STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING

APPLICATION FOR LICENSURE

CHIROPRACTIC PHYSICIAN

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Utah Division of Occupational and Professional Licensing (DOPL) desires to provide courteous and timely service to all applicants for licensure. To facilitate the application process, **submit a complete application form including all applicable supporting documents and fees.** Failure to submit a complete application and supply all necessary information will delay processing and may result in denial of licensure. The fees are for processing your application and will not be refunded. **Please read all instructions carefully.**

Address of Record: The address you provide on this application will be your address of record. All correspondence from DOPL will be sent to that address. You are responsible to directly notify DOPL of any change to your address of record. Do not rely on a forwarding order.

Social Security Number: Your social security number is classified as a private record under the Utah Government Records Access and Management Act. It is used by DOPL as an individual identifier. It is also used for child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements 42 U.S.C. 666(a)(13). If an SSN is not provided, the application is incomplete and may be denied.

SUPPORTING DOCUMENTS AND FEES:

If you are applying for licensure <u>by education and examination</u>, complete the following in addition to submitting a completed application:

1. Submit an official transcript showing your graduation from a chiropractic program accredited by the Council on Chiropractic Education, Inc.

   Note: Have the school send the transcript directly to DOPL. You may also have the school send the transcript to you for inclusion with your application so long as it is in a sealed envelope, bearing the school's stamp/seal on the envelope flap.

2. Submit the original score report(s) showing your passing scores on the National Chiropractic Boards, Parts I, II, III, IV and Physiotherapy.

3. Submit the original letter from DOPL's approved examination provider verifying your passing score on the Utah Chiropractic Law and Rules Examination. For examinations taken prior to January 1, 2008, the approved provider was Thomson Prometric; for examinations taken after that date the provider is PSI Examination Services.
4. Submit a **$200.00** non-refundable application-processing fee, made payable to "DOPL."

If you are applying for licensure by endorsement, complete the following in addition to submitting a completed application:

1. Submit the original score report showing your passing score on the SPEC examination of the NBCE.

2. Using the "Request for Verification of Licensure" form (*attached to this application*), obtain verification of licensure from a state in which you are currently licensed.

   Request that the verifying state complete the form and mail it directly to DOPL or return them to you for submission with your application.

3. Submit a completed "Verification of Qualifying Experience" form (*attached to this application*) showing at least two years of active practice as a licensed chiropractor immediately preceding submission of this application for licensure.

4. Submit a **$200.00** non-refundable application-processing fee, made payable to "DOPL."

5. If you are requesting a temporary license to practice under a licensed supervising chiropractic physician until you pass the SPEC examination, complete the following in addition to requirements 1 – 4 above:

   NOTE: You may only apply for a temporary license is you qualify for licensure by endorsement. Temporary licenses are not available to an individual applying by education and examination.

   A. Submit a completed "Application for Approved Supervisor" form (*attached to this application*). See "Additional Important Information" below.

   B. Submit an additional **$50.00** non-refundable application-processing fee.

      NOTE: The total fee for a chiropractic physician license and a temporary license is $250.00.

ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** All applicants for licensure must pass the Utah Chiropractic Law and Rules Examination. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the examination.

   The following applicable laws and rules are available on the Internet at www.dopl.utah.gov:

   - Division of Occupational & Professional Licensing Act
   - General Rules of the Division of Occupational & Professional Licensing
   - Chiropractic Physician Practice Act
   - Chiropractic Physician Practice Act Rules

2. **Current Documents:** Applications, statutes, rules, and forms are occasionally changed. Go to www.dopl.utah.gov to ensure you have the most recent version of these documents.

3. **NBCE:** To register to take one or more of the NBCE examinations, contact the National Board of Chiropractic Examiners in Greeley, Colorado at (970) 356-9100.

4. **Examination Fees:** There are separate fees for all examinations. It is the responsibility of the applicant to submit the fees directly to the testing agency.

5. **License Renewal:** All chiropractic physician licenses expire May 31 of each even-numbered year.

   Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

   Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Approximately two months prior to the expiration date shown on the license, renewal information is disseminated to each licensee's last address of record, as provided to DOPL.

6. **Continuing Education:** Forty (40) hours of continuing education are required every two years as a condition of renewal of license. Persons licensed during the renewal period are required to complete 1.67 hours of continuing education for each month they are licensed. Temporary license holders are required to comply with the CE requirements.

   For further detail on the continuing education requirements, please see the Chiropractic Physician Licensing Act Rules, R156-73-303b.

7. **Temporary License:** A temporary license to practice under the supervision of an approved chiropractic physician may be issued for no more than 6 months to an endorsement applicant who has met all the requirements for licensure except passing the NBCE SPEC examination. Upon passing the SPEC, the applicant must submit the official score report to DOPL. DOPL will then issue an active license to practice as a chiropractic physician in the state of Utah. The $250.00 application fee for a temporary license includes the fee for the chiropractic physician license. No additional fees will be required.

8. **Updating Address Information:** It is your responsibility to maintain a current address with DOPL. If your address is incorrect, you will not receive renewal notices or other correspondence. Address changes can be made online at www.dopl.utah.gov.

9. **Licensure by Endorsement:** Each applicant for licensure as a chiropractic physician based on licensure as a chiropractor or chiropractic physician in another jurisdiction must:

   A. Submit an application in the form prescribed by the division;
   B. Pay a fee determined by the department under Section 63-38-3.2;
   C. Be of good moral character;
   D. Demonstrate having obtained licensure as a chiropractor or chiropractic physician in

another state under education requirements that were equivalent to the education requirements in this state to obtain a chiropractor or chiropractic physician license at the time the applicant obtained the license in the other state;

E. Demonstrate successful completion of:
   (i) the Utah Chiropractic Law and Rules Examination
   (ii) the Special Purposes Examination for Chiropractic (SPEC) of the National Board of Chiropractic Examiners

F. Have been actively engaged in the practice of chiropractic for not less than two years immediately preceding application for licensure in this state.

G. Meet with the board, if requested, for the purpose of reviewing the applicant's qualifications for licensure.

10. **Name Change:** If you have been licensed by DOPL under any other name, submit documentation of your name change (*i.e. copy of a marriage license or divorce decree*).

11. **Ceremonial Certificate of Licensure:** After obtaining your license from DOPL, you can order a Ceremonial Certificate of Licensure, printed on parchment paper with original signatures and an embossed gold seal. Order forms can be obtained at www.dopl.utah.gov.

12. **Submit Completed Application to:**

By U.S. Mail	Division of Occupational & Professional Licensing P.O. Box 146741 Salt Lake City UT 84114-6741
By Express Mail or In Person	Division of Occupational & Professional Licensing 1st Floor Lobby 160 E 300 S Salt Lake City UT 84111-2305

13. **Telephone Numbers:** (801) 530-6628
(866) 275-3675 – Toll-free in Utah

14. **Fax Number:** (801) 530-6511

APPLICATION FOR LICENSURE

License(s) Applying For: ❑ **CHIROPRACTIC PHYSICIAN**
❑ **TEMPORARY LICENSE** (***Endorsement Applicants Only***)

*****Please list your <u>full legal name</u> as it appears on your driver's license, Social Security Card, etc.*****		
Last Name:	First Name:	Middle Name:
Social Security Number: - -	Maiden Name:	

I certify under penalty of perjury that:

☐ I am a citizen of the United States and I have a valid US Driver License or US State ID.
License/State ID Number: _____ State: __

☐ I am a citizen of the United States currently living outside the United States and do not have a valid US Drivers License or US State ID. Please attach a legible copy of your valid passport or other documentation to verify you are a legal citizen of the United States.

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I have a valid US Drivers License or US State ID.
License/State ID Number: _____ State: __

☐ I am a non-citizen of the United States, who is lawfully present in the United States and I do not have a valid US Drivers License or US State ID. Please attach a legible copy of your current and valid government issued document showing evidence of authorization to work in the United States.

☐ I am a foreign national not physically present in the United States.

Mailing Address:			
City:		State:	ZIP:
☐ Male ☐ Female	Date of Birth:	Phone #:	E-Mail:

List all other licenses, registrations, or certifications issued by any state which you now hold or have ever held in any profession. *(Use additional sheets if necessary.)*

Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:
Profession:	Issuing State:	
License Number:	License Status:	Issue Date:

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: ___/___/____

Approved By: _____

Date License/Certificate Denied: ___/___/____

Denied By: _____

Reason for Denial/Other Comments: _____

AFFIDAVIT and RELEASE AUTHORIZATION

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, forgery, misrepresentation, omission of material fact; is truthful, correct, and complete; discloses all material facts regarding the applicant; and that I will update or correct the application as necessary, prior to any action on my application.
3. I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division of Occupational and Professional Licensing to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. I understand that it is the continuing responsibility of applicants and licensees to read, understand, and apply the requirements contained in all statutes and rules pertaining to the occupation or profession for which I am applying, and that failure to do so may result in civil, administrative, or criminal sanctions.

Signature of Applicant: _____ Date of Signature: ___ /___ /_____

EDUCATION REQUIREMENT: (*Use additional sheets if necessary.*)

COLLEGE or UNIVERSITY:

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: ____/____/____

Name: _____ Dates Attended: ___/___/____ to ___/___/____

Location: _____ Date of Graduation: ___/___/____

CHIROPRACTIC PROGRAM:

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: ___/___/____

Name: _____ Dates Attended: _____ to _____

Location: _____ Date of Graduation: ___/___/____

EXAMINATION REQUIREMENT:

Answer "**yes**" or "**no**."

_____ NBCE Part I Date(s) Taken: ___/___/____

_____ NBCE Part II Date(s) Taken: ___/___/____

_____ NBCE Part III Date(s) Taken: ___/___/____

_____ NBCE Part IV Date(s) Taken: ___/___/____

_____ NBCE Physiotherapy Date(s) Taken: ___/___/____

_____ NBCE SPEC Date(s) Taken: ___/___/____

_____ Utah Chiropractic Law and Rule Date(s) Taken: ___/___/____

PROFESSIONAL EXPERIENCE REQUIREMENT:

List all clinics, practitioners, and locations you have been affiliated with or practiced at during the past 2 years. (*Use additional sheets if necessary.*)

Name of Facility / Practitioner: _____

Address: _____

Dates of Employment: _____ to _____Hours worked each week: _____

Duties / Responsibilities: _____

_____

Name of Facility / Practitioner: _____

Address: _____

Dates of Employment: _____ to _____Hours worked each week: _____

Duties / Responsibilities: _____

_____

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CHIROPRACTIC PHYSICIAN QUALIFYING QUESTIONNAIRE

Answer "**yes**" or "**no**" for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?

2. _____ Have you ever been denied the right to sit for a licensure examination?

3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?

4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency or governmental agency?

6. _____ Have you ever had hospital or other health care facility privileges denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

7. _____ Have you ever been permitted to resign or surrender hospital or other health care facility privileges, while under investigation or while action was pending against you by any licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

8. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?

9. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?

10. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?

11. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?

(Continued on the next page.)

12. _____ Have you ever had a federal or state registration to sell, possess, prescribe, dispense, or administer controlled substances denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by either the federal Drug Enforcement Administration or any state drug enforcement agency?

13. _____ Have you ever been permitted to surrender your registration to sell, possess, prescribe, dispense, or administer controlled substances while under investigation or while action was pending against you by any health care professional licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?

14. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?

15. _____ Have you been named as a defendant in a malpractice suit?

16. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?

17. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?

18. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?

19. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?

20. _____ Have you been terminated from a position because of drug use or abuse within the past five (5) years?

21. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?

22. _____ Are you currently using or have you recently (*within 90 days*) used any drugs (*including recreational drugs*) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?

23. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?

24. _____ Do you currently have any criminal action pending?

(Continued on the next page.)

25. _____ Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.

26. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

27. _____ Have you, in the past ten (10) years, been allowed to plea guilty or no contest to any criminal charge that was later dismissed (*i.e. plea in abeyance or deferred sentence*)?

28. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction or on probation/parole in any jurisdiction?

If you answered "yes" to questions 24, 25, 26, 27, or 28 above, you must submit a complete narrative of the circumstances that occurred for EACH and EVERY conviction, plea in abeyance, and/or deferred sentence. You must also attach copies of all applicable police report(s), court record(s), and probation/parole officer report(s).

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you have formally expunged a criminal record as evidenced by a court order signed by a judge, you do not need to disclose that criminal history. Expungement orders must be sent to the Bureau of Criminal Identification and the FBI to enable the expungement to be completed and the criminal history eliminated from the records.

If you answered "yes" to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A "yes" answer does not necessarily mean you will not be granted a license; however, DOPL may request additional documentation if the information submitted is insufficient.

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Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

VERIFICATION OF QUALIFYING EXPERIENCE

PART 1 - TO BE COMPLETED BY THE APPLICANT FOR LICENSURE BY ENDORSEMENT

Complete Part I of this form and present it to a licensed chiropractic physician(s) who can attest to the accuracy of your qualifying work experience. Request that the chiropractic physician complete Part II and return it to you for submission with your application for licensure. Do not send the form separately. (*Make additional copies if necessary.*)

Applicant's Name: _____

Applicant's Address: _____

City: _____ State: _____Zip: _____

Applicant's Phone: _____

Clinic's Address: _____

City: _____ State: _____Zip: _____

Clinic's Phone: _____

Applicant's Duties and Responsibilities: _____

_____

_____

_____

Applicant's Professional Relationship to Person Completing Part II: _____

_____

Dates of Practice: from ___/___/____ to ____/____/____ Hours Worked Per Week: _____

(Continued on the next page.)

PART 2 - TO BE COMPLETED BY THE LICENSED CHIROPRACTIC PHYSICIAN WHO IS VERIFYING THE QUALIFYING EXPERIENCE OF THE APPLICANT

The named applicant is applying for licensure as a chiropractic physician in Utah and is asking you, as a reference, to verify the accuracy of his or her qualifying work experience described in Part I. Please complete Part II and sign your name attesting to the accuracy of Part I.

Verifying Individual's Name: _____

Verifying Individual's Address: _____

City: _____ State: _____Zip: _____

Phone: _____

Chiropractic License Number: _____ State of Licensure: _____

Professional Relationship to Applicant: _____

I certify that the information contained in Part I of this document is true, complete, and accurate. I further certify that I understand that to falsify or withhold information may be unprofessional conduct and would subject my license to disciplinary action.

Signature: _____

Date of Signature: ____/____/____

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

REQUEST FOR VERIFICATION OF LICENSE

(Use this form to verify licensure from another state, if applicable.)

PART 1 - TO BE COMPLETED BY THE APPLICANT:

Complete the first section of the form. Request that the verifying state complete the form and mail it directly to DOPL or return it to you for submission with your application.

Applicant's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

I am requesting licensure in the state of Utah as a: _____

I am/have been licensed in your state under the name: _____

My Social Security Number is: _____

My Date of Birth is: ____/____/____

My license number in your state is/was: _____

I have enclosed the necessary license verification fee in the amount of: _____

Signature of Qualifier: _____

Date of Signature: ____/____/____

(Continued on the next page.)

PART 2 - TO BE COMPLETED BY THE VERIFYING AGENCY:

Please furnish the information requested, sign and verify the document, and place the completed form in an envelope, seal the envelope and provide it to the applicant in person or by mail. The qualifier will include the verification of licensure with his/her Utah application. Thank you.

Name of Verifying State: _____

Name of Licensee (*as it appears in verifying state's records*): _____

Name of Qualifying Person: _____

Classification of License Issued: _____

License Number: _____ Current Status: _____

Original Date of Licensure: ____/____/____ Expiration Date: ____/____/____

Continuously Licensed:

❑ Yes ❑ No, please explain: _____

Licensed By:

❑ Exam, Type: _____ Date:____/____/____

❑ Endorsement, From What State _____

Examination Scores: _____

Education Required For Licensure: _____

Disciplinary Action or Pending Disciplinary Action:

❑ No ❑ Yes, please provide certified copies of all Petitions, Orders, etc.

Signature: _____ Title: _____

Agency: _____

Date of Signature: ____/____/____

(SEAL)

Division of Occupational and Professional Licensing
160 East 300 South, P.O. Box 146741
Salt Lake City, Utah 84114-6741
Fax: (801) 530-6511

APPLICATION FOR APPROVED SUPERVISOR

TO BE COMPLETED BY THE INTENDED SUPERVISING CHIROPRACTIC PHYSICIAN OF AN APPLICANT REQUESTING TEMPORARY LICENSURE:

Name of Applicant to be Supervised: _____

Facility Where Supervision Will Take Place:

Name: _____

Address: _____

City: _____ State: _____Zip: _____

Phone: _____

Supervising Chiropractic Physician

Name: _____

Utah Chiropractic Physician License Number: _____

Number of Years Licensed: _____

I have read the Chiropractic Physician Practice Act and Rules and I attest to the following.

I understand that I am responsible for the activities and services performed by the person named as the applicant when issued a temporary license.

I understand that the supervision will be for a maximum of 6 months from the issuance date of the temporary license.

I understand that I cannot supervise more than 2 persons holding a temporary license at any given time.

Signature: _____ Date: ____/____/____