



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 Fax: (907) 465-2974
Email: license@alaska.gov
Web: www.commerce.state.ak.us/occ/pchi.htm

CHIROPRACTIC SPECIALTY DESIGNATION 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 examination deadlines, and to provide all necessary documentation. The Board will not consider your application until your application file is complete.

INFORMATION ABOUT SPECIALTY DESIGNATIONS:

Under AS 08.20.155, a chiropractic physician licensed in Alaska may designate a specialty if the individual has completed a postgraduate specialty program at an accredited school approved by the Board and the person has passed a certification exam for the specialty approved by the Board. All specialty designations must include the term "chiropractic."

APPLICATION INSTRUCTIONS:

All applicants must submit the following before they will be considered for a license specialty designation:

1. Fees payable to the State of Alaska as follows:
 - \$50.00 Specialty Designation Fee
2. Complete notarized application.
3. Transcripts reflecting successful completion of a postgraduate specialty program at an accredited school approved by the board sent directly to the Division from the accredited school.
4. Documentation of certification or diplomate status issued by the certification program or diplomate board verifying that the licensee has met the protocols, guidelines, standards, continuing competency examinations, and coursework established by the certification program or diplomate board sent directly to the Division from the certification program or diplomate board.

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 "License Search."

CHIROPRACTIC SPECIALTY PROGRAM CRITERIA (12 AAC 16.047)

- (a) To be approved by the board, a postgraduate diplomate chiropractic specialty program must
 - (1) be comprised of a minimum of 300 classroom hours; and
 - (2) require passage of appropriate examinations administered by the approved specialty board.
- (b) To be approved by the board, a postgraduate chiropractic specialty certification program must
 - (1) be offered by a program or institution accredited by the Council on Chiropractic Education;
 - (2) be comprised of a minimum of 120 classroom hours; and
 - (3) require passage of appropriate examinations administered by the approved program.

APPROVED CHIROPRACTIC SPECIALTY PROGRAMS (12 AAC 16.048)

- (a) The following postgraduate diplomate specialty programs are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:
 - (1) Chiropractic Diagnostic Imaging (DACBR) program administered by the American Chiropractic Association Council on Diagnostic Imaging (Roentgenology);
 - (2) Chiropractic Rehabilitation (DACRB) program administered by the American Chiropractic Association Council on Chiropractic Physiological Therapeutics and Rehabilitation;
 - (3) Chiropractic Clinical Nutrition (DACBN) program administered by the Chiropractic Association Council on Nutrition;
 - (4) Chiropractic Diagnosis and Management of Internal Disorders (DABCI) program administered by the American Chiropractic Association Council on Family Practice;
 - (5) Chiropractic Orthopedics (DABCO) program administered by the American Chiropractic Association Council on Orthopedists;
 - (6) Chiropractic Clinical Neurology program administered by the
 - (A) American Chiropractic Academy of Neurology (DACAN or FACCN);
 - (B) American Chiropractic Association Council on Neurology (DABCN);
 - (C) American Chiropractic Neurology Board (DACNB);
 - (7) Chiropractic Sports Physician (DACBSP) program administered by the American Chiropractic Board of Sports Physicians.
 - (8) Chiropractic Forensics (DABFP) program administered by the American Board of Forensic Professionals.
- (b) The following postgraduate specialty certification program are approved by the board, if the board determines that the program meets the requirements of 12 AAC 16.047:
 - (1) Certified Chiropractic Sports Physician (CCSP) program administered by the American Chiropractic Association Sports Council;
 - (2) Certificate in Chiropractic Thermography (CACBT) program administered by the American Chiropractic Association Council on Thermography;
 - (3) Certificate in Chiropractic Pediatrics program administered by the International Chiropractors Association (ICA) Council on Chiropractic Pediatrics.
- (c) The board may approve other postgraduate diplomate specialty programs or specialty certification programs upon written request by the program sponsor. In order to be approved by the board, the program sponsor must include in the written request documentation showing that he program meets the requirements in 12 AAC 16.047.

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 Occupational 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
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FOR OFFICE USE ONLY

CHIROPRACTIC SPECIALTY DESIGNATION APPLICATION**THIS APPLICATION MUST BE COMPLETED IN FULL. TYPE OR PRINT ALL INFORMATION IN INK.****Fees due with application:**

- \$50.00 Specialty License Fee

Make checks payable to the State of Alaska, or use the attached credit card payment form.**I HEREBY MAKE APPLICATION** for a specialty designation on my Chiropractic Physicians license

License Number _____ in the State of Alaska.

Full Name: _____
Last First Middle

Address: _____

Date of Birth: _____ Social Security Number: _____ Gender: M F

Phone: _____ Email Address: _____

Specialty Designation Requested: _____

Postgraduate Specialty Program: _____

PERSONAL DATASince the date of your last application for an Alaska Chiropractic license, have you:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. been convicted of any criminal offense including a conviction based on a guilty plea or plea of nolo contendere, or of a felony or misdemeanor (other than a minor traffic violation)?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. engaged in illegal chiropractic practice, professional incompetence, lewd or immoral conduct, deceit, fraud, intentional misrepresentation, or false advertising?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. had any malpractice settlements or judgements paid on your behalf?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. had your license denied, revoked, suspended, surrendered, stipulated, placed on probation, or been subject to any restrictions, censure, reprimand, or disciplinary action in any jurisdiction or foreign country?..... | <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, please submit a written explanation to include dates and circumstances on a separate piece of paper, and send any documents that are applicable (court records, board actions, etc.)

_____, being first duly sworn upon his/her oath, deposes and says:

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 a chiropractic specialty 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 or unsworn falsification (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 Seal

Notary Public Signature

My Commission Expires: _____



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: _____

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.