



Board of Chiropractic Examiners
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Email: BoardOfChiropracticExaminers@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfChiropracticExaminers

Chiropractic Locum Tenens Permit by Credentials Application Instructions

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.

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 PROCEDURES

The following must be received by the division before your application for Chiropractic Locum Tenens Permit by Credentials can be reviewed:

1. APPLICATION

A signed, completed application (#08-4965, pages 1-5)

2. FEES

Fees made payable to "State of Alaska."

Non-Refundable Application Fee: \$ 600.00

Locum Tenens Permit Fee: \$ 150.00

Total Fees Due: \$ 750.00

3. SWORN STATEMENT

Applicants must submit a notarized, sworn statement (form #08-4965a) confirming that, within the five years preceding the application date, they have not been the subject of any unresolved review or adverse decision resulting from a complaint, investigation, review procedure, or disciplinary action.

This includes proceedings undertaken by any state, territorial, local, or federal chiropractic licensing jurisdiction, chiropractic society, or law enforcement agency related to:

- Criminal or fraudulent activity,
- Chiropractic malpractice, or
- Negligent chiropractic care.

The statement must confirm that none of these issues adversely reflect on the applicant's ability or competence to practice chiropractic or the safety and well-being of patients.

4. CERTIFIED TRANSCRIPTS

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.

– AND –

Verification of Chiropractic Education form (#08-4965b) must be completed and submitted by the school official.

5. EXAM

Official sealed copy of the National Board of Chiropractic Examiners (NBCE) scores indicating passage of the national examination, and physiotherapy examinations (with a minimum score of 375), sent directly to the Division of Corporations, Business and Professional Licensing by NBCE.

6. VERIFICATION OF CHIROPRACTIC PRACTICE

Verification of active licensed clinical chiropractic practice for at least three of the five years preceding the date of the application using form #08-4965c.

7. VERIFICATION OF LICENSURE

Verification of Licensure must be sent directly to the department from each jurisdiction where the applicant holds or has ever held a license to practice profession type. Each verification must include an explanation of any disciplinary action taken against the licensee. Check with each of the state boards you are or have been licensed in for their verification request process. If a state offers primary source verification on their website, that can be accepted as long as the website clearly confirms it's a primary source verification.

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.

8. SUBSTITUTING PRACTICE - SWORN STATEMENT

A notarized, sworn statement by the Alaska-licensed chiropractic physician (form #08-4965d) for whom the applicant will substitute, including the dates of the substitute practice and the date that the chiropractor licensed in this state will resume practice.

9. CRIMINAL HISTORY RECORD

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 your primary state of residence, if not Alaska, as well all states or jurisdiction where the applicant holds or has ever held a chiropractic license sent directly to the Division of Corporations, Business and Professional Licensing.

The Alaska State Department of Public Safety maintains records of criminal history. You must request they send your record directly to the Division of Corporations, Business and Professional Licensing at the address above, even if you have never lived or worked in Alaska. To find an office location or 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 an equivalent report to be sent on your behalf.

EXAMINATION INFORMATION:

Be advised that passing an exam in another state does not qualify an applicant for an Alaska license. Applicants are required to pass the Alaska State Chiropractic Examination, and all requirements under Alaska Statutes and Regulations must be met.

The Alaska State Chiropractic Examination consists of a written examination, administered by the board or the board's agent, covering AS 08.01 – AS 08.03, AS 08.20, 12 AAC 02, 12 AAC 16, 7 AAC 18 and any other subjects that the board determines are necessary to demonstrate knowledge of chiropractic as defined in AS 08.20. A score of 75 percent or above is required to receive a passing grade on the state chiropractic examination. The exam is now offered in an open book and on demand format. The exam will be provided by the board or the board's agent upon receipt of application and application fee.

An applicant who has failed the state chiropractic examination may submit a written request for reexamination to the board not sooner than seven (7) days after the date the applicant failed the examination.

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 permit 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 showing final disposition of charge(s) (e.g. court records, fitness letters, etc.).

DENIAL OF APPLICATION:

Be aware that the denial of an application 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 permit 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.

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.



THE STATE
of **ALASKA**

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

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Chiropractic Locum Tenens Permit by Credentials Application

PART I Payment of Fees

Required Fees:	<input type="checkbox"/> Application and Locum Tenens Permit Fee (\$600.00 is Non-Refundable)	\$ 750.00
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PART II Personal Information

Full Legal Name:				
<p>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).</p> <p><input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Other Names Used: _____</p>				
Mailing Address:	P.O. Box or Street	City	State	Zip
Contact Phone:			Date of Birth:	
<p>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.</p>				
Email Address:			Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
<p><i>Note: If both boxes are selected above, you will receive correspondence electronically.</i></p>				
<p>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.</p>				

PART III Chiropractic Education

Name of School:		Location (City, State):	
Date Attended From:		Date Attended To:	
Degree Earned:			

PART IV National Board Examination

Provide the year passed for each area of the national board examination below.

Part I:		Part II:		Part III (WWCE):	
Part IV:		Physiotherapy:		SPEC:	

PART V Professional License(s)

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 you hold or have ever held:

State or Jurisdiction	License Number	Year Issued	Expiration Date

PART VI Practice History

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.

Are you presently engaged in the practice of chiropractic?

Yes No

If yes, Location:

Years at Location:

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

PART VII Professional Fitness Questions

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.

1. 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
2. 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
3. Has there been any action reported on you in the national licensee database of the Federation of Chiropractic Licensing Boards? Yes No
4. Have you been convicted of a felony within the five years preceding the date of application? Yes No
5. Have you secured or attempted to secure a license through deceit, fraud, or intentional misrepresentation? Yes No
6. Have you engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities? Yes No
7. Have you advertised professional services in a false or misleading manner? Yes No
8. Have you experienced a physical disability, impairment, or an infectious or contagious disease that may interfere with your ability to safely practice as a chiropractic physician? Yes No
9. 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
10. Have you 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)? Yes No
11. Have you failed to comply with a board order? Yes No
12. Have you continued or attempted to practice after becoming unfit due to professional incompetence? Yes No
13. Have you engaged in lewd or immoral conduct in connection with the delivery of professional services to patients? Yes No

PART VII Professional Fitness Questions *(continued)*

14. Have you had any malpractice settlements or judgments paid on your behalf? Yes No

15. Do you use drugs or alcohol in any manner that impairs your ability to perform chiropractic care competently and safely, and if so, have you been evaluated and deemed fit to practice by a qualified healthcare professional? Yes No

16. Are you currently suffering from any condition, mental or physical, that impairs your judgment or that would otherwise adversely affect your ability to perform chiropractic care in a competent, ethical, and professional manner, and if so, have you been evaluated and deemed fit to practice by a qualified healthcare professional? Yes No

17. Do you use drugs or alcohol in any manner that impairs your ability to perform chiropractic care competently and safely, and if so, have you been evaluated and deemed fit to practice by a qualified healthcare professional? Yes No

"Yes" Answers

If you answered "yes" to questions 16 or 17, in addition to your personal statement, you must submit a statement from your health care provider indicating your ability to safely practice. Applications submitted without the appropriate attachments will be considered incomplete and will not be processed.

PART VIII 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

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

PART IX 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.

Applicant Signature:		Date Signed:	
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Sworn Statement

Applicant Name:	
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I, the applicant, 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).

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary Signature:		My Commission Expires:	



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Verification of Chiropractic Education

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the chiropractic college where your degree was earned. *Make additional copies of this form, as needed.*

Applicant Name:		Date of Birth:	
Address:	P.O. Box or Street	City	State Zip
Applicant Signature:		Date Signed:	

→ **Graduated Student:** Complete this section for the *graduated* applicant identified above and return the form directly to the division at the letterhead address.

College Name:		State or Jurisdiction:	
Instruction Hours (#):		Graduation Date:	

→ **Pre-Graduate Student:** Complete this section for the *pre-graduate* student identified above and return the form directly to the division at the letterhead address.

College Name:		State or Jurisdiction:	
Instruction Hours (#):		Expected Graduation Date:	

→ **All Students:** Complete this section for *all students* and submit with an official transcript.

Hours of completed formal training in physiological therapeutics:			
<i>If courses are not clearly recognizable as a course containing physiological therapeutics attach a separate letter indicating the course title and the number of hours dedicated to PT.</i>			
Board Seal	Signature:		Date Signed:
	Printed Name:		Title:
	Email:		Phone:



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Verification of Chiropractic Practice

Use this form to verify your active licensed clinical practice for three of the past five years per AS 08.141(3).

→ **Applicant:** Complete the identifying information below and forward a copy of this form to your employer, partner or chiropractic physician.

Applicant Name:			
Applicant Signature:		Phone:	

→ **Employer, Partner, or Chiropractic Physician** Complete the information below and forward the form directly to the letterhead address.

Name of Employer, Partner, or Chiropractor Physician:			
Employment Start Date:		Employment End Date:	
Type of Practice:		Clinical Practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reference Name:		Title:	
Institution/Clinic or Chiropractic License Number with State, Jurisdiction, Country where license was issued:			
Physical Address:	P.O. Box or Street	City	State Zip
Email:		Business Phone:	

I certify the above-named applicant has engaged in the active licensed practice of chiropractic for the period indicated herein.

Notary Stamp	Reference Signature:		
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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Substituting Practice - Sworn Statement from Alaska Licensed Chiropractic Physician

Applicant Name:			
Chiropractic Physician Name:			
Chiropractic Physician License Number:			
Applicant Start Date:		Applicant End Date:	
<input type="checkbox"/> I hereby certify the above-named applicant will be substituting practice and providing chiropractic care during this time.			

Notarized Signature

I, the Alaska Licensed Chiropractic Physician, 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.

I certify the above information is true and correct.

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).

Notary Stamp	Chiropractic Physician Signature:		
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:
	Notary Signature:		My Commission Expires:



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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.

Location of Incident:		Date of Incident:	
Explanation of Incident: 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.

Full Name:		Program:	
Signature:		Date Signed:	



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