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: https://dopl.idaho.gov

E-mail: chi@dopl.idaho.gov

APPLICATION FOR CHIROPRACTIC INTERN PERMIT

Please complete this form by providing the requested information. Both signatures must be notarized and the appropriate fees must be attached. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. **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 INTERN REGISTRATION. Any person who has completed the required course of study from an acceptable school of chiropractic, but has not yet served their chiropractic internship, may register with the board and be granted a permit to serve an internship in Idaho in accordance with board rules and upon the following conditions:

conditions:
 □ Complete signed and notarized application with notary seal and required fees. □ Application fee of \$150.00. FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to DOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid. □ Proof of identification – a clear and readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver's license must be attached. □ Obtain certification from an Idaho licensed chiropractic physician that the applicant will practice chiropractic only under the direct and immediate supervision of said physician and only in the office of said physician. (see §54-711., Idaho Code) □ Complete signed and notarized Supervisor's Affidavit, Addendum 1, with notary seal. □ Complete signed, Addendum 2.
 ☐ Copy of legal name change, if applicable (marriage license, divorce decree or court order). This is applicable if the name used on any accompanying documents, such as transcripts or proof of age, does not match the name on the application. ☐ Please keep a copy of this application for your records.
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: https://dopl.idaho.gov
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 .
☐ To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.
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.

IDOPL-08/21 DCA/CHIN/APP/01-150

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APPLICATION FOR CHIROPRACTIC INTERNSHIP - \$150

I hereby submit my qualifications to the Idaho State Board of Chiropractic Physicians for a permit to serve a Chiropractic Internship in Idaho under the provisions of §54-711, Idaho Code, and provide the following:

2. Address of Record (The above address is a public record.) Street (The above address is a public record.) Street (This will be used as address of public record if none provided above.) StreetPO Box (This will be used as address of public record if none provided above.) StreetPO Box (This is not a public record; required by I.C. § 73-122.) Date of Birth (This is not a public record; required by I.C. § 73-122.) Date of Birth (This is not a public record; required by I.C. § 67-2609.) Second of Chiropractic Attended (This number is a public record.) Second of Chiropractic Attended Date of Business Place of Business Place of Business Mailing Address StreetPO Box StreetPO Box City State Zip 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 (If yes, a copy of the changes and the final order must be received before your application will be processed.) 11. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? (If yes, a copy of the changes and the final order must be received before your application will be processed.) 12. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral numption of this for any other state? (If yes, the Criminal Conviction Disclosure Form, official court documents, and prohation and parols documents along with any other relevant information must be received with this application.) AFFIDAVIT Jopon outh I certify each of the following: (I) the responses and information provided in this application and in the attached addendum(locumentation 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 latestic citize on a legal permanent resident or I am otherwise labelly present in the United States, (4) I have read	Full Name (Mr., Mrs., or Ms.)				
(This is not a public record; required by LC. § 73-122.) Date of Birth (This is not a public record; required by LC. § 73-122.) The public record; required by LC. § 73-122. The public record; required by LC. § 73-12					
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(This is not a public record; required by LC § 73-122) mm dd yyyy (Proof of identification – a clear and readable color copy, government-issued photo ID such as a passport, military ID, or valid driver's license must be attached.) 5. Business Phone (•	•	City	State	Σip
(This number is a public record.) (This is not a public record; required by I.C. § 67-2609.) 5. School of Chiropractic Attended 7. Supervisor's Name License # 8. Place of Business 9. Mailing Address Street/PO Box City State Zip 10. 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 11. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? (If yes, a copy of the charges and the final order must be received before your application will be processed.) 12. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral unpitude in this or any other state? (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.) AFFIDAVII Jono oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(focumentation 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 I states critizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Law studies governing the profession for which I am secking a license or authority to practice; (5) I acknowledge and agree the use of internisrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am secking a license or authority to practice; (5) I acknowledge and agree the use of internisrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am applying and I provide additional or corrected information if material changes oc	(This is not a public record; required by I.C. § 73-12	22.) mm dd	_/yyyy (Proof of identificati tached.)	on – a clear and read	able color copy of a
Supervisor's Name License # Supervisor's Name License #		Other Phone ()	E-mail_	1 . 11	10.007.200
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Street/PO Box City State Zip 10. 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 () N 11. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? () Yes () N 12. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? () Yes () N 12. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? () Yes () N 13. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? () Yes () N 14. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? () Yes () N 15. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? () Yes () N 16. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral lurpitude in this or any other state? 17. AFFIDAVIT 18. John on the least of the following: () the responses and information provided in this application and in the attached addendum(documentation are true and correct to the best of my knowledge; () I am the applicant named in and who has signed this application; () I am a lustence or authority to practice; () I acknowledge and agree the use of intermiserpersentation or fraud in this application or violation or any license or authority applied for or granted to me will provide additional or corrected information in fanterial changes occur which would cause responses or information provided in or will	5. School of Chiropractic Attended				
Street/PO Box City State Zip 10. 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 () N (If yes, a copy of the charges and the final order must be received before your application will be processed.) (I. Have you ever had a license or registration revoked, suspended or otherwise sanctioned? () Yes () N (If yes, a copy of the charges and the final order must be received before your application will be processed.) (I. Have you ever been convicted, found guilty, or received a suspended sentence of a felony or crime involving moral turpitude in this or any other state? (If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.) AFFIDAVIT Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(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 locumentation are true and correct to the best of my knowledge; (2) I am the populicant named in and who has signed this application; (3) I am a locumentation are true and correct to the best of my knowledge; (2) I am the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intensirepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority applied for or granted to me will provide additional or corrected information if material changes occur which would cause responses or information provided in or will provide additional or corrected information in material changes occur which would cause responses or information provide	7. Supervisor's Name			License #	
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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 locate scitizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Law Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intermisrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority applied for or granted to me will provide additional or corrected information if material changes occur which would cause responses or information provided in or will 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 Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, state disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and I release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Divis Docupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof. Signature of Applicant State of, County of, ss.	I4 I4 (1 -64) - 611 (1)		:4-4 : 41:1:4:		- 1 - 111(-)
disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and I release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Divis Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof. Signature of Applicant State of, County of, ss. Subscribed and sworn before me this day of, 20	documentation are true and correct to the best of no states citizen or a legal permanent resident or I and Rules governing the profession for which I am misrepresentation or fraud in this application or violatice shall constitute cause sufficient for denial will provide additional or corrected information application to be inaccurate or incomplete; (7) I a	ny knowledge; (2) I am the application otherwise lawfully present in the a seeking a license or authority to olation of any Laws or Rules governl, suspension, cancellation or revocatif material changes occur which authorize and direct any person, age	nt named in and who has sign that the states; (4) I have reported by practice; (5) I acknowle ming the profession for which attorn of any license or author would cause responses or may, firm, or other entity to	gned this application and will confidge and agree the h I am seeking a larity applied for or information proverelease, upon the	on; (3) I am a Unit orm to the Laws a e use of intention icense or authority granted to me; (6) ided in or with the request of the Ida
State of, County of, ss. Subscribed and sworn before me this day of, 20	disclosure, or recommendation that may have bear elease and exonerate any of them from any liabi Occupational and Professional Licenses to release otherwise be protected or confidential that may have	ing on my eligibility for or maintena- ility of any kind resulting from the se to any other regulatory entity in ve bearing on my eligibility for or re-	ance of the license or author release or collection there n any jurisdiction any info naintenance of any license of	ity for which I am of; and (8) I author introduces and interpretation requested or authority issued	applying and here orize the Division about me that n
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	State of, County of day of	, ss 20			
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My Commission Expires

APPLICATION FOR CHIROPRACTIC INTERNSHIP

ADDENDUM 1

(To be completed by Supervisor)

SUPERVISOR'S AFFIDAVIT

I hereby certify that I have read and will ab	ide by the obligations and requirements of the Idaho Chiropractic Physician Laws			
& Rules, and that I will serve as supervisor	for . I understand			
that my responsibilities of supervision will	be in effect until the applicant graduates from chiropractic college or until my			
	by certified mail to the Idaho State Board of Chiropractic Physicians. I further			
	diately cease and the applicant's internship shall become immediately null and			
void in the event the applicant is determined				
void in the event the applicant is determined	it to be intelligible for incensure.			
	Signature of Supervisor			
State of, County of	, SS.			
Subscribed and sworn before me this	day of, 20			
(seal)	Notary Public Official Signature			
,	My Commission Expires			
	<i>J</i>			

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ADDENDUM 2 (To be completed by Chiropractic College)

I hereby certify that	, has completed the required course of
Name of App	
study fromName of Institu	, but has not yet graduated. As
a requirement of graduation, the above named stud	ent must serve a chiropractic internship for a period of not less than
months. Pending successful completion	of that internship, the applicant is on schedule to graduate on
Date of Graduation	
(Official Institution seal)	Signature of Registrar
	Printed Name of Registrar

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