

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:

- 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.

APPLICATION FOR CHIROPRACTIC INTERNSHIP

ADDENDUM 1

(To be completed by Supervisor)

SUPERVISOR'S AFFIDAVIT

I hereby certify that I have read and will abide 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 submission of written notice of termination by certified mail to the Idaho State Board of Chiropractic Physicians. I further understand that my supervision shall immediately cease and the applicant's internship shall become immediately null and void in the event the applicant is determined to be ineligible for licensure.

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 _____

ADDENDUM 2
(To be completed by Chiropractic College)

I hereby certify that _____, has completed the required course of
Name of Applicant

study from _____, but has not yet graduated. As
Name of Institution

a requirement of graduation, the above named student 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