



**Board of Chiropractic Examiners**  
PO Box 110806, Juneau AK 99811  
(907) 465-2550

Email: [BoardOfChiropracticExaminers@Alaska.Gov](mailto:BoardOfChiropracticExaminers@Alaska.Gov)  
Website: [ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers](http://ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers)

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## Chiropractic License Application Instructions

**NOTE:** Please read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and examination deadlines, and to provide all necessary documentation. The Board will not consider your application until your application file is complete.

### LICENSURE BY EXAMINATION

Please be advised that passing an exam in another state does not qualify an applicant for an Alaska license. Applicants are required to pass the Alaska State Chiropractic Examination, and all requirements under Alaska Statutes and Regulations must be met.

The following must be submitted before an applicant will be considered for licensure by examination:

1. Fees payable to the State of Alaska as follows:
  - \$250 application fee (nonrefundable)
  - \$200 Alaska State Chiropractic Examination fee
2. Complete notarized application, including the Authorization and Release of Records form (08-672b).
3. Certified transcripts from a college of liberal arts or sciences verifying at least two academic years of study sent directly to the Division of Corporations, Business and Professional Licensing by the college.

The board will accept in lieu of a liberal arts education, verification of active licensed practice of chiropractic for three of the four years preceding the date of application.

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.

The board may allow a college senior applicant to sit for the Alaska State Chiropractic examination with a confirmation letter from the registrar of the chiropractic college verifying the applicant is currently enrolled in a chiropractic college, is pursuing completion of a chiropractic curriculum, and is working on the clinical portion of the curriculum sent directly from the college to the Division of Corporations, Business and Professional Licensing.

5. Official sealed copy of the National Board of Chiropractic Examiners (NBCE) scores indicating passage of Parts I, II, III, IV, and physiotherapy examinations (with a minimum score of 375), sent directly to the Division of Corporations, Business and Professional Licensing by NBCE.

An applicant who has been in the active practice of chiropractic for the past five continuous years may substitute passage of the Special Purposes Examination of Chiropractic (SPEC) for Parts III and IV of the national examination.

6. Verification of all licenses ever held in any other state or jurisdiction, sent directly to the Division of Corporations, Business and Professional Licensing by the issuing state or licensing agency.

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.

If verification of license is submitted then documentation of 32 credit hours of continuing education as provided under this paragraph, approved by the board or an equivalent licensing jurisdiction and taken within two years preceding the date of the application, is required; the 32 credit hours

(A) must include at least

(i) eight hours in radiographic safety, radiographic techniques and interpretation,  
or diagnostic imaging;

(ii) two hours in coding and documentation;

(iii) two hours in ethics and boundaries;

(iv) two hours in cardiopulmonary resuscitation; and

(v) 18 additional hours in education not to include business management;

(B) may not include more than four hours in the following subject areas:

(i) cardiopulmonary resuscitation (CPR) training;

(ii) automated external defibrillator (AED) training;

(iii) basic life support (BLS) training; and

(C) may not include more than 16 hours obtained over the Internet or by distance learning

7. 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 your primary state of residence, if not Alaska, as well all states or jurisdiction 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 3.)

8. Upon passing the Alaska State Chiropractic Examination, the applicant must submit the following payable to the State of Alaska:

- \$600 license fee
- \$20 wall certificate fee (optional)

## LICENSURE BY CREDENTIALS

Please be advised that passing an exam in another state does not qualify an applicant for an Alaska license. Applicants are required to pass the Alaska State Chiropractic Examination, and all requirements under Alaska Statutes and Regulations must be met.

The following must be submitted before an applicant will be considered for licensure by credentials:

1. Fees payable to the State of Alaska as follows:

- \$250 application fee (nonrefundable)
- \$200 Alaska State Chiropractic Examination fee

2. Complete notarized application, including the Authorization and Release of Records form (08-672b).

3. 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 by the issuing state or licensing agency.

4. Verification of all licenses ever held in any other state or jurisdiction, sent directly to the Division of Corporations, Business and Professional Licensing, by the issuing state or licensing agency.

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.

5. Verification of active licensed clinical chiropractic practice for at least three of the five years preceding the date of the application.

6. 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.

7. Official sealed copy of the National Board of Chiropractic Examiners (NBCE) scores indicating passage of Parts I, II, III, and IV examinations, or the SPEC examination (with a minimum score of 375), sent directly to the Division of Corporations, Business and Professional Licensing by NBCE.

8. Verification of completion of 120 hours of formal training in physiological therapeutics or passage of the National Board of Chiropractic Examiners (NBCE) Physiotherapy examination.
9. Notarized sworn statement 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.
10. A complete criminal history record issued within the past 90 days by the Alaska State Department of Public Safety sent directly to the Division; and an equivalent report from all states or jurisdiction where the applicant holds or has ever held a chiropractic license sent directly to the Division. (See additional information below).
11. Upon passing the Alaska State Chiropractic examination, the applicant must submit the following payable to the State of Alaska:
  - \$600 license fee
  - \$20 wall certificate fee (optional)

### **TEMPORARY PERMIT**

A temporary permit holder must practice under the supervision of a licensed chiropractor in the state. The sponsoring chiropractor assumes all legal liability for the practice of the temporary permit holder, as required by 12 AAC 16.200.

An applicant for a temporary permit must qualify under 12 AAC 16.030, including the educational and national exam requirements, and may not have previously taken and failed the Alaska State Chiropractic Exam, or have previously held a temporary permit.

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

The following must be submitted before an applicant will be considered for a temporary permit:

1. Completed notarized application, including **all** supporting documents and fees, as listed above.
2. \$150 Temporary Permit Fee.
3. A notarized, sworn statement of sponsorship by the Alaska-licensed chiropractic physician with whom the temporary permit holder will practice, stating that the sponsor assumes all legal liability for the practice of the temporary permit holder and is physically present in the same facility when the temporary permit holder is practicing.

### **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, even if you have never lived or worked in Alaska. 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.

### **ALASKA STATE CHIROPRACTIC EXAMINATION**

The Alaska State Chiropractic examination is administered by the Alaska Board of Chiropractic Examiners four times a year. Applications to sit for the examination, fees, and all supporting documents must be submitted 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 is available on the division's website: [www.commerce.alaska.gov/web/cbpl/](http://www.commerce.alaska.gov/web/cbpl/)

The Alaska State Chiropractic Examination consist of a written exam covering information in the statutes and regulations booklet published by the Division of Corporations, Business and Professional Licensing. It is available on the Division's website: [www.commerce.alaska.gov/web/Portals/5/pub/ChiropracticStatutes.pdf](http://www.commerce.alaska.gov/web/Portals/5/pub/ChiropracticStatutes.pdf)

In addition, the exam may cover any other subjects that are deemed necessary to demonstrate knowledge of chiropractic as defined in AS 08.20.230. A score of 75 percent or higher is required to receive a passing score on the examination.



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## Chiropractic License Application

### PART I Payment of Fees

|   |   |                 |
|---|---|-----------------|
| <b>Fees Due with Application:</b>         | <input type="checkbox"/> Application Fee  | <b>\$250.00</b> |
|   | <input type="checkbox"/> Examination Fee  | <b>\$200.00</b> |
|   | <input type="checkbox"/> Temporary Permit Fee   | <b>\$150.00</b> |
| <b>Fees Due Upon Passing Examination:</b> | <input type="checkbox"/> License Fee  | <b>\$600.00</b> |
|   | <input type="checkbox"/> Wall Certificate Fee <i>(Optional)</i>                                     | <b>\$ 20.00</b> |
| <b>Application Type:</b>                  | <input type="checkbox"/> Licensure by Examination <input type="checkbox"/> Licensure by Credentials |                 |

### PART II Personal Information

|  |  |  |  |
|--|--|--|--|
| <b>Full Legal Name:</b><br>Name change: <input type="checkbox"/>   |  |  |  |
| <i>If you have had a legal name change since your last license was issued, you must complete a <a href="#">Change of Name</a> form.</i>  |  |  |  |
| <b>Mailing Address:</b><br>Address change: <input type="checkbox"/>  |  |  |  |
| <b>Contact Phone:</b>  |  | <b>Birthdate:</b>  |  |
| <b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure. |  |  |  |
| <b>Email Address:</b>  |  | <input type="checkbox"/> Send my Correspondence by Email<br><input type="checkbox"/> Send my Correspondence by US Mail |  |
| <b>SOCIAL SECURITY NUMBER:</b> AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.   |  |  |  |

**PART III Education****General Education**

|                       |  |        |  |
|-----------------------|--|--------|--|
| High School           |  | Year   |  |
| City and State        |  |        |  |
| College of University |  |        |  |
| Dates Attended        |  | Degree |  |
| City and State        |  |        |  |

**Chiropractic Education**

|                |  |        |  |
|----------------|--|--------|--|
| Name of School |  |        |  |
| City and State |  |        |  |
| Dates Attended |  | Degree |  |

**PART IV National Board Examination**

|                         |      |                 |      |
|-------------------------|------|-----------------|------|
| Part I Passed:          | Year | Part II Passed: | Year |
| Part III (WWCE) Passed: | Year | Part IV Passed: | Year |
| Physiotherapy Passed:   | Year | SPEC Passed:    | Year |

## PART V Practice History

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.

Are you presently engaged in the practice of chiropractic?  YES  NO

If YES, location:

# of Years at Location:

|                                   |  |
|-----------------------------------|--|
| Employer Name:                    |  |
| Employer Address:                 |  |
| Dates of Employment:              |  |
| Status ( <i>i.e. part time</i> ): |  |
| Reason for Leaving:               |  |

|                                   |  |
|-----------------------------------|--|
| Employer Name:                    |  |
| Employer Address:                 |  |
| Dates of Employment:              |  |
| Status ( <i>i.e. part time</i> ): |  |
| Reason for Leaving:               |  |

|                                   |  |
|-----------------------------------|--|
| Employer Name:                    |  |
| Employer Address:                 |  |
| Dates of Employment:              |  |
| Status ( <i>i.e. part time</i> ): |  |
| Reason for Leaving:               |  |

|                                   |  |
|-----------------------------------|--|
| Employer Name:                    |  |
| Employer Address:                 |  |
| Dates of Employment:              |  |
| Status ( <i>i.e. part time</i> ): |  |
| Reason for Leaving:               |  |

**PART V State, Jurisdiction, or Foreign Country Licenses**

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 hold or have ever held:

|                   |  |
|-------------------|--|
| Jurisdiction:     |  |
| Licensed By:      |  |
| License Number:   |  |
| Date of Issuance: |  |
| Expiration Date:  |  |

|                   |  |
|-------------------|--|
| Jurisdiction:     |  |
| Licensed By:      |  |
| License Number:   |  |
| Date of Issuance: |  |
| Expiration Date:  |  |

|                   |  |
|-------------------|--|
| Jurisdiction:     |  |
| Licensed By:      |  |
| License Number:   |  |
| Date of Issuance: |  |
| Expiration Date:  |  |

|                   |  |
|-------------------|--|
| Jurisdiction:     |  |
| Licensed By:      |  |
| License Number:   |  |
| Date of Issuance: |  |
| Expiration Date:  |  |

## PART VI Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial. If you answer "Yes" to any of the questions, please explain dates and specific circumstances (locations, type of action, organizations or parties involved) on a separate piece of paper, signed and dated, and send any supporting documents that are applicable (court records, judgments, charging documents, certificates of completion, board or license actions, investigative notices, etc.).

Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

If you answered "yes" to questions 14 - 16 you must also submit a statement from your health care provider indicating your ability to practice the chiropractic profession.

### *When in doubt, disclose and explain.*

#### *Since the date your last license was issued or renewed:*

1. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine.  Yes  
 No

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2. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?  Yes  
 No

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3. Have you secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation?  Yes  
 No

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4. Have you engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?  Yes  
 No

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5. Have you advertised professional services in a false or misleading manner?  Yes  
 No

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6. Have you experienced a physical disability, impairment, or an infectious or contagious disease that may interfere with your ability to safely practice as a chiropractic physician?  Yes  
 No

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7. Have you 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?  Yes  
 No

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8. Have you 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)?  Yes  
 No

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9. Have you failed to comply with a board order?  Yes  
 No



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**10.** Have you continued or attempted to practice after becoming unfit due to professional incompetence?  Yes  
 No

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**11.** Have you engaged in lewd or immoral conduct in connection with the delivery of professional services to patients?  Yes  
 No

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**12.** Have you failed to satisfy board-adopted continuing education requirements?  Yes  
 No

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**13.** Have you had any malpractice settlements or judgments paid on your behalf?  Yes  
 No

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**14.** Within the past five years, have you experienced, or been diagnosed with, or been treated for, bipolar disorder, schizophrenia, paranoia, psychotic disorder, substance abuse, depression (except for reactive or situational depression), or any other mental or emotional illness?  Yes  
 No

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**15.** Within the past five years, have you been or are you addicted to, excessively used, or misused alcohol, narcotics, barbiturates, or habit-forming drugs?  Yes  
 No

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**16.** Within the past five years, have you had or do you have a physical disability which may impair or interfere with your ability to practice chiropractic?  Yes  
 No

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***LICENSURE BY CREDENTIALS ONLY:***

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**1.** Has there been any action reported on you in the national licensee database of the Federation of Chiropractic Licensing Boards?  Yes  
 No

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**2.** Have you been convicted of a felony within the five years preceding the date of application?  Yes  
 No

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THE STATE of ALASKA

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

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Notary Signature Page

Applicant Name: [ ]

PART VII Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

Table with 4 columns: Notary Stamp, Applicant's Printed Name, Applicant's Signature, Notary Public for State of, Subscribed and Sworn to Before me on this Day, Notary's Signature, My Commission Expires.



THE STATE  
of **ALASKA** *Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

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## Authorization for Release of Records

I hereby authorize the 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.

|                      |                  |                       |           |
|----------------------|------------------|-----------------------|-----------|
| <b>Name:</b>         | First            | Middle                | Last      |
| <b>Full Address:</b> | Street or PO Box | City                  | State Zip |
| <b>Phone:</b>        |                  | <b>Date of Birth:</b> |           |
| <b>Email:</b>        |                  |                       |           |
| <b>Signature:</b>    |                  | <b>Date:</b>          |           |



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## Sworn Statement

|                          |  |
|--------------------------|--|
| <b>Applicant's Name:</b> |  |
|--------------------------|--|

I, the applicant, 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 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).*

|                             |                             |              |  |
|-----------------------------|-----------------------------|--------------|--|
| <b>Applicant Signature:</b> |                             | <b>Date:</b> |  |
| Notary Stamp                | Notary Public for State of: |              | Subscribed and Sworn to Before me on this Day: |
|                             | Notary's Signature:         |              | My Commission Expires:                         |



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## 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 print Full Name) Maiden Name

Address \_\_\_\_\_  
Street or P.O. Box City State (Country) 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.**

I hereby certify that \_\_\_\_\_ matriculated in the \_\_\_\_\_  
\_\_\_\_\_ Chiropractic College on the \_\_\_\_\_ day of \_\_\_\_\_ and  
has attended \_\_\_\_\_ hours of instruction, graduating with a degree of chiropractic on the \_\_\_\_\_ day of \_\_\_\_\_.

### **SECTION C - Complete for pre-graduate students.**

I hereby certify that \_\_\_\_\_ matriculated in the \_\_\_\_\_  
\_\_\_\_\_ Chiropractic College on the \_\_\_\_\_ day of \_\_\_\_\_ and  
has attended \_\_\_\_\_ hours of instruction, (1) is currently enrolled in the chiropractic college; (2) is actively pursuing completion of a chiropractic curriculum; and (3) has obtained senior status and is working on the clinical portion of the curriculum.

Expected Graduation Date: \_\_\_\_\_

### **SECTION D – Complete for ALL students and submit with an official transcript.**

CERTIFICATE OF REGISTRAR OF CHIROPRACTIC COLLEGE

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

\_\_\_\_\_  
Signature of Dean or Registrar

SEAL OF COLLEGE OR UNIVERSITY

**An official transcript must accompany this form.**

\_\_\_\_\_  
Date



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## Authorization for Interstate Exchange of Examination & 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 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 Print Full Name) Maiden Name

Address \_\_\_\_\_  
Street or P.O. Box City State (Country) 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 State 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 \_\_\_\_\_

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?

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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.

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

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General Comments: \_\_\_\_\_

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|  |                            |  |               |  |
|--|----------------------------|--|---------------|--|
| <div style="border: 1px dashed gray; padding: 5px;">                 State Board or Agency Seal             </div> | <b>Printed Name:</b>       |  |               |  |
|  | <b>Title:</b>              |  |               |  |
|  | <b>State Board/Agency:</b> |  |               |  |
|  | <b>Phone:</b>              |  | <b>Email:</b> |  |
|  | <b>Signature:</b>          |  | <b>Date:</b>  |  |



**Board of Chiropractic Examiners**  
PO Box 110806, Juneau AK 99811  
(907) 465-2550

Email: BoardOfChiropracticExaminers@Alaska.Gov  
Website: ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers

## Verification of 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 active practice of chiropractic.

**For licensure by examination:** Use this form to verify your active licensed practice for three of the four past years, in lieu of submitting liberal arts transcripts per AS 08.20.120(a)(2).

**For licensure by credentials:** Use this form to verify your active licensed clinical practice for three of the past five years per AS 08.141(3).

**Applicant:** → To be completed by the applicant:

|                               |  |               |  |
|-------------------------------|--|---------------|--|
| <b>Applicant's Signature:</b> |  |               |  |
| <b>Applicant's Name:</b>      |  | <b>Phone:</b> |  |

**Employer/Partner/  
Chiropractic Physician** →

To be completed by an employer, partner or another chiropractic physician who can verify the applicant has engaged in the active licensed practice of chiropractic:

|  |  |                        |  |
|--|--|------------------------|--|
| <b>INFORMATION ABOUT THE ABOVE-NAMED APPLICANT'S EMPLOYMENT:</b> |  |                        |  |
| <b>Name of Employer/Partner/<br/>Chiropractic Physician:</b>     |  |                        |  |
| <b>Employment Dates:</b>   | <b>Begin Date:</b> _____   | <b>End Date:</b> _____ |  |
| <b>Type of Practice:</b>   | <b>Clinical Practice?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> |                        |  |

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

|  |                  |                        |           |
|--|------------------|------------------------|-----------|
| <b>Reference Name:</b>   |                  | <b>Title:</b>          |           |
| <b>Institution/Clinic or Chiropractic License Number with<br/>State, Jurisdiction, Country where license was issued:</b> |                  |                        |           |
| <b>Physical Address:</b>   | Street or PO Box | City                   | State Zip |
| <b>Signature:</b>  |                  |                        |           |
| <b>Email:</b>  |                  | <b>Business Phone:</b> |           |

|              |                             |  |  |  |
|--------------|-----------------------------|--|--|--|
| Notary Stamp | Notary Public for State of: |  | Subscribed and Sworn to Before me on this Day: |  |
|              | Notary's Signature:         |  | My Commission Expires:                         |  |





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## Sworn Statement from Alaska Licensed Chiropractic Physician *Temporary Permit Applicants Only*

|   |  |
|---|--|
| <b>Applicant's Name:</b>                      |  |
| <b>Chiropractic Physician Name:</b>           |  |
| <b>Chiropractic Physician License Number:</b> |  |

I, The Alaska Licensed Chiropractic Physician Employing Temporary Permit Holder, 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 the above-named applicant while he/she is practicing chiropractic.

*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).*

|   |                             |              |  |
|---|-----------------------------|--------------|--|
| <b>Chiropractic Physician Signature:</b>  |                             | <b>Date:</b> |  |
| <div style="border: 1px dashed black; padding: 5px; text-align: center;">Notary Stamp</div> | Notary Public for State of: |              | Subscribed and Sworn to Before me on this Day: |
|   | Notary's Signature:         |              | My Commission Expires:                         |



THE STATE  
of **ALASKA**  
*Department of Commerce, Community, and Economic Development*  
*Division of Corporations, Business and Professional Licensing*

FOR DIVISION USE ONLY

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

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Program Type: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

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

**AMOUNT**

Application Fee: \_\_\_\_\_

License or Renewal Fee: \_\_\_\_\_

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

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

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

| <b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>          |   |
|---|---|
| <p>1. Credit Card Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Security Code: _____</p> | <p>All 3 fields <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p> |