

**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](mailto:chi@dopl.idaho.gov)**

**APPLICATION FOR LICENSURE**

Please complete this form by providing the requested information and signing the form. Processing will be delayed for applications that do not include a social security number or other documentation required under Idaho Code § 73-122. An Application for Chiropractic License must be on file with all required supporting documentation before the Board will consider your application for licensure or a temporary permit. **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:**

- Completed, signed and notarized application with notary seal and required fees.
- Application fee of \$400.00. 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 is acceptable.
- Copy of official chiropractic school transcripts sent directly to our office from the issuing authority.
- Proof of successful passage of the required exam(s) sent directly to our office from the issuing authority.
- Work experience addendum must be attached for those who have five years of consecutive chiropractic practice immediately prior to this application.
- Certification(s) of licensure must be sent directly to our office from the state(s) where you are currently or have ever been licensed. If states have a primary source verification website you may print off the information and send it with your application as long as it includes discipline. Print out must include primary source verification language.
- 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.

APPLICATION FEE - \$400.00

**NOTE: If you wish a Temporary Permit to practice chiropractic in Idaho, please complete the Addendum for Temporary Practice and submit it with this application and attach an additional \$150.00 fee.**

**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.



**APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE**

**(continued)**

**Complete and attach the professional credential history addendum and/or the work experience addendum, if applicable.**

**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 shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (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 to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility 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 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 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**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.**

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**PROFESSIONAL CREDENTIAL HISTORY APPLICATION ADDENDUM**

**CURRENT LICENSES AND CERTIFICATIONS:** Please list below any licenses, certifications, or other regulatory credentials ever held, including current status (active, inactive, suspended, revoked, otherwise sanctioned, etc.)

Licensure/Certification Title \_\_\_\_\_

Issuing Entity \_\_\_\_\_ License Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Current Status \_\_\_\_\_ Expiration Date \_\_\_\_\_

If ever sanctioned, list reason and sanction description

Licensure/Certification Title \_\_\_\_\_

Issuing Entity \_\_\_\_\_ License Number \_\_\_\_\_

Date Issued \_\_\_\_\_ Current Status \_\_\_\_\_ Expiration Date \_\_\_\_\_

If ever sanctioned, list reason and sanction description

Licensure/Certification Title \_\_\_\_\_

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(If more space is needed, attach a separate sheet of paper.)

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**CHIROPRACTIC WORK EXPERIENCE APPLICATION ADDENDUM**

**CHIROPRACTIC OR RELATED WORK EXPERIENCE:** If you have five consecutive years of chiropractic practice immediately prior to this application, please complete this form. List your work experience, including employers' names, addresses, phone numbers and dates of practice.

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Experience From: \_\_\_\_\_ To: \_\_\_\_\_

Narrative Outlining Scope of Duties:

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Experience From: \_\_\_\_\_ To: \_\_\_\_\_

Narrative Outlining Scope of Duties:

Name of Business \_\_\_\_\_

Address of Business \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Dates of Experience From: \_\_\_\_\_ To: \_\_\_\_\_

Narrative Outlining Scope of Duties:

**(If more space is needed, attach a separate sheet of paper.)**