



**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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## Chiropractic Courtesy License 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. Licensure in another state does not automatically qualify an applicant for licensure in Alaska.

**NOTE:** Read the application, statutes, regulations, and all instructions carefully. It is your responsibility to be aware of licensing requirements and provide all necessary documentation. No license will be issued until your application file is complete and the board approves your application for a courtesy license.

### INFORMATION ABOUT COURTESY LICENSES:

- A courtesy license authorizes the licensee to practice chiropractic for an educational, athletic, cultural, or performing arts event held in the State of Alaska. The licensee may practice at the special event only. A courtesy license does not authorize the licensee to conduct a general chiropractic practice or to perform services outside the scope of practice required for that special event. Services are limited to persons involved with the special event, such as athletes, members, coaches or staff of the event.
- A courtesy license is valid for a period beginning seven days before and ending seven days after the dates of the event.
- A person may not be issued more than two courtesy licenses in a 12-month period.
- Required documents that are not in English must be accompanied by a certified English translation of the document.
- The holder of a courtesy license must meet the minimum professional standards of 12 AAC 16.920 and is subject to the discipline under AS 08.01.075 and AS 08.20.170, and may not exceed the chiropractic scope of practice in the State of Alaska.

**The following must be received by the division no later than 45 days before the special event for which the courtesy license is requested:**

#### 1. APPLICATION

A completed and signed application (#08-4500, pages 1-4).

#### 2. SIGNED PHOTOGRAPH

A current signed photograph.

#### 3. FEES

Fees made payable to "State of Alaska."

Non-Refundable Application Fee: \$600.00

Courtesy License Fee: \$150.00

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Total Fees Due: \$750.00

#### 4. VERIFICATION OF LICENSURE

Verification of Licensure must be sent directly to the department from the jurisdiction where the applicant holds a valid, active license in the specified scope of practice listed on the application. The verification must include details of any disciplinary actions taken against the licensee. Check with the applicable state board for their license verification process. If primary source verification is available on the state board's website, it can be accepted as long as it clearly confirms that it is a primary source verification.

#### 5. BACKGROUND REPORTS

Submit Background Reports - The background report submitted as part of this application should be sent directly to the Board of Chiropractic Examiners (PO Box 110806, Juneau, AK 99811-0806) who will submit it to the Department of Public Safety (DPS) and the Federal Bureau of Investigations (FBI) to perform a criminal background check (AS 12.62.400).

## General Information

### 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.

### PROFESSIONAL FITNESS QUESTIONS:

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions, submit an explanation with the charging and closing court documentation (e.g. court records, fitness letters, etc.).

### 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.

### SOCIAL SECURITY NUMBERS:

AS 08.01.060 requires a U.S. Social Security Number be on file with the division before a professional license is issued. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at [ProfessionalLicense.Alaska.Gov](http://ProfessionalLicense.Alaska.Gov).

### PUBLIC INFORMATION:

All information on the application form will be available as a 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](http://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](http://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](mailto:RegulationsAndPublicComment@Alaska.Gov).



THE STATE  
of **ALASKA**

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

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**Chiropractic Courtesy License Application**

**PART I Payment of Fees**

Required Fees:

Application and License Fee (\$600 is Non-Refundable)

**\$750.00**

**PART II Special Event Type**

A courtesy license to practice as a Chiropractic Physician in Alaska is only valid for the special event type checked below.

Educational       Athletic       Cultural       Performing Arts

A courtesy license is valid for a period beginning seven days before and ending seven days after the dates of the event.

Exact Date of Special Event:

**PART III Personal Information**

Full Legal Name:

**Provide all other names used (maiden, nicknames, aliases).** If any documentation will be received in a prior name, you must provide a certified true copy of the documentation showing proof of legal name change(s).

Not Applicable

Other Names Used: \_\_\_\_\_

Mailing Address:

P.O. Box or Street      City      State      Zip

Contact Phone:

Date of Birth:

**EMAIL AGREEMENT:** 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:  Send my Correspondence Electronically  
 Send my Correspondence by Mail

*Note: If both boxes are selected above, you will receive correspondence electronically.*

**SOCIAL SECURITY NUMBER:** AS 08.01.060 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 IV Residency**

Citizen of the United States?

Yes     No

Resident of Alaska?

Yes     No

## PART V Professional License(s)

List all current and previous chiropractic licenses held in any state or jurisdiction.

State or Jurisdiction	License Number	Issue Date	Expiration Date	Issued By
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity
				<input type="checkbox"/> Exam <input type="checkbox"/> Reciprocity

## PART VI Professional Fitness Questions – Disciplinary History

The following questions must be answered. “Yes” answers may not automatically result in license denial.

**For each “yes” response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each “yes” answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.

### When in doubt, disclose and explain.

- Have you been convicted of a crime or are you currently charged with committing a crime, or is any such action pending? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including (but not limited to) a conviction involving 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
- 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
- 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
- Are you currently suffering from any condition, mental or physical, that impairs your judgement or that would otherwise adversely affect your ability to practice as a chiropractor in a competent, ethical and professional manner?  Yes  No
- Do you use drugs or alcohol in any manner that impairs your ability to practice as a chiropractor competently and safely?  Yes  No

"Yes" Answers

**If you answered “yes” to question 4 or 5, in addition to your personal statement, you must have your healthcare provider submit a statement indicating your ability to safely practice as a chiropractor. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.**

**PART VII** **Alaska Law**

I hereby certify I have reviewed, understand and will abide by the statutes and regulations applicable to my profession (AS 08.20 and 12 AAC 16).



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**Signature Page**

<b>Applicant Name:</b>		
<b>Alaska License Number (if known):</b>		<input type="checkbox"/> <i>Application in Process</i>

**PART VIII 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 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, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

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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## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are generally considered public records, unless required to be kept confidential by state or federal law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- Court Orders     
  Consent Agreements     
  Disciplinary Actions     
  Charging Documents  
 Court Records     
  Fitness to Practice     
  All Other Documentation Related to This Incident  
 I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>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:		<p><b>All 3 fields MUST be completed.</b></p> <p>This section will be destroyed after the payment is processed.</p>
2. Expiration Date:		
3. Security Code:		