

**SOUTH DAKOTA STATE
BOARD OF CHIROPRACTIC EXAMINERS
INACTIVE TO ACTIVE LICENSE APPLICATION**

Important Notice:

Completion of this application form is necessary for consideration for licensure under South Dakota Codified Law Chapter 36-5. Failure to disclose all requested information may result in this form not being processed and may subsequently result in denial of this application. ***All licensed chiropractors have an obligation to update and supplement the information and responses on this application if they change.*** Failure to supplement the information and responses provided on this application may result in denial or other appropriate action. All information provided must be accurate. Please note that the information provided on this application is subject to the public information laws of this jurisdiction.

PART I: Supporting Documentation and Fees:

If you are applying to activate your inactive chiropractic license, please submit the following documents and fees:

1. Pay the difference between the fee previously paid for the year and the active license fee. Checks should be made payable to the South Dakota Board of Chiropractic Examiners.
2. If you hold a license in another state, please list states:

3. Notify each State you hold a license in and have them forward a letter of good standing directly to the Board of Chiropractic Examiners.

4. Please list any malpractice cases you are or have been involved in:

5. List any felonies or criminal offense you have been involved in:

6. Show proof of continuing education hours.

7. Submit a copy of your current malpractice declaration page.

8. If you cannot show proof that you have practiced 6 months out of the past 3 years, then you must appear before the Board of Examiners.

9. Criminal Background Investigation of Applicants for Licensure. Effective July 1, 2007, each applicant for licensure as a chiropractor, in this state shall submit to a state and federal criminal background investigation by means of fingerprint checks by the Division of Criminal Investigation and the Federal Bureau of Investigation. Upon application, the Board of Chiropractic Examiners shall submit completed fingerprint cards to the Division of Criminal Investigation. Upon completion of the criminal background check, the Division of Criminal Investigation shall forward to the board all information obtained as a result of the criminal background check. This information shall be obtained prior to permanent licensure of the applicant. The Board of Chiropractic Examiners may require a state and federal criminal background check for any licensee who is the subject of a disciplinary investigation by the board. Failure to submit or cooperate with the criminal background investigation is grounds for denial of an application or may result in revocation of a license. The applicant shall pay for any fees charged for the cost of

fingerprinting or the criminal background investigation. **Please contact the board office for fingerprint cards.**

Last Name _____ First Name _____

Mailing Address _____

Phone Number _____

Email Address _____

South Dakota Address of practice location

2 x 2 picture
(please tape back of picture)

PART II. Personal History Information

Please answer each of the following questions by putting a check (☑) in the appropriate box on the right. You must answer each question with a “Yes” or “No” response as no other response is acceptable. All “Yes” answers **MUST** be explained in detail in a separate **SIGNED** and **NOTARIZED** affidavit. The affidavit should include all relevant dates and identify the relevant jurisdiction and/or entity involved. Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Since the date of your last application for licensure in the State of South Dakota, have you been addicted to any drug or chemical substance including alcohol?	YES NO
2. Since the date of your last application for licensure in the State of South Dakota, have you been treated for a drug or alcohol addiction or participated in a rehabilitation program?	YES NO
3. Since the date of your last application for licensure in the State of South Dakota, have you had any disease or condition that interfered with your ability to competently and safely perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e. (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and/or (3) physical disease or condition, that interfered with your ability to competently and safely perform the essential functions involved in practice as a chiropractor?	YES NO
4. Within the last five (5) years have you had a license or certification revoked or suspended, other disciplinary action taken, or an application for licensure or certification refused, revoked or suspended by any professional licensing authority of another state, territory or country? If YES, where and when?	YES NO

PART III. Child Support Information

In accordance with 25-7A-56, the Board of Chiropractic Examiners may not issue or renew any license under this chapter to a person after receiving notice from the Department of Social Services that the person has support arrearages in the sum of one thousand dollars or more unless the person has made satisfactory arrangements with the Department of Social Services for payment of any accumulated arrearages. Failure to certify may result in disciplinary action, and making a false statement may subject the licensee to contempt of court.

You must check one of the following:

I am more than \$1,000 delinquent in complying with a child support order.

I am currently under a child support order, but a stipulation arrangement has been made with the Department of Social Services.

I am not currently under any child support order.

PART IV. Work History/Practical Experience

Complete each of the following items. List all employment chronologically to present beginning with the date of graduation. If you have never been employed, insert "N/A" for Not Applicable in Box 1. You are authorized to photocopy this form if additional space is required.

Explain any breaks in employment history of greater than 6 months.

1. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:		Reason for employment termination/resignation?	
Date of Employment:	Hours Worked per Week:		
FROM: ____ / ____	Type of Employment:		
TO: ____ / ____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

2. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:		Reason for employment termination/resignation?	
Date of Employment:	Hours Worked per Week:		
FROM: ____ / ____	Type of Employment:		
TO: ____ / ____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

3. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:		Reason for employment termination/resignation?	
Date of Employment:	Hours Worked per Week:		
FROM: ____ / ____	Type of Employment:		
TO: ____ / ____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

4. Name of Business/ Institution:		Job Title:	
Address/Phone Number of Business/Institution:		Description of Duties Performed:	
Name of Supervisor:		Reason for employment termination/resignation?	
Date of Employment:	Hours Worked per Week:		
FROM: ____ / ____	Type of Employment:		
TO: ____ / ____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		

PART V. Certifying Statement

"By virtue of filing this application, I do solemnly swear or affirm that I am of good moral character, and that I understand the instructions and terms as set forth in this application form. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct **and that the photograph attached hereto is a true likeness of myself.** I hereby authorize the South Dakota Board of Chiropractic Examiners to verify any and all information contained in this application, including information maintained in applicable data banks. I authorize the licensing authority of the state where application is submitted to review state files pertaining to my licensure and practice, and all law enforcement records, administrative records, motor vehicle records, and court documents to confirm the accuracy and completeness of the information provided herein. This application and signature shall act as authorization of entities in possession of applicable information to release such information to the licensing authority."

Signature of Applicant (Do not print)

Printed Name of Applicant

Date

Please return this application along with your license fee and pertinent information to:

Marcia Walter, Executive Director
South Dakota Board of Chiropractic Examiners
407 Belmont Ave
Yankton, SD 57078