must be officially verified by the chiropractic board(s) in **all** states or foreign countries where you hold or have ever held a license. Please complete the information requested and forward it to the state(s) or foreign country(ies) in which you hold or have ever held a license to practice. You are advised to check with that state of foreign country before forwarding this form to determine if there are additional requirements to be met before the information will be released, i.e., verification fee.

PART I

TO BE COMPLETED BY THE APPLICANT (Please type or print legibly):

(Please Print Full Name)	Maiden Name	
Mailing Address		
City	State	Zip Code
Date of Birth	License No.	

I hereby request and authorize _____ to provide any and all pertinent information requested in this form to the Alaska Board of Chiropractic Examiners to complete an application filed with that agency.

Signature	Date Signed
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PART II – NOT TO BE COMPLETED BY THE APPLICANT

The above applicant is applying for licensure in this state. Please complete the following and **return directly to the Alaska State Board of Chiropractic Examiners.**

State/Agency _____

Name of Licensee _____

License No. _____ Issued Effective _____

By reciprocity/endorsement _____ By examination _____

License is current _____ lapsed _____ Expiration date _____

License in good standing? Yes No

If the applicant's license has lapsed or expired, please explain why (e.g., failure to pay licensing renewal fees, etc.): _____

Date of exam _____ . The examination consisted of the following subjects:

Written:	Principles and Practice	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Score: _____
Clinical:	Adjustive Technique	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Score: _____
	Ortho-Neuro	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Score: _____
	Physiotherapy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Score: _____
	X-ray Interpretation and Technique	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Score: _____

OTHER SUBJECT AREAS TESTED

SUBJECTS	GRADES	PRACTICAL/ORAL/WRITTEN

Has the applicant's license ever been suspended or revoked? Yes No If "yes", for what reason?

Has the applicant been subject to any other disciplinary action(s) (e.g., letter of warning, stipulation)? Yes No
If "yes," please provide a copy of the official action taken.

Please provide any information you believe relevant to the applicant's qualifications and fitness to practice chiropractic.

General Comments: _____

STATE BOARD

OR

AGENCY
SEAL

Signed: _____

Printed Name: _____

Title: _____

State Board/Agency: _____

Date: _____

Please return this form directly to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business, and
Professional Licensing
Alaska Board of Chiropractic Examiners
P.O. Box 110806
Juneau, AK 99811-0806

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
SWORN STATEMENT**

_____ being first duly sworn upon his/her oath, deposes and says:
(Applicant Name)

I make the following voluntary signed statement and no threats, promises, or any form of duress have been used to induce me to make this statement.

By my signature below, I declare I have not been, within the five years preceding the date of application, the subject of an unresolved review or an adverse decision based upon a complaint, investigation, review procedure, or disciplinary proceeding undertaken by a state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency that relates to criminal or fraudulent activity, chiropractic malpractice, or negligent chiropractic care that adversely reflects on my ability or competence to engage in the practice of chiropractic or the safety or well-being of patients.

WARNING: Pursuant to AS 08.20.170, the board may refuse to issued a license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).

I certify that the above information is true and correct.

SIGN HERE  _____
Signature of Applicant

Printed Name

Date: _____

SUBSCRIBED AND SWORN TO before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

NOTARY SEAL _____
Notary Public Signature

My Commission Expires: _____

(or postmaster stamp if notary is not available)

Please return this form directly to:

Department of Commerce, Community, and
Economic Development
Division of Corporations, Business, and
Professional Licensing
Board of Chiropractic Examiners
P.O. Box 110806
Juneau, AK 99811-0806

**ALASKA STATE BOARD OF CHIROPRACTIC EXAMINERS
VERIFICATION OF
CLINICAL CHIROPRACTIC PRACTICE**

This form is essential to the application you are filing with this board. Before your application can be considered for approval, the information requested below must be completed by an employer, partner, or another chiropractic physician who can testify that you have engaged in the active licensed clinical practice of chiropractic for at least three of the five years immediately preceding the date of application (AS 08.141(3)).

YOU MAY MAKE PHOTOCOPIES OF THIS FORM IF NECESSARY. PLEASE TYPE OR PRINT LEGIBLY IN INK ONLY.

SECTION A - To be completed by the applicant:

I, _____, am applying for licensure as a Chiropractic Physician in the
(Name of Applicant)
State of Alaska and hereby authorize you to release information as required on this form.

SECTION B – To be completed by an employer, partner or another chiropractic physician who can verify the applicant has engaged in the active licensed clinical practice of chiropractic for at least three of the last four years (preceding date of this application):

1. Period of Employment: From _____ to _____
MM/DD/YYYY MM/DD/YYYY
 2. Location of Employment: _____
 3. Type of Practice: _____
 4. Name of employer, partner, chiropractic physician or name of private practice: _____
-
-

I certify that the above named applicant has engaged in the active licensed clinical practice of chiropractic for the period indicated herein.

Signature

Date

Printed Name

Telephone Number

Physical Address

Chiropractic License Number

City, State, Zip, Country

State, Jurisdiction, Country where your
license was issued

SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, in and for the State of _____ this
_____ day of _____, 20_____.

NOTARY SEAL
OR
(Postmaster stamp if
notary public not available)

NOTARY PUBLIC SIGNATURE

My Commission Expires: _____

Please return this form directly to:

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
Board of Chiropractic Examiners
P.O. Box 110806
Juneau, AK 99811-0806

**ALASKA BOARD OF CHIROPRACTIC EXAMINERS
SWORN STATEMENT FROM
ALASKA LICENSED CHIROPRACTIC PHYSICIAN
(FOR TEMPORARY PERMIT APPLICANTS ONLY)**

_____ being first duly sworn upon his/her oath, deposes and says:
(Name of Alaska Licensed Chiropractic Physician Employing Temporary Permit Holder)

I make the following voluntary signed statement and no threats, promises, or any form of duress have been used to induce me to make this statement.

By my signature below, I declare that I will be physically present in the same facility and assume all legal liability for the practice of _____, while he/she is practicing chiropractic.
(Name of Applicant)

WARNING: Pursuant to AS 08.20.170, the board may refuse to issue license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal charges for perjury (AS 11.56.200).

I certify that the above information is true and correct.

SIGN HERE



Signature of Chiropractic Physician
Employing Temporary Permit Holder

Printed Name

Date: _____

SUBSCRIBED AND SWORN TO before me, a Notary Public in and for the State of _____,
this _____ day of _____, 20 _____.

NOTARY SEAL

or

(Postmaster stamp in notary public not available)

Notary Public Signature

My Commission Expires: _____

Please return this form directly to:
Department of Commerce, Community, and
Economic Development
Division of Corporations, Business and
Professional Licensing
Alaska Board of Chiropractic Examiners
P.O. Box 110806
Juneau, Alaska 99811-0806



State of Alaska
 Department of Commerce, Community, and Economic Development
 Division of Corporations, Business and Professional Licensing
 PO Box 110806, Juneau, Alaska 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974

OFFICE USE ONLY

CREDIT CARD PAYMENT

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: _____
Corporate or Individual (first, middle, last)

License Number (if applicable): _____

Type of License: _____

I wish to make payment by credit card for the following:
(check all that apply)

- | | Amount |
|---|--------|
| <input type="checkbox"/> Application fee | _____ |
| <input type="checkbox"/> License (or renewal) fee | _____ |
| <input type="checkbox"/> Fine | _____ |
| <input type="checkbox"/> Other (specify): _____ | _____ |

Total: _____

Print Name on Credit Card: _____

Complete Mailing Address: _____

Telephone Number: _____

Signature of Credit Card Holder: _____

Credit Card Type (check one): VISA MASTERCARD

Card Number: _____

Please provide the 3-digit security code number from the back of the card: _____

Expiration Date: _____