

**IDAHO STATE BOARD OF CHIROPRACTIC PHYSICIANS**

**BUREAU OF OCCUPATIONAL LICENSES**

**700 West State Street, P.O. Box 83720**

**Boise, Idaho 83720-0063**

Phone: 208-334-3233; Fax: 208-334-3945

E-Mail: [CHI@ibol.idaho.gov](mailto:CHI@ibol.idaho.gov); Web: [www.ibol.idaho.gov](http://www.ibol.idaho.gov)

**Instructions**

Please complete this form by providing the requested information. Signatures must be notarized and the appropriate fees must be attached. An Application for Chiropractic License must be on file with all required supporting documentation before the Board will consider your application for licensure or a temporary permit.

This application contains an affidavit that must be signed and notarized. The affidavit includes certification that the applicant has received and will comply with the Idaho laws and rules and scope of practice governing the practice of chiropractic in Idaho. The laws and rules are available online on the Board's website. Make checks payable to IBOL. All returned checks are subject to a \$20.00 fee.

APPLICATION FEE - \$300.00

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APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE  
An application fee of \$300.00 must be submitted with this application made payable to IBOL.

I hereby submit my qualifications and make application for a Chiropractic Physician license in the State of Idaho under the provisions of Title 54, Chapter 7, Idaho Code, and provide the following:

1. **Full Name** (Mr., Mrs., or Ms.) \_\_\_\_\_

2. **Address of Record** \_\_\_\_\_  
(The above address is public record) Street City State Zip

3. **Mailing Address** \_\_\_\_\_  
(Will be used as address of record if none provided above) Street/PO Box City State Zip

4. **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of Birth** \_\_\_\_\_ **Social Security No.** \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year  
(Proof of age must be attached. A copy of your birth certificate, passport, military ID, or valid driver's license is acceptable.)

5. **Home phone** (\_\_\_\_) \_\_\_\_\_ **Business phone** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(The above phone number is public record)

6. **I am a graduate of** \_\_\_\_\_ **Chiropractic educational institution.**  
(Official transcripts must be received by this office directly from the institution registrar before your application will be processed)

7. **Is the institution accredited by the Council of Chiropractic Education?** [ ] Yes [ ] No  
(If Yes, documentation of this fact must be verified. If No, additional documentation may be requested.)

8. **Have you ever taken the National Board Examination Part I?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

9. **Have you ever taken the National Board Examination Part II?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

10. **Have you ever taken the National Board Examination Part III?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

11. **Have you ever taken the National Board Examination Part IV?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

12. **Have you ever taken the National Board Physiotherapy Examination?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

13. **Have you ever taken the National Board SPEC Examination?** [ ] Yes [ ] No  
(If Yes, official documentation of your score must be received by this office directly from the National Board.)

14. **Are you currently or have you ever been licensed in any state?** [ ] Yes [ ] No  
(If Yes, we must receive certification of licensure directly from the issuing authority before your application will be processed.)

15. **Do you have 5 consecutive years of chiropractic practice immediately prior to this application?** [ ] Yes [ ] No  
(If Yes, please attach details of experience including places, dates, employers' names, addresses, and phone numbers.)

16. **Have you ever had a license or registration revoked, suspended or otherwise sanctioned?** [ ] Yes [ ] No  
(If yes, a copy of the charges and the final order must be received before your application will be processed.)

17. **Have you ever been convicted, found guilty, received a withheld judgement or suspended sentence of a felony or crime involving moral turpitude in this or any other state?** [ ] Yes [ ] No  
(If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be received before your application will be processed.)

18. **Please attach the name and current address of one licensed chiropractor willing to provide professional reference concerning your character, professional standing, and education.** (Please have them complete and return the form on page 5. The Board must receive a response before your application will be processed.)

\_\_\_\_\_  
Name, position & license number current address city, state, zip

APPLICATION FOR IDAHO CHIROPRACTIC PHYSICIAN LICENSE  
(continued)

19. Please list the names and current addresses of two references who are not family members. Please provide them the form on page 6 to be completed and returned to the Board. The Board must receive their responses before your application will be processed.)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position & License Number (if applicable)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name

\_\_\_\_\_  
Position & License Number (if applicable)

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City, State, Zip

20. Attach a passport photograph of yourself taken within the last 12 months.

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

OTHER DISTINGUISHING FEATURES \_\_\_\_\_

\_\_\_\_\_

ATTACH  
PHOTOGRAPH  
HERE

21. Please attach a copy of your Chiropractic college diploma.

**NOTE: If you wish a Temporary Permit to practice chiropractic in Idaho, please complete the Addendum for Temporary Practice and submit it with this application and attach an additional \$100.00 fee.**

**AFFIDAVIT**

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Bureau of Occupational Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Bureau of Occupational Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

\_\_\_\_\_  
Signature of applicant

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.  
Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

**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.)**

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PROFESSIONAL EXPERIENCE REFERENCE

APPLICANT: The Idaho Board of Chiropractic Physicians requires an application to include one (1) professional reference from an individual who has personal knowledge of your character and ability to practice chiropractic.

1. Applicant Name: \_\_\_\_\_

REFERENCE: Please complete this form and return it directly to the address noted above or to the applicant. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

1. Reference name \_\_\_\_\_

2. How long have you known the candidate? \_\_\_\_\_

3. Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague  Teacher  Supervisor  Personal acquaintance  Other \_\_\_\_\_

4. If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship:

From \_\_\_\_\_ To \_\_\_\_\_, AND the candidate's title/position \_\_\_\_\_, AND  
MM/DD/YY MM/DD/YY

the name of the organization \_\_\_\_\_

5. Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

6. Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of chiropractic?  Yes  No

(If No, please explain on a separate sheet)

7. Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Chiropractor Physician?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing reference form

\_\_\_\_\_  
Date Phone Number

State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

SEAL

\_\_\_\_\_  
Notary Public Official Signature  
My Commission Expires \_\_\_\_\_

Please note this document will become part of the applicant's file and the applicant has the right to request anything from the file.

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CHARACTER REFERENCE

APPLICANT: The Idaho Board of Chiropractic Physicians requires an application to include two (2) references from an individual who has personal knowledge of your character.

Applicant Name: \_\_\_\_\_

REFERENCE: Please complete this form and return it directly to the address noted above or to the applicant. Please provide all information requested. Incomplete information will delay the processing of the applicant's file. (Please type or print.)

Reference name \_\_\_\_\_

How long have you known the candidate? \_\_\_\_\_

Please describe your relationship with the candidate: (check all appropriate boxes)

Colleague  Teacher  Supervisor  Personal acquaintance  Other \_\_\_\_\_

If you are or were ever an employer, supervisor, or colleague of the candidate, please list the dates of that relationship:

From \_\_\_\_\_ To \_\_\_\_\_, AND the candidate's title/position \_\_\_\_\_, AND  
MM/DD/YY MM/DD/YY

the name of the organization \_\_\_\_\_

Please indicate your knowledge of the candidate's:

	Thorough Knowledge	General Knowledge	Little Knowledge
Training	_____	_____	_____
Work Experience	_____	_____	_____
Abilities	_____	_____	_____
Personality	_____	_____	_____

Do you believe, on the basis of ethical conduct, personal character, technical competence, and professional judgment, the candidate is a credit to the profession of chiropractic?  Yes  No

(If No, please explain on a separate sheet)

Do you have any reservations, not previously mentioned, about fully recommending this candidate for licensure as a Chiropractor Physician?  Yes  No

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing reference form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

Please note this document will become part of the applicant's file and the applicant has the right to request anything from the file.