



THE STATE  
of

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

**Board of Chiropractic Examiners**

PO Box 110806, Juneau, AK 99811

Phone: (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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## Continuing Education Course Approval Application for Providers

Completion and submission of an application does not guarantee program approval. To qualify for a license, programs must be approved by the board. To be approved by the board, a subject must contribute directly to the professional competency of a person licensed to practice as a chiropractor and be directly related to the concepts of chiropractic principles, philosophy, and practice. Practice-building courses and acupuncture training will not be approved.

### Information About Course Approval:

- Course approvals are valid until December 31st of the next even-numbered year.
- The list of approved continuing education courses is available on the board's website:  
<https://www.commerce.alaska.gov/web/cbpl/ProfessionalLicensing/BoardofChiropracticExaminers/ApprovedContinuingEducationCourses.aspx>
- The board recognizes courses and programs that are certified by the Providers of Approved Continuing Education (PACE) through the Federation of Chiropractic Licensing Boards. If your course is approved by PACE, there is no need for you to apply with the Alaska State Board of Chiropractic Examiners.

***The following must be received by the division no later than 90 days before the date of the proposed program presentation dates:***

### 1. APPLICATION

A completed and signed application (#08-4003, pages 1-3).

### 2. FEES

Fees made payable to "State of Alaska."

Initial Course Application Fee:

**\$125.00** *(courses must be submitted for approval for each licensing period.)*

– OR –

Course Change Fee:

**\$ 50.00** *(required if there has been a change in the content or provider of a currently approved course. You must include the approval number issued when the course was initially approved. If the course approval has expired, you must submit the \$125.00 initial course application fee.)*

**Note:** Once a continuing education course is approved, you are no longer eligible for a refund.

### 3. COURSE DESCRIPTION

Including:

- The course title and description of the learning objectives.
- An outline or syllabus describing the course topics, and the number of hours devoted to each topic.

### 4. RESUME OR CURRICULUM VITAE

A copy of resume or curriculum vitae for the principal instructor(s) or presenter(s). Each may be no more than one page in length, or you may substitute a letter from the sponsoring chiropractic college verifying instructor affiliation with the school.

### 5. CERTIFICATE OF COMPLETION

A sample copy of the certificate of completion that will be issued to the participant.

## General Information

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### **APPLICATION PROCESSING:**

The average processing time varies by program. When the application is complete and correct, all supporting documents have been received and all fees have been paid, the license may be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **DENIAL OF APPLICATION:**

Be aware that the denial of an application for licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the license must be your current legal name.

### **CERTIFIED TRUE COPIES:**

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document". To obtain a certified true copy, you must present the notary with the original document along with the photocopy. You must write, "I certify this is a true copy of the original document" and sign your name. The notary will compare the original document with the copy and then notarize your signature.

### **PUBLIC INFORMATION:**

All information on the application will be available as public record, unless required to be kept confidential by state or federal law.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, 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. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **BUSINESS LICENSES:**

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, (907) 465-2550 or *BusinessLicense.Alaska.Gov*.

### **STALE DOCUMENTS:**

Application forms, authorizations and verifications older than 12 months from the date the document was received by the division will be considered stale; the document must be resubmitted as appropriate before the application will be considered by the division or a licensing board. Application documents include the application documents and verifications of licensure from other licensing jurisdictions. (12 AAC 02.915)

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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### PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Initial Course Application (For first time courses or expired course approval)	\$125.00
	<input type="checkbox"/> Course Change Fee (For currently approved courses only)	\$ 50.00
	Alaska Course Approval #:	

### PART II Personal Information

Organization/School:			
Mailing Address:	P.O. Box or Street	City	State Zip
Website:		Phone:	
Contact Name:		Title:	
<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.			
Email Address:		Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.			

### PART III Course Information

Course/Program Title:		Total Program Length (hrs):	
Instructor/Presenter Name(s):			
Select the program delivery method/format: <input type="checkbox"/> Internet, distance or correspondence; various dates during the approval period. <input type="checkbox"/> In-person.			
In-Person Dates and Locations:			

**PART III** Course Information *(continued)*

Topic		Hours Requested for Each Topic
<input type="checkbox"/>	Clinical	
<input type="checkbox"/>	Ethics & Boundaries	
<input type="checkbox"/>	Coding & Documentation	
<input type="checkbox"/>	X-ray & Diagnostic Imaging	
<input type="checkbox"/>	Other:	
Total Hours:		

**PART IV** Verification Method

Attendance Verification Method:			
Certifying Officer:			
Did you receive a certificate of completion?	<input type="checkbox"/> Yes*	<input type="checkbox"/> No	<i>*If yes, submit a copy of a sample certificate.</i>



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## Signature Page

<b>Applicant Name:</b>	
<b>Title:</b>	

### **PART V** Agreement

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 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.

<b>Applicant Signature:</b>		<b>Date Signed:</b>	
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## 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:			
Profession Type (e.g., Acupuncture):		License Number (if applicable):	
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"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed.  This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		