# IDAHO BOARD OF CHIROPRACTIC PHYSICIANS Idaho Division of Occupational and Professional Licenses 11341 W. Chinden Blvd., Bldg. #4, Boise ID 83714 or P.O. Box 83720, Boise ID 83720-0063 Phone: (208) 334-3233 Website: <u>https://dopl.idaho.gov</u> E-mail: chi@ibol.idaho.gov

### APPLICATION FOR IDAHO CHIROPRACTIC CLINICAL NUTRITION CERTIFICATION

All Clinical Nutrition Certification applicants must hold a current, active, unrestricted license as a Chiropractic Physician issued by the Idaho Board. Please complete this form by providing the requested information. Signatures must be notarized and the appropriate fees must be attached. **Incomplete applications that do not include all the items required** (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.

**INSTRUCTIONS AND CHECKLIST FOR APPLICATION.** This application contains an affidavit that must be signed and notarized. The affidavit includes certifying that the applicant will comply with the Idaho laws and rules and scope of practice governing the practice of chiropractic in Idaho. The laws and rules are available online at the Board's website.

Complete application. All requested information must be provided and the form must be notarized. If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

Evidence of successful completion of didactic clinical nutrition certification education sent directly to our office from the issuing authority, which must be an accredited institution.

Evidence of successful completion of 24 hours of practicum, in accordance with Idaho Code § 54-717 and Rule 702.

Evidence of current certifications for Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS).

Attach the required fees.

# APPLICATION FEE - \$175 CLINICAL NUTRITION CERTIFICATION FEE - \$175 TOTAL - \$350

FFES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

**All applicants must review the Idaho laws & rules** prior to licensure. Please note that according to Idaho Code §§ 54-705 & 54-708, you must be licensed to practice, or advertise as a chiropractic physician, or use any word or title or abbreviation to indicate chiropractic licensure. The Board's Laws and Rules may be found at: <u>https://dopl.idaho.gov</u>

Please keep a copy of this application for your records.

# ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying. For a full explanation of eligibility and a comprehensive description of benefits available, see Idaho Code §§ 67-9401-9407. Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see Idaho Code § 67-2602A.

Note: The applicant's signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language "subscribed and sworn" must appear before the applicant's signature. An "acknowledgement" where the notary only verifies the identity of the applicant is not acceptable.

If the name on your application does not match the proof of age document or the transcripts, please provide proof of the name change in the form of a marriage certificate, divorce decree or court order.

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#### APPLICATION FOR IDAHO CLINICAL NUTRITION CERTIFICATION

An application fee of \$175 and clinical nutrition certification fee of \$175 (\$350 total) must be submitted with this application.

I hereby submit my qualifications and make application for a Chiropractic Physician Clinical Nutrition Certification in the State of Idaho under the provisions of Title 54, Chapter 7, Idaho Code, and provide the following:

1.	Full Name (Mr., Mrs., or Ms.)				
2.	Address of Record				
	(The above address is a public record.)	Street	City	State	Zip
3.	Mailing Address				
	(This will be used as address of record if none	provided above.) Street/PO Box	City	State	Zip
4.	License Number	Date of Birth/	/	Social Security No.	<u> </u>
		mm de	d yyyy	(This is not a public record; re	equired by I.C. § 73-122.)
5.	Business Phone ()	Home Phone ()		E-mail	
	(This number is a public record.)	(This number is not a public re	ecord.)	(This is not a public record; re	

6. Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services? (To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.) () Yes () No

- 7. Have you completed the required didactic clinical nutritional certification education from an accredited institution that meets the requirement in Idaho Code 54-708 and 54-717, and Rule 702.02?

   () Yes
   () No (Certificate or other evidence of successful completion must be provided directly to the Board from an accredited institution)
- 8. Have you completed the minimum of 24 hours of practicum from an accredited institution required in Idaho Code 54-717 and Rule 702.03? ( ) Yes ( ) No

(Provide a certificate or other evidence acceptable to the Board of successful completion)

- 9. Do you hold current certifications in Cardio Pulmonary Resuscitation (CPR) and Basic Life Support (BLS)?
   (Please provide copies of your current certifications)
   () Yes
   () No
- 10. In accordance with Rule 702.01, do you have BLS equipment on the premises where clinical nutrition treatment is performed?
- 11. Do you provide informed consent documentation to patients and do you obtain written voluntary permission to perform therapies in accordance with Idaho Code 54-717(7)?

#### AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability for or maintenan

	Signature of Applicant	
State of, County of	, SS.	
Subscribed and sworn before me this	_ day of, 20	
(seal)	Notary Public Official Signature	
× /	My Commission Expires	