

Chiropractic Physician

APPLICANT INFORMATION

Full Legal Name: _____
First _____ Middle _____ Last _____

All Previous Legal Names: _____

Other DOPL Licenses Held: _____

SSN: _____ Date of Birth: _____ Gender: Male Female

*If you don't have a social security number, please follow the instructions on the last page.

Address: _____
Street Address (including Apt/Unit/Ste #) and/or PO Box

City: _____ State: _____ Zip: _____

Phone: (_____) ____ - ____ Email: _____

Note: All Division notices and communication will be sent to this email.

Please select one:

- I am a United States citizen or a non-citizen of the United States who is lawfully present.
- I am a foreign national not physically present in the United States.
- None of the above, please explain: _____

Driver License or State ID Card: _____
State of Issue _____ License Number _____ Expiration Date _____

NOTE: If you do not hold a US Driver License or a US State ID, you must present a legible copy of your current and valid government issued document(s) showing evidence of lawful presence in the United States.

AFFIDAVIT AND RELEASE

I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, and 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.

I authorize all persons, organizations, governmental agencies, or any others not specifically listed, which are set forth directly or by reference in this application, to release to the Department of Commerce, State of Utah, any files, records, or information of any type reasonably required for the Department to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

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.

I understand that I am responsible to update the Department of any changes relating to my application/license/certification/registration.

I understand that if the application is not complete at the time of submission, it will delay approval and could result in a denial.

I declare under criminal penalty under the law of Utah that this application is true and correct.

Signature of Applicant: _____ Date: _____

PRIVACY NOTICE

The information you provide on this form will be used to determine your eligibility for a license, registration, or certification in Utah. Failure to provide complete information as requested will result in the denial of your request as incomplete.

Information provided in this form is retained in accordance with state record retention laws. For specific information about the records retention for this form, please visit <https://dopl.utah.gov/records>

To comply with legal and regulatory requirements, we may share limited information about your license, registration, or certification with authorized parties. This may include government agencies, national databases, and contracted vendors. Shared information may include issue date, status, expiration date, disciplinary actions, and your name or other direct identifiers.

We may also share aggregated and de-identified data (e.g., education levels, exam pass rates, length of licensure, etc.) with relevant stakeholders for data analysis and reporting purposes.

ACKNOWLEDGEMENT:

Your signature acknowledges receipt of this information.

Authorized Signature: _____ Date: _____

QUALIFYING QUESTIONNAIRE

Do not leave any question blank.

DOPL may request additional documentation if the information submitted is insufficient.

1. Yes No Have you EVER had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, resigned, or surrendered while under investigation, or otherwise **disciplined in any way**?

2. Yes No Do you CURRENTLY have **any criminal action active or pending**?

3. Yes No **WITHIN THE PAST 10 YEARS**, have you pled **guilty to, no contest to**, entered into a **plea in abeyance**, or been **convicted** of a **misdemeanor** in any jurisdiction?

4. Yes No Have you EVER pled **guilty to, no contest to**, entered into a **plea in abeyance**, or been **convicted** of a **felony** in any jurisdiction?

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. If you answered "Yes" to questions 2, 3, or 4 you must submit the following for EACH and EVERY incident:

- **personal account of the incident**
- **police report(s)**
- **court record(s)**
- **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.

Please **DISCLOSE** the following:

- charges that were later held in abeyance (plea in abeyance), diverted, reduced, or dismissed.
- motor vehicle offenses such as driving while impaired or intoxicated.
- if you are restricted from possession, purchase, transfer, or ownership of a firearm or ammunition
(even if your restriction is based on a non-reportable juvenile conviction).

You do **NOT** need to disclose:

- minor traffic offenses such as parking or speeding violations.
- juvenile offenses, unless you were tried as an adult.
- legally expunged or sealed criminal history incidents.

For more information, see DOPL's [criminal history FAQs](#).

PROFESSIONAL LICENSES

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

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

Profession: _____ License Number: _____

Issuing State: _____ License Status: _____ Issue Date: _____

If you identified a Chiropractic Physician (or equivalent) license above, please answer the following:

Yes No After obtaining the license(s) above, have you engaged in at least two years of experience in the state, district, or territory of the United States where the license was issued?

Note: If you answer yes to the question above, you may qualify for licensure by endorsement.

MEDICAL QUALIFYING QUESTIONNAIRE

Read thoroughly and answer each question. Do not leave any question blank.

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.

1. Have your rights, privileges, and/or participation ever been denied, conditioned, curtailed, limited, restricted, suspended or revoked in any way by:

Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

2. Have you ever been permitted to resign or surrender any rights, privileges and/or participation while under investigation or while action was pending against you from:

Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No The Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

3. Is any action pending against you now by:

Yes No a hospital or health care facility
 Yes No Medicaid, Medicare or any other state or federal health care payment reimbursement program
 Yes No the Federal Drug Enforcement Administration or any state drug enforcement agency
 Yes No malpractice insurance coverage
 Yes No other entity: _____

4. Yes No Have you been named as a defendant in a malpractice suit?

5. Yes No Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitation, restrictions or conditions imposed by any malpractice carrier?

If you answered "Yes" to question 4 you must submit a complete narrative of the circumstances and a National Practitioner Data Bank report outlining all professional liability claims made against your license and any settlements paid by or on your behalf. *NPDB website: <http://www.npdb.hrsa.gov>.*

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.

NATIONAL PROVIDER IDENTIFIER (NPI)

Your NPI (if applicable): _____

TEMPORARY CHIROPRACTIC PHYSICIAN LICENSE (OPTIONAL)

Temporary licensure is an optional license available to applicants who have met all license requirements except the passing of a single examination. The licensee must take the next available examination. The temporary license will expire if the applicant fails the examination. This section only needs to be completed by individuals applying for temporary licensure.

Applicant Name: _____
First _____ Middle _____ Last _____

Supervising Physician: _____ License Number: _____

Employing Facility: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Email: _____

AFFIDAVIT AND RELEASE

I certify that I am licensed in good standing and meet the requirements outlined in [Utah Admin. Code R156-73-303](#) to act as a supervisor for the applicant listed above.

I understand that the temporary licensee must work under my indirect supervision; meaning, I will always be available to provide advice, instruction and consultation to the temporary Chiropractic Physician under my supervision.

As Chiropractic Supervisor, I will assume responsibility for all chiropractic activities and services performed by the temporary licensee under my supervision. It is my responsibility to ensure that the Division is notified within 10 days of any changes of the supervisor. The Chiropractic Supervisor's responsibilities and obligations are not transferable without previous approval of the Division.

Once issued, the temporary Chiropractic Physician license to practice will only be valid for 6 months.

I declare under criminal penalty under the law of Utah that this information is true and correct.

Signature of Supervisor: _____ Date: _____

APPLICATION CHECKLIST AND INSTRUCTIONS

This checklist is for your convenience, you do not need to include it with your application.

NOTE: Incomplete applications will be denied.

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

If you do not have a valid Social Security number, you must submit your Individual Taxpayer Identification Number (ITIN), Alien Registration Number (A-number), or a copy of an unexpired government issued passport from your country of residence and an intent-to-hire letter from a Utah based employer ([Utah Code § R156-1-301](#)). Submission of the above documents may require additional documents to demonstrate lawful presence ([Utah Code § 63G-12-402 \(3\)\(K\)](#)).

ALL APPLICANTS

The following items are required to complete your application:

- \$200.00 non-refundable application processing fee, made payable to “DOPL”.
- Supporting documentation for any “yes” answers provided on the qualifying questionnaires.
- Pass the Utah Chiropractic Law and Rules examination. Examination information is available on our website: <https://dopl.utah.gov/chiropractic-physician/exam-information/>

INITIAL LICENSURE

If applying for **Initial Licensure**, *in addition* to the items required for all applicants, you must submit:

- Official transcripts documenting completion of a chiropractic program accredited by the Council of Chiropractic Education, Inc. NOTE: Transcripts are considered “official” when they are sent directly from the school to DOPL or sealed in an envelope bearing the school’s stamp/seal on the envelope flap.
- Official score report showing your passing scores on the National Chiropractic Boards Parts I, II, III, IV and Physiotherapy.

LICENSURE BY ENDORSEMENT

If practicing as a licensed chiropractor in another state for the 2 years immediately preceding this application, you may apply for **Licensure by Endorsement**. *In addition* to the items required by all applicants, you must submit the following:

- Official verification of license from the states in which you are currently licensed. Verifications must cover the period used to qualify for endorsement outlined above.

OPTIONAL TEMPORARY LICENSURE

Temporary licensure is available to applicants who have met *all* license requirements except passing a single examination. In addition to the items required for all applicants, please submit:

- \$50.00 non-refundable Temporary Chiropractic Physician application fee.
- Completed “Temporary License” section of this application.

Submit completed application to the Division:

By US Postal Service:

Division of Professional Licensing
PO BOX 146741
Salt Lake City, UT 84114-6741

By in-person or express delivery:

Division of Professional Licensing
Heber M Wells Building, 1st Floor
160 E 300 S
Salt Lake City, UT 84111

If you have questions, please contact the Division at 801-530-6628 or by email at B3@Utah.gov.