DEPARTMENT OF HEALTH

SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS
407 Belmont Avenue
Yankton, SD 57078

GENERAL INFORMATION

CHIROPRACTIC ASSISTANT

Effective September 8, 2008, the Chiropractic Board of Examiners has completed all the necessary legislation and obtained rule-making authority to require chiropractic assistants to be certified. Copies of the statutes and rules regarding chiropractic assistants can be found on our website at http://chiropractic.sd.gov and clicking on statute SDCL 36-5-23 through SDCL 36-5-29 and administrative rule ARSD 20:41:15. The Board of Examiners has set January 1, 2009 as the deadline to have all current chiropractic assistants certified.

Application: Please complete the following application and submit to the board office along with a copy of certification showing completion of 20 hours of approved chiropractic assistant training as well as certification of CPR training.

Application fee: The nonrefundable application/initial certification fee is **$50.00** and should be made payable to the South Dakota Board of Chiropractic Examiners. The payment should be included with your application.

Renewal Fee: The yearly renewal fee of **$25.00** per year will be required to keep your certificate active.

Continuing Education: 4 hours of continuing education every two years as approved by the board. The current education period starts January 1, 2010.

Please submit application, certificates of completion and application fee to the address listed below:

SD Board of Chiropractic Examiners
Marcia Walter, Executive Director
407 Belmont Avenue
Yankton, SD 57078

SOUTH DAKOTA STATE
BOARD OF CHIROPRACTIC EXAMINERS
CHIROPRACTIC ASSISTANT APPLICATION

PART I: Applicant Identifying Information

Complete this section of the form by providing all of the requested information. You must notify the South Dakota Board of Chiropractic Examiners of any address changes after you file this application in order to receive any further information.
APPLICATION MUST BE TYPED OR HANDWRITTEN LEGIBLY. SUBMISSION OF AN ILLEGIBLE APPLICATION MAY RESULT IN DENIAL OF CERTIFICATION.

2 x 2 picture
(please tape on back of picture)

1. Last Name	2. First Name	3. MI	4. Suffix (JR.)

5. Social Security Number

6. Current Address (If PO Box, Must provide street address as well)

7. Permanent Mailing Address including postal code (if different from Current address listed above)

8. Business Mailing Address

9. Identify Preferred mailing address. ☐ **Current** ☐ **Permanent** ☐ **Business**

Note: The preferred mailing address shall be available to the public.

10. Identify any maiden name, surname, or any other names or aliases you have been known by or used and identify the reason for your name change.

11. Place of Birth (List City, County, State or other Jurisdiction, Country)	12. Date of Birth MM/DD/YYYY	13. ☐ Male ☐ Female

14. Contact Information

(a) Telephone Numbers:

Daytime:

Evening:

(b) E-mail address :

(c) Fax number:

15. Print Name as you wish it to appear on certificate

16. Citizenship

(a) Are you a United States Citizen? **YES** ☐ **NO** ☐

(b) If you answered NO to question 16(a) above, are you:
(Please check one of the following.)

☐ **A qualified alien (as defined in 8 U.S.C.A. § 1641).**

☐ **A nonimmigrant under the Immigration and Nationality Act (8 U.S.C.A. § 1101 *et seq*).**

☐ **An alien who is paroled into the United States under 8 U.S.C.A. § 1182(d)(5) for less than one year.**

☐ **A foreign national not physically present in the United States.**

☐ **Other – Please provide detailed explanation.**

PART II: Education Information

COLLEGE OR UNIVERSITY NAME (If none, please indicate)	LOCATION (City and State or Country)	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	GRADUATED? Yes/No If no, number of credit hours earned?	DEGREE EARNED/ MAJOR
		Month/Year	Month/Year		

SPECIALIZED TRAINING
List in chronological order any chiropractic assistant coursework as well as CPR certification. *Include with application copies of certificates of completion for the assistant coursework as well as CPR certification.*

INSTITUTION NAME & LOCATION (City and state or Country)	HOURS COMPLETED	DATES OF ATTENDANCE FROM	DATES OF ATTENDANCE TO	DID YOU COMPLETE TRAINING?
		Month/Year	Month/Year	YES ☐ NO ☐ ☐ CURRENTLY COMPLETING
				YES ☐ NO ☐ ☐ CURRENTLY COMPLETING
				YES ☐ NO ☐ ☐ CURRENTLY COMPLETING

PART III. Work History/Practical Experience

Complete each of the following items. List all employment chronologically in the last five years. 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:		
Date of Employment: FROM: _____ / _____ TO: _____ / _____	Hours Worked per Week: Type of Employment: ☐ Full-time ☐ Part-time	Reason for employment termination/resignation?

2. Name of Business/ Institution:		**Job Title:**
Address/Phone Number of Business/Institution:		**Description of Duties Performed:**
Name of Supervisor:		
Date of Employment: **FROM: _____ / _____** **TO: _____ / _____**	**Hours Worked per Week:** **Type of Employment:** **□ Full-time □ Part-time**	**Reason for employment termination/resignation?**
3. Name of Business/ Institution:		**Job Title:**
Address/Phone Number of Business/Institution:		**Description of Duties Performed:**
Name of Supervisor:		
Date of Employment: **FROM: _____ / _____** **TO: _____ / _____**	**Hours Worked per Week:** **Type of Employment:** **□ Full-time □ Part-time**	**Reason for employment termination/resignation?**
4. Name of Business/ Institution:		**Job Title:**
Address/Phone Number of Business/Institution:		**Description of Duties Performed:**
Name of Supervisor:		
Date of Employment: **FROM: _____ / _____** **TO: _____ / _____**	**Hours Worked per Week:** **Type of Employment:** **□ Full-time □ Part-time**	**Reason for employment termination/resignation?**

PART IV. CERTIFYING STATEMENT - PLEASE READ ALL QUESTIONS AND SIGN AFFIDAVIT BELOW

1. Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?
   Yes_____ No _____

2. Have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority: federal, state or municipal other than speeding tickets?
   Yes_____ No _____
   (This includes any other professional license that has had action taken against it or been suspended and/or any criminal convictions or deferred sentences where a guilty or no contest has been given.)

3. Have you ever been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, etc?
   Yes_____ No _____

   ***If you answered yes to any of the questions 1 thru 3, please attach a letter with an explanation including any charges, dates, county/state, and the outcome.**

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 also agree to abide by the laws of the state of South Dakota concerning chiropractic assistants.

_____
Signature of Applicant (Do not print)

Subscribed and sworn to before me this_____
day of _____, 20_____.

_____
Printed Name of Applicant

_____
Notary Public

_____
Date

PLEASE SUBMIT APPLICATION, CERTIFICATES OF COMPLETION AND $50 APPLICATION / INITIAL CERTIFICATION FEE TO THE SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS OFFICE AT 407 BELMONT AVENUE, YANKTON, SD 57078