



Board of Chiropractic Examiners

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

E-mail: BoardofChiropracticExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardofChiropracticExaminers

Chiropractor Locum Tenens Permit Application Instructions

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.

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 LOCUM TENENS PERMITS:

A locum tenens permit may only be issued to a chiropractor for the purpose of substituting for an Alaska-licensed chiropractor practicing in the state. The permit is valid for 60 days and may be extended at the board's discretion.

APPLICATION INSTRUCTIONS:

All applicants must complete the following before they will be considered for a locum tenens permit:

1. Fees payable to the State of Alaska as follows:
 - \$250 Application Fee (Nonrefundable)
 - \$250 Locum Tenens Permit Fee
 - \$200 State Chiropractic Examination Fee
2. Complete notarized application, including the sworn statement and Authorization for Release of Records form (08-4319b).
3. Notarized sworn statement by the Alaska licensed chiropractic physician for whom the applicant will substitute, including the dates of the substitute practice and the date that the Alaska licensed chiropractic physician will resume practice.
4. Pass the Alaska State Chiropractic examination.
5. 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 or 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).

FOR APPLICANTS QUALIFYING UNDER OPTION 'A' (similar to licensure by examination)

In addition to 1 – 5 above the following must be submitted before an applicant will be considered for a locum tenens permit under this option:

1. 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.
2. 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.
3. 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 the Part III examination.
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.

For Applicants Qualifying Under Option 'B' (Similar to Licensure By Credentials)

In addition to 1 – 5 above the following must be submitted before an applicant will be considered for a locum tenens permit under this option:

1. 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.
2. 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.

NOTE: Under AS 08.20.163(b)(2)(A)(i) if any action has been reported to the national database of the Federation of Chiropractic Licensing Boards, you are not eligible for a Locum Tenens Permit under Option 'B'.

3. Verification of active licensed clinical chiropractic practice for at least five years preceding the date of the 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.
5. Official sealed copy of the National Board of Chiropractic Examiners (NBCE) scores indicating passage of the Parts I, II examinations, or the SPEC examination, (with a minimum score of 375), sent directly to the Division of Corporations, Business and Professional Licensing by NBCE.
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.

CRIMINAL HISTORY RECORDS:

The Alaska State Department of Public safety maintains records of criminal history. Even if you have never lived in Alaska, you must request that they send your record directly to the Division of Corporations, Business and Professional Licensing at the address on page one of this form. To find an office location or to download an application to request your records, visit their website at: 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. A special examination may be administered at a time other than during a scheduled examination to an applicant for a Locum Tenens Permit that meets the requirements of AS 08.20.163 and 12 AAC 16.031.

Information regarding exam dates and deadlines is available on the division's website: 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

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.

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 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 or contact the division office for the form.

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 renewed or issued.

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.

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.



THE STATE of ALASKA

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

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FOR DIVISION USE ONLY

Board of Chiropractic Examiners

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

E-mail: BoardofChiropracticExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska Gov/BoardofChiropracticExaminers

Chiropractor Locum Tenens Permit Application Instructions

Fees due with application:

- \$250.00 Locum Tenens Permit Application Fee (nonrefundable)
\$250.00 Locum Tenens Permit Fee
\$200.00 Alaska State Chiropractic Examination Fee

I HEREBY MAKE APPLICATION for a Chiropractic Locum Tenens Permit in the State of Alaska.

CHOOSE ONE: [] OPTION A

[] OPTION B - If you have had any action reported to the Federation of Chiropractic Licensing Board national licensee database, you are not eligible for a locum tenens permit under option B.

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

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

Phone Email Address:

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

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 EXAMINATION

Part I passed Year Part II passed Year

Part III (WCCE) passed Year Part IV passed Year

Physiotherapy passed Year SPEC Passed Year

Check which option you are applying under:

- Option A – Complete the “Practice Information” if you have ever actively practiced chiropractic.
- Option B – Document in “Practice Information” five years of active licensed **clinical** chiropractic practice.

PRACTICE INFORMATION

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 – option “B”) practice of chiropractic? Yes No If “yes,” give location below:

Number of years at location below: _____

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

OTHER 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 now hold or ever have held.

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

CHARACTER REFERENCES

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

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

Failure to fully disclose information pertaining to a “Yes” answer, per AS 08.20.170, may cause a delay in the processing time of your application.

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

YES NO

- 1. Do you have criminal charges pending against you?
- 2. Are there any unsatisfied judgments against you resulting from the practice of chiropractic?
- 3. Are you aware of any investigations against you, in any state, jurisdiction, or foreign country?

Have you ever:

- 4. practiced chiropractic illegally?
- 5. secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation?
- 6. engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities?
- 7. advertised professional services in a false or misleading manner?
- 8. 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.
- 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?
- 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)?
- 11. failed to comply with a board order?
- 12. continued or attempted to practice after becoming unfit due to professional incompetence?
- 13. engaged in lewd or immoral conduct in connection with the delivery of professional services to patients?
- 14. failed to satisfy board-adopted continuing education requirements?
- 15. had any malpractice settlements or judgments paid on your behalf?
- 16. 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?

PERSONAL HISTORY QUESTIONS:

YES NO

- 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?
- 18. Are you now experiencing, or have you within the last five years experienced a physical or mental disability?

Within in the last five years have you:

- 19. been adjudicated an incompetent or an insane person by any court?
- 20. been a patient in any sanitarium, hospital, or mental institution for mental illness?
- 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?
- 22. continued or attempted to practice after becoming unfit due to physical or mental disability?
- 23. had any action reported to the Federation of Chiropractic Licensing Boards’ national licensee database?

If you answered “Yes” to any of the above questions (1 – 23), 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.

CONTINUED ON FOLLOWING PAGE

_____, 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 Locum Tenens Permit 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 public is not available)

BOARD OF CHIROPRACTIC EXAMINERS

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
E-mail: *BoardofChiropracticExaminers@Alaska.Gov*
Website: *ProfessionalLicense.Alaska.Gov/BoardofChiropracticExaminers*

Authorization For Release Of Records

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

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

Authorization for Interstate Exchange of Examination & 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) where 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
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Mailing Address

City	State	Zip Code
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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 a locum tenens permit 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

CONTINUED ON FOLLOWING PAGE

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
Board of Chiropractic Examiners
P.O. Box 110806
Juneau, AK 99811-0806

Alaska State Board of Chiropractic Examiners
Sworn Statement From Alaska Licensed Chiropractic Physician
(For Whom the Applicant Will Be Substituting)

_____, being first duly sworn upon his/her oath, deposes and says:
(Name of licensed Alaska Chiropractic Physician requesting a substitute physician)

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 I am currently a licensed Chiropractic Physician (_____) in the State of Alaska.
(License Number)

I will stop practicing in the State of Alaska beginning _____ and will resume practicing _____.
(Beginning Date) (Ending Date)

Dr. _____ will be providing chiropractic care during this time.

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 requiring a substitute physician

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

or

My Commission Expires: _____

(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

Chiropractic Practice Verification

Please check the option for which you are applying under.

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 verify that you have engaged in:

Option A – Active licensed practice of chiropractic for three of the four years preceding the filing of this application. (In lieu of transcripts reflecting two academic years of study in a college of liberal arts or sciences – AS 08.20.120(a)(2).)

Option B – Active licensed clinical practice of chiropractic for five years (AS 08.20.163.(b)(2)(B).)

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

SECTION I - To be completed by the applicant:

I, _____, am applying for licensure as a Chiropractic Physician
(Name of Applicant)

in the State of Alaska and hereby authorize you to release information as required on this form.

SECTION II – NOT TO BE COMPLETED BY THE APPLICANT - To be completed on the applicant's behalf, by an employer, partner, or another chiropractic physician who can verify the active licensed practice of chiropractic (option "A") or the active clinical licensed practice of chiropractic (option "B").**Which are you documenting on behalf of the applicant?**

Active licensed practice of chiropractic

Active clinical licensed practice of chiropractic

1. Dates of Practice: From _____ to _____
MM/DD/YYYY MM/DD/YYYY

2. Location of Practice: _____

3. Type of Practice: _____

Name of employer, partner, chiropractic physician or name of private practice: _____

I certify that the above named applicant has engaged in the active licensed 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

**Option 'B' Applicants
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 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.

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



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)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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