



Board of Chiropractic Examiners
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Application For Appointment to The Utilization Review Committee – Chiropractic Physician Applicant

PART I Personal Information

Full Legal Name:			
AK License Number:		Years of Practice in AK:	
Mailing Address:	P.O. Box or Street	City	State Zip
Residence Address:	P.O. Box or Street	City	State Zip
Contact Phone:			

PART II Degrees or Memberships

List any additional degrees or memberships.

Post-Graduate specialty credentials (Chiropractic Radiologist, DACBR, etc.) or other degrees:

Issuing Association or Institution:		Date Degree Earned:	
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Honorary degrees such as Fellowships, etc.:

Issuing Association or Institution:		Date Degree Earned:	
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Membership in any local (state) or National Chiropractic Associations:

Association or Institution:		Membership Date:	
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PART III Practice History

Supply your chiropractic practice history within the immediate past two years.

Employer Name	Address	Start Date	End Date	Status <i>(i.e. full time)</i>	Reason for Leaving

For each employer listed above; provide a brief summary on the following topics:

1. The hours per week that you professionally devote to patient care and other patient care related administrative and educational duties.

2. The focus of your practice (if any) such as, “family practice, sports injuries, geriatric, pediatric, workers’ compensation, personal injury, etc.” Give a sense of an average week in your professional life.

3. Your use of non-use of ancillary methodology (physiological therapeutic procedures such as electrical muscle stimulation, diathermy, therapeutic exercise, nutrition counseling, etc.).

4. Your practical application of the terms “chiropractic adjustment, subluxation complex and primary health care provider” as defined in Alaska Chiropractic statutes.

5. Your usual and customary clinical protocol (procedures) such as, consultation (patient history), examination (diagnostic imaging), laboratory procedures, referral, consultation, and concurrent care with other licensed physicians or health care providers; report of findings (informed consent); healthful living practices (patient education) and ancillary methodology (physiological therapeutic procedures).

PART IV Personal Questions

1. Have you ever been convicted of a misdemeanor or felony? <i>If yes, supply an explanation below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Do you have any charges pending (other than minor traffic violations)? <i>If yes, supply an explanation below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you received any letters of reprimand from any professional organization? <i>If yes, supply an explanation below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing to participate in an interview?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you presently in active, full-time practice?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you have any pending chiropractic malpractice or negligence unsatisfied judgements against you? <i>If yes, supply an explanation below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Have you ever been convicted of chiropractic malpractice negligence? <i>If yes, supply an explanation below:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Have you served on a peer review committee in another state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Have you received any formal training in "File Reviews, Case Evaluations, Independent Medical Evaluations, etc.?" <i>If yes, how many of each were performed at the request of and paid for by the insurance industry per month:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
File Reviews:		Case Evaluations:	
		Independent Medical Evaluations:	

PART IV Personal Questions *(continued)*

<p>10. Currently or in the past two years have you received any professional care for chemical dependency (drugs, narcotics, alcohol, etc.) and/or psychological welfare issues? <i>If yes, supply an explanation below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Is there anything in your life that could possibly impair you from being a rational fair-minded member of the peer review committee? <i>If yes, supply an explanation below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. If offered the opportunity, would you accept devoting more than 50% of your professional time to performing independent medical evaluations?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Do you subscribe to Fee Facts (or other fee related data information) or Medicode (Alaska Workers' Compensation fees)? <i>If yes, how do you keep abreast of the "customary and reasonable" fees in Alaska?</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Do you subscribe to and read any peer reviewed journals such as the <i>Journal of Manipulative and Physiological Therapeutics (JMPT)</i>, <i>Spine</i>, etc.?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. How do you keep yourself professionally informed on current issues relative to health care delivery outside of continuing education requirements?</p>	

PART V Signature

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

I understand 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, may result in the rejection of your application, removal from the list of eligible candidates, or removal from the position. Information supplied with this application is considered public, unless required to be kept confidential pursuant to state and federal law.

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

<p>Applicant Printed Name:</p>			
<p>Applicant Signature:</p>		<p>Date Signed:</p>	

Statutes and Regulations

Sec. 08.20.185. Utilization review committee; confidentiality. (a) The board may establish a utilization review committee to review complaints concerning the reasonableness or appropriateness of care provided, fees charged, or costs for services rendered by a licensee to a patient. A review conducted by a utilization review committee under this section may be used by the board in considering disciplinary action against a licensee, but the results or recommendations of a utilization review committee are not binding on the board. A member of a utilization review committee established under this section who in good faith submits a report under this section or participates in an investigation or judicial proceeding related to a report submitted under this section is immune from civil liability for the submission or participation.

(b) The board shall charge a complainant a fee, established under AS 08.01.065, for utilization review under this section.

(c) Patient records presented to a utilization review committee for review under this section that were confidential before their presentation to the committee are confidential to the committee members and to the board members and are not subject to inspection or copying under AS 40.25.110 – 40.25.125. A committee member or board member to whom confidential records are presented under this subsection shall maintain the confidentiality of the records. A person who violates this subsection is guilty of a class B misdemeanor.

12 AAC 16.400. UTILIZATION REVIEW COMMITTEE. (a) For the purposes of AS 08.20.185, the board may appoint a utilization review committee that is advisory to the board.

(b) A utilization review committee appointed by the board will consist of four individuals. Three members of the utilization review committee must be chiropractic physicians licensed under AS 08.20, and one member must be a public member who meets the requirements of AS 08.01.025.

(c) A member of a utilization review committee may not review a case if the member is in a direct business relationship with the chiropractic physician, insurer, or patient in the case being reviewed.

(d) In this section, a “direct business relationship” includes an employer-employee relationship, doctor-patient relationship, and a legal contractual relationship.

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.410. TERM OF APPOINTMENTS TO UTILIZATION REVIEW COMMITTEE. (a) Members of the utilization review committee are appointed for staggered terms of two years.

(b) Repealed 1/29/2009.

(c) A member of the utilization review committee may be removed by the board for cause.

(d) A member of the utilization review committee may not serve on the committee for more than four consecutive years. The member may not be reappointed until two years have elapsed since the member last served on the committee.

Authority: AS 08.20.055 AS 08.20.185

12 AAC 16.420. CONDUCT OF UTILIZATION REVIEW. (a) A patient, patient’s representative, insurer, or the patient’s chiropractic physician may file a request for utilization review with the board by submitting to the department

(1) a written request for review of the care provided, fees charged, or services rendered by a licensee to a patient;

(2) the utilization review fee established in 12 AAC 02.150; and

(3) if the utilization review committee requires a patient’s treatment records for review, a completed release, on a form provided by the department, signed by the patient.

(b) A licensee’s acceptance of or request for payment for treatment given to a patient constitutes the licensee’s consent to submit to the utilization review committee the information required in (c) of this section.

(c) A licensee involved in a case submitted to the utilization review committee shall submit to the utilization review committee all necessary records and other information concerning the patient’s treatment.

(d) The utilization review committee shall conduct a utilization review for each request for utilization review submitted to it in accordance with guidelines established by the board. Except as provided in (f) of this section, the utilization review committee shall report its findings to the board and furnish a copy of its findings to the patient, licensee, and third-party payor involved in the case.

(e) The findings of the utilization review committee must include a determination of whether the

(1) licensee provided or ordered appropriate treatment or services; and

(2) fees charged are a reasonable and appropriate cost of treatment; in determining the reasonableness and appropriateness of costs, the committee may consider, among other appropriate factors, charges by health care providers other than chiropractic physicians for the same or similar services.

(f) If the utilization review committee determines that reasonable cause exists to believe the licensee has violated a provision of AS 08.20 or this chapter for which a licensee may be disciplined, the utilization review committee may not report its finding to the board, but instead shall refer the matter to the department’s investigative section. The utilization review committee shall provide all information gathered in connection with the utilization review to the department’s investigative section.

(g) Repealed 1/6/2002.

Authority: AS 08.20.055 AS 08.20.185