

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 _____