

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063**

**APPLICATION FOR CHIROPRACTIC INTERN PERMIT**

**Instructions**

Please complete this form by providing the requested information. Both signatures must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. Failure to provide the requested information will result in the return of your application.

INTERN REGISTRATION. Any person who has completed the required course of study from an acceptable school of chiropractic, but has not yet served their chiropractic internship, may register with the board and be granted a permit to serve an internship in Idaho in accordance with board rules and upon the following conditions:

1. The applicant must submit this completed registration application to the board and submit a fee of \$50.00; and
2. Obtain certification from an Idaho licensed chiropractic physician that the applicant will practice chiropractic only under the direct and immediate supervision of said physician and only in the office of said physician.

(see §54-711., Idaho Code)

**NOTE: IT IS UNLAWFUL TO PRACTICE CHIROPRACTIC, OR ADVERTISE AS A CHIROPRACTIC PHYSICIAN, OR USE ANY WORD OR TITLE OR ABBREVIATION TO INDICATE CHIROPRACTIC LICENSURE OR PRACTICE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE. ANY VIOLATION MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE.**  
(See §54-705. & 708., I.C.)

Please mail your completed application and attachments to:

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS  
BUREAU OF OCCUPATIONAL LICENSES  
700 West State Street, P.O. Box 83720  
Boise, Idaho 83720-0063**

E-MAIL [chi@ibol.idaho.gov](mailto:chi@ibol.idaho.gov)

WEB [www.ibol.idaho.gov/chi.htm](http://www.ibol.idaho.gov/chi.htm)



**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  
residing at \_\_\_\_\_

**ADDENDUM 2  
(to be completed by Chiropractic College)**

I hereby certify that \_\_\_\_\_, has completed the required course of  
Name of Applicant

study from \_\_\_\_\_, but has not yet graduated. As  
Name of Institution

a requirement of graduation, the above named student must serve a chiropractic internship for a period of not less than  
\_\_\_\_\_ months. Pending successful completion of that internship, the applicant is on schedule to graduate on

\_\_\_\_\_  
Date of Graduation

(Official Institution seal)

\_\_\_\_\_  
Registrar Signature

\_\_\_\_\_  
Print Registrar Name