

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 TEMPORARY PERMIT

Please complete this form by providing the requested information. Both 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.**

NOTE: This form must be submitted along with the application for licensure.

INSTRUCTIONS AND CHECKLIST FOR TEMPORARY PRACTICE APPLICATION. Any person who has submitted an application to the board for licensure by examination to practice chiropractic in the state of Idaho, may be permitted to practice chiropractic prior to examination and licensure in accordance with board rules upon the following conditions (see §54-711., Idaho Code):

- (1) The applicant must request permission of the board in writing to engage in such temporary practice and must affirmatively show that the applicant will take the next examination for licensure approved by the board, and that the applicant has not failed two (2) previous examinations approved by the board; and
- (2) A licensed physician certifies to the board that such applicant will practice chiropractic under the direct and immediate supervision of such physician and only in the office of such physician.

Please provide:

- Complete signed and notarized application with notary seal and required fees.
- Attach the required fees. 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 copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license is acceptable.
- Attach a copy of your exam scores.
- To utilize experience or education gained in the military to qualify you for this license/registration, please attach a copy of your DD-214.
- 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.

PERMIT FEE - \$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.

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](#).

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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I hereby request authorization from the Idaho State Board of Chiropractic Physicians to engage in the temporary practice of chiropractic in Idaho under the provisions of §54-711., Idaho Code, and provide the following:

- 01. Applicant Name** _____
- 02. Supervisor's Name** _____ **License #** _____
- 03. Supervisor's Business Name** _____
- 04. Business Location Address** _____
Street /Suite # _____ City _____ State _____ Zip _____
- 05. 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

SUPERVISOR 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 the above named applicant. I understand that my responsibilities of supervision will be in effect until the applicant receives examination results from the next regularly scheduled examination. I further understand that I may terminate my supervision anytime prior to said examination by submitting 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 permit 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 _____

- 06. Applicant Mailing Address** _____
Street/PO Box _____ City _____ State _____ Zip _____
- 07. Applicant Home Phone (_____) _____ Business Phone (_____) _____**
(The above phone number is a public record.)
- 08. E-mail** _____
(This is not a public record; required by I.C. § 67-2609.)

- 09. Have you failed any of the licensure exams? If so, please indicate which one(s)?**
 Part I Part II
 Part III Part IV
 Physiotherapy
(Please submit a copy of your exam scores with this application)

- 10. Have you failed any of the above exams more than once?** Yes No

APPLICANT AFFIDAVIT

I hereby certify that the responses provided above are true and accurate to the best of my knowledge and belief. I further certify that I have read and will comply with the Idaho Laws and Rules and the adopted Scope of Practice governing the practice of Chiropractic in Idaho. I further certify that I understand the obligations required by §54-711, Idaho Code, and will conduct my temporary practice in the above named facility under the direct and immediate supervision of the above named supervisor. I understand that the temporary practice shall become immediately null and void in the event I am determined to be ineligible for licensure.

Signature of Applicant

State of _____, County of _____, ss. Subscribed and sworn before me this _____ ay of _____, 20 _____.

(seal) _____
Notary Public Official Signature
My Commission Expires _____