



STATE OF ALASKA  
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
DIVISION OF OCCUPATIONAL LICENSING  
**BOARD OF CHIROPRACTIC EXAMINERS**  
P.O. BOX 110806  
JUNEAU, ALASKA 99811-0806  
(907) 465-3811 Fax: (907) 465-2974  
E-mail: [license@alaska.gov](mailto:license@alaska.gov)  
Website: [www.commerce.state.ak.us/occ/pchi.htm](http://www.commerce.state.ak.us/occ/pchi.htm)

## CHIROPRACTIC COURTESY LICENSE APPLICATION

**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 that licensure in another state does not automatically qualify an applicant for licensure in Alaska.**

**NOTE:** Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. No license will be issued until your application file is complete and the board approves your application for a courtesy license.

### **INFORMATION ABOUT COURTESY LICENSES:**

- A courtesy license authorizes the licensee to practice chiropractic for an athletic, cultural, or performing arts event held in the State of Alaska. The licensee may practice at the special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice required for that special event. Services are limited to persons involved with the special event, such as athletes, members, coached or staff of the event.
- A courtesy license is valid for a period beginning seven days before and ending seven days after the dates of the event.
- A person may not be issued more than two courtesy licenses in a 12-month period.
- Required application documents that are not in English must be accompanied by a certified English translation of the document.
- The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170, and may not exceed the chiropractic scope of practice in the State of Alaska.

### **APPLICATION INSTRUCTIONS:**

The following must be submitted no later than **45 days before** the special event for which the courtesy license is requested:

1. Fees payable to the State of Alaska as follows:
  - \$ 50.00 Application Fee (Nonrefundable)
  - \$100.00 Courtesy License Fee
2. Complete notarized application including:
  - Signed photograph
  - "Authorization for Release of Records" (form 08-4500c)
  - Certification that you are not an Alaska resident
  - Description of the special event
  - Scope of practice required for the event
  - Sworn statement regarding license actions and criminal convictions
3. Verification of a valid and active license in another state or jurisdiction sent directly to the Division of Corporations, Business and Professional Licensing by the issuing state or licensing authority. The verification must include the scope of practice required for the special event.

All applicants will also be subject to a check of the national licensee database maintained by the Federation of Chiropractic Licensing Boards (FCLB) to verify any action(s) that may have been reported by other licensing agencies.
4. A complete criminal history record issued within the past 90 days by the Alaska State Department of Public safety sent directly to the Division of Corporations, Business and Professional Licensing; and an equivalent report from all states and jurisdictions where the applicant holds or has ever held a chiropractic license sent directly to the Division of Corporations, Business and Professional Licensing (see additional information on page 2).

## **CRIMINAL HISTORY RECORDS**

The Alaska State Department of Public Safety maintains records of criminal history. You must request that they send your record directly to the Division of Corporations, Business and Professional Licensing at the address above. To find an office location or download an application to request your records, visit their website at: [www.dps.state.ak.us/statewide/background/](http://www.dps.state.ak.us/statewide/background/) For other states or jurisdictions, you will need to contact their justice agency to request that an equivalent report be sent on your behalf.

## **GENERAL INFORMATION**

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.alaska.gov/occ](http://www.commerce.alaska.gov/occ) under "License Search."

**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 complete the "Request from Social Security Number Requirement" (Form 08-4372) located on the division's website at: [www.commerce.alaska.gov/occ](http://www.commerce.alaska.gov/occ) or contact the division office for the form.

**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/occ](http://www.commerce.alaska.gov/occ).

**BUSINESS LICENSES:** 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>

**ABANDONMENT:** Under 12 AAC 02.190, 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. Under 12 AAC 16.030(c), an applicant must satisfy all licensing requirements within 18 months of passing the Alaska State Chiropractic examination.



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

CHIROPRACTIC COURTESY LICENSE APPLICATION

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

If any section does not apply, please write N/A in the space provided.

Fees due with application:
• \$50.00 application fee (nonrefundable)
• \$100.00 courtesy license fee
Make checks payable to the State of Alaska, or use the attached credit card payment form.

I HEREBY MAKE APPLICATION for a courtesy license to practice as a Chiropractic Physician in the State of Alaska for a special event only:

Full Name Last First Middle Initial Maiden or other name

Address Street or P.O. Box City State Zip Code

Telephone Email Address:

Date of Birth: Sex: Male Female Social Security Number: (Required by AS 08.01.060)

Citizen of the United States: Yes No Alaska Resident: Yes No

Have you ever been known by any other name? No Yes (If name change was by court order, enclose a copy of such order.)

Dates of Special Event:
Description of Special Event:
The scope of practice required for the event:

CHARACTER REFERENCES

List six character references, three of which are professional references.

Table with 3 columns: FULL NAME, COMPLETE ADDRESS AND ZIP CODE, RELATIONSHIP. Rows 1-6.



**DISCIPLINARY / INVESTIGATION / PRACTICE QUESTIONS**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 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. had your chiropractic license denied, revoked, suspended, surrendered, placed on probation, recalled, cancelled, 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:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 17. 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"/> |
| 18. 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:**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 19. been adjudicated an incompetent or an insane person by any court? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. been a patient in any sanitarium, hospital, or mental institution for mental illness? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. 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"/> |
| 22. continued or attempted to practice after becoming unfit due to physical or mental disability? .....  | <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 – 22), 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 17 – 22 you must also submit a statement from your health care provider indicating your ability to practice the chiropractic profession.**

\_\_\_\_\_, 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 Courtesy 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.

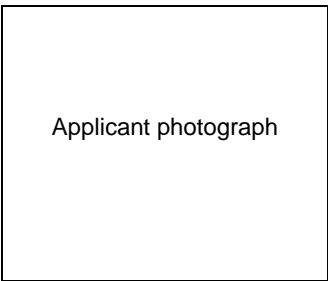
**WARNING:** Pursuant to AS 08.20.170, the board may refuse to issue a license to, or impose a disciplinary sanction on, a person who has obtained or attempted to obtain a license to practice as a chiropractor by fraud, deceit or intentional misrepresentation. The person may also be subject to criminal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



Applicant must sign across photograph.

\_\_\_\_\_  
Notary Public Signature

My Commission Expires: \_\_\_\_\_

NOTARY SEAL

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

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 jurisdictions where you hold or have ever held a license. Please complete the information requested and forward it to the state(s) or jurisdiction(s) in which you hold or have ever held a license to practice. You are advised to check with that state or jurisdiction before forwarding this form to determine if there are additional requirements to be met or fees due before the information will be released.

**PART I**

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: _____		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
-----------	-------------

**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 \_\_\_\_\_

Graduate of \_\_\_\_\_

License No. \_\_\_\_\_ Issued Effective \_\_\_\_\_

By reciprocity/endorsement \_\_\_\_\_ By examination \_\_\_\_\_

License is current \_\_\_\_\_ lapsed \_\_\_\_\_ Expiration date \_\_\_\_\_

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/Agency: \_\_\_\_\_

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

**Please return this form directly to:**

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

THIS FORM MUST BE COMPLETED AND RETURNED WITH THE APPLICATION

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Occupational Licensing  
Board of Chiropractic Examiners  
P.O. Box 110806  
Juneau, Alaska 99811-0806  
(907) 465-2543  
E-mail: license@commerce.state.ak.us  
Website: www.commerce.state.ak.us/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 Occupational 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 Occupational 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 SEAL

\_\_\_\_\_  
Notary Public Signature

My Commissioner Expires: \_\_\_\_\_

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



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):

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

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address (optional): \_\_\_\_\_

Credit Card Type (check one):  VISA  MASTERCARD

**Signature of Credit Card Holder:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

*The bottom section of this form will be destroyed upon processing of the payment.*