

**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 by education and examination, 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 if 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](http://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](http://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](http://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 10 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](http://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](http://www.dopl.utah.gov).
12. **Mail Complete Application to:**
- By U.S. Mail**  
 Division of Occupational & Professional Licensing  
 P.O. Box 146741  
 Salt Lake City, Utah 84114-6741
  - By Delivery or Express Mail**  
 Division of Occupational & Professional Licensing  
 160 East 300 South, 1<sup>st</sup> Floor Lobby  
 Salt Lake City, Utah 84111
13. **Telephone Numbers:** (801) 530-6628  
(866) 275-3675 – Toll-free in Utah
14. **Fax Number:** (801) 530-6511

# APPLICATION FOR LICENSURE

## GENERAL INFORMATION:

License(s) Applying For:  **CHIROPRACTIC PHYSICIAN**  
 **TEMPORARY LICENSE (ENDORSEMENT APPLICANTS ONLY)**

Last Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

**I certify under penalty of perjury that I am a United States citizen or a qualified alien who is lawfully able to work in the United States.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have You Ever Held A Utah License Before?  Yes  No

If Yes, Name of Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

## MAILING ADDRESS:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

## **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: \_\_\_\_\_

**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: \_\_\_/\_\_\_/\_\_\_

**LICENSES:**

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

Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_  
License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_  
Issuing State: \_\_\_\_\_ Profession: \_\_\_\_\_  
License Status: \_\_\_\_\_ License Number: \_\_\_\_\_ Effective Date: \_\_\_/\_\_\_/\_\_\_

**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: \_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT FOR UTAH LAWS AND RULES**

I understand that it is my responsibility to read and understand all statutes and rules pertaining to my practice as a chiropractic physician in Utah and I agree to comply with such.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

# 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?

*(Continued on the next page.)*

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

(Continued on the next page.)

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?
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.**

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

# AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure, certification, or registration in the State of Utah.

I am qualified in all respects for the license, certificate, or registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete and discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division of Occupational and Professional Licensing in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division of Occupational and Professional Licensing or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

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.

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_/\_\_\_/\_\_\_

Printed Name of Applicant: \_\_\_\_\_

**BLANK PAGE**  
*(FOR TWO-SIDED PRINTING)*

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 I: 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 II: 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.)*

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

**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 10 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: \_\_\_\_/\_\_\_\_/\_\_\_\_