DEPARTMENT OF HEALTH

SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

407 Belmont Avenue, Yankton, SD 57078
email: sdbce@iw.net phone/fax: 605-668-9017

Important Notice:
Completion of this application is necessary for consideration for licensure under South Dakota codified law chapter 36-5. Disclosure of this information is voluntary, however, failure to disclose all requested information may result in application not being processed and may subsequently result in denial. ***All candidates for licensure have an obligation to update and supplement the information and responses if they change.***

Criteria for Reciprocity Eligibility:
An applicant seeking reciprocity shall meet the following criteria as required per SDCL 20:41:05:05:

(1) Has passed all parts of national boards required at the time of graduation;
(2) Has actively practiced a minimum of five years immediately preceding the submission of the application;
(3) Has no investigations pending; and
(4) Has no adverse actions taken by another state board.

After review of an applicant's application and record, if the board has any remaining concerns about an applicant's clinical competency, the board may require the applicant to take and pass the National Board of Chiropractic Examiners (NBCE) Special Purposes Examination for Chiropractic (SPEC) or the National Board of Chiropractic Examiners Part IV Examination. The board shall determine the score for passage and shall consider the NBCE recommended score to make that determination.

Chiropractic License Checklist:

1. Please type or print **legibly** with black or blue ink only.

2. Application fee of $100 (check payable to the South Dakota Board of Chiropractic Examiners or contact board office for credit card payment) must be included with the application and is not refundable.

3. License verification/letter of good standing from any state licensed to practice currently or in the past sent directly to the board office from the pertinent state board.

4. Copy of malpractice declaration page indicating current malpractice insurance and request for records from malpractice carrier. Applicant should mail forms included with application to appropriate insurance company.

5. **All applicants must submit to a background check. Please contact the board office for the fingerprint cards. There are specific FBI and DCI cards that are encoded for the board which need to be used.**

6. License fees – once approved for license the initial active license fee is $200 and good for the remainder of the calendar year regardless of when licensed. Renewal fee for active license is currently $100 for subsequent calendar years. An inactive license is $50 with inactive renewal fee also $50.

7. Upon receipt of application, copies of our statutes/administrative rules and open book jurisprudence quiz will be mailed to you for completion.

SOUTH DAKOTA STATE BOARD OF CHIROPRACTIC

RECIPROCITY DOCTOR CHIROPRACTIC LICENSE APPLICATION

APPLICANT IDENTIFYING INFORMATION (PLEASE PRINT LEGIBLY)

Name (First, Middle, Last): _____

Mailing Address: _____

City: _____ State: _____Zip: _____

Phone: home/mobile_____ office _____

fax_____

Email: _____

This email will be used to correspond with you regarding your application and license. Please be sure email is always current.

Social Security Number*:*_____ Date of Birth:_____

Identify any maiden name, surname or other name or aliases you have been known by:_____

Print name as you wish it to appear on license_____

CITIZENSHIP

Are you a United States Citizen: Yes_____ No____

If you answered NO to above question, please provide detailed explanation on separate paper.

MILITARY SERVICE

Are you an active duty member or the spouse of an active duty member of armed forces of the United States? Yes_____ No_____

If yes were you or your spouse the subject of a military transfer to South Dakota? Yes_____ No_____

EDUCATION INFORMATION

Undergrad College or University Name: _____

Undergrad Location:_____

Dates of Attendance: from _____(mo/yr) to _____(mo/yr)

Graduated Yes_____ No_____ Degree earned/major_____

Date of graduation _____ (month/day/year)

Chiropractic College or University Name: _____

Chiropractic Location:_____

Dates of Attendance: from _____(mo/yr) to _____(mo/yr)

Graduated Yes_____ No_____ Degree earned/major_____

Date of graduation _____ (month/day/year)

Other College or University Name: _____

Location:_____

Dates of Attendance: from _____(mo/yr) to _____(mo/yr)

Graduated Yes_____ No_____ Degree earned/major_____

Date of graduation _____ (month/day/year)

Specialized Training – Please attach proof of any specialized training received i.e. acupuncture, diplomate certifications, etc.

RECORD OF LICENSURE INFORMATION

Do you currently hold a valid license issued by a different state or the District of Columbia to practice as a chiropractor? Yes _____ No_____
If yes, please submit the following information for each state in which you have been licensed as a chiropractor. *You must also submit a certified letter verifying the license number and status of your license from the board of chiropractic in each state in which you have been licensed.* ***This letter must be sent directly to our office from the licensing body.*** *You are authorized to include additional states on a separate sheet of paper.*

STATE_____

LICENSE #_____DATE RECEIVED_____ DATE EXPIRED _____STATUS_____

STATE_____

LICENSE #_____DATE RECEIVED_____ DATE EXPIRED _____STATUS_____

STATE_____

LICENSE #_____DATE RECEIVED_____ DATE EXPIRED _____STATUS_____

STATE_____

LICENSE #_____DATE RECEIVED_____ DATE EXPIRED _____STATUS_____

RECORD OF LICENSURE EXAMINATION / NATIONAL BOARDS

NBCE Part I - date of exam _____ Pass /Failed (circle one)

NBCE Part II - date of exam _____ Pass /Failed (circle one)

NBCE Part III - date of exam _____ Pass /Failed (circle one)

NBCE Part IV - date of exam _____ Pass /Failed (circle one)

Physiotherapy - date of exam_____ Pass /Failed (circle one)

Other license exams _____

EMPLOYMENT HISTORY

Complete employment history for the last 5 years – please list chronological order. If you have never been employed, insert N/A for not applicable. You are authorized to photocopy this form if additional space is needed.

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

Employer Name: _____

Current Address: _____

Current Telephone Number:_____

Position Held: _____

Reason for Termination/Resignation:_____

Dates Employed – From:_____ To:_____

Employer Name: _____

Current Address: _____

Current Telephone Number:_____

Position Held: _____

Reason for Termination/Resignation:_____

Dates Employed – From:_____ To:_____

Employer Name: _____

Current Address: _____

Current Telephone Number:_____

Position Held: _____

Reason for Termination/Resignation:_____

Dates Employed – From:_____ To:_____

Employer Name: _____

Current Address: _____

Current Telephone Number:_____

Position Held: _____

Reason for Termination/Resignation:_____

Dates Employed – From:_____ To:_____

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. Have you ever had any application for any professional license refused or denied by any licensing authority?	**YES ❑ NO ❑**
2. Have you ever been refused or denied the privilege of taking an examination required for any professional licensure?	**YES ❑ NO ❑**
3. Have you ever been dropped, suspended, placed on probation, expelled, fined or requested to resign from any postsecondary educational program in which you were enrolled?	**YES ❑ NO ❑**
4. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training?	**YES ❑ NO ❑**
5. Have you ever voluntarily surrendered your chiropractic license?	**YES ❑ NO ❑**
6. Have you ever allowed your chiropractic license to lapse, or had a limited license issued by any chiropractic licensing authority?	**YES ❑ NO ❑**
7. Have you ever voluntarily surrendered any other professional license?	**YES ❑ NO ❑**
8. Have you ever allowed any other professional license to lapse, or had a limited license issued by any other licensing authority?	**YES ❑ NO ❑**
9. Has your chiropractic license ever been revoked?	**YES ❑ NO ❑**
10. Have you ever been the subject of disciplinary action with regard to your chiropractic license, been sanctioned by any chiropractic licensing authority, chiropractic association, licensed chiropractic facility, or chiropractic staff of such facility?	**YES ❑ NO ❑**
11. Have your chiropractic privileges ever been restricted or terminated by any chiropractic licensing authority, chiropractic association, licensed chiropractic facility, or chiropractic staff of such facility; or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	**YES ❑ NO ❑**
12. Have you ever had any other professional license revoked?	**YES ❑ NO ❑**
13. Have you ever been the subject of disciplinary action by any licensing agency with regard to any other professional license?	**YES ❑ NO ❑**
14. To your knowledge have any unresolved or pending complaints ever been filed against you with any chiropractic licensing agency, chiropractic association, licensed chiropractic hospital/clinic, or chiropractic staff of such hospital or clinic?	**YES ❑ NO ❑**
15. Have you ever had a registration issued by a controlled substance authority revoked, suspended, surrendered, limited, or restricted?	**YES ❑ NO ❑**
16. Have you ever voluntarily surrendered a registration issued by a controlled substance authority?	**YES ❑ NO ❑**
17. Is there any disciplinary action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency, or any state drug enforcement authority? If YES, where and when?	**YES ❑ NO ❑**
18. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a felony (or criminal offense) in any state or in federal court (other than minor traffic violations) whether or not sentence was imposed or suspended? If YES, in addition to the affidavit, attach a certified copy of the court records regarding your conviction, the nature of the offense date of discharge, if applicable, as well as a statement from the probation or parole officer.	**YES ❑ NO ❑**

19. Have you ever been pardoned from a felony (or criminal) conviction?	**YES ❑ NO ❑**
20. Have you ever had a record expunged from a felony (or criminal) conviction?	**YES ❑ NO ❑**
21. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a DUI whether or not sentence was imposed or suspended?	**YES ❑ NO ❑**
22. Have you ever been charged with or convicted (including a nolo contendere plea or guilty plea) of a violation of any federal or state drug law(s) or rule(s) whether or not sentence was imposed or suspended?	**YES ❑ NO ❑**
23. Are you now or have you in the last 5 years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	**YES ❑ NO ❑**
24. Are you now being treated or have you in the last 5 years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	**YES ❑ NO ❑**
25. Do you currently have any disease or condition that interferes 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 may presently interfere with your ability to competently and safely perform the essential functions involved in practice as a chiropractor?	**YES ❑ NO ❑**
26. Have you ever been named as a defendant to a civil suit related to your profession *(i.e. malpractice)*?	**YES ❑ NO ❑**
27. Do you operate your chiropractic practice under a general or limited partnership? If "yes," how long has the partnership been in existence? _____List all the partners on attached sheet.	**YES ❑ NO ❑**
28. Do you work for a corporate practice? If YES, list all shareholders on attached sheet.	**YES ❑ NO ❑** **DO NOT KNOW ❑**
29. IF YES, ARE ALL SHAREHOLDERS LICENSED IN THIS JURISDICTION?	**YES ❑ NO ❑**
30. Have you ever been court martialed or discharged other than honorably from the armed service?	**YES ❑ NO ❑**
31. Have you ever been terminated from a position with a city, county, state or federal position?	**YES ❑ NO ❑**

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 South Dakota 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.**

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, and to transmit this information to the licensing authority of the state to which this application is made. 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)

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

_____
Printed Name of Applicant

_____
Notary Public

_____
Date

Attach Photo Here

For identification purposes, the applicant shall furnish one passport size (2x2) photograph taken not more than six months before the date of the application.

I authorize the SDBCE to provide a scanned copy of my application photo to the SDCA (South Dakota Chiropractic Association) board office.

Yes_____ No _____

Signature of applicant_____

REQUEST FOR RECORDS

To: _____ (send to Malpractice Carrier)

_____

_____

_____

I, _____ (Print name) hereby request a release of any and all records regarding claims made against me, whether settled or not, to include the name of the claimant, the alleged reasons for filing the claim, and the amount of any award if any or any other disposition of the case. I authorize such material to be made available only to:

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

I hereby release _____(Insurance Co.) and all of its agents, employees or other personnel from any and all civil or criminal liability for providing information pursuant to this request.

_____
Print Name

_____
Address

_____
City, State, Zip

_____
Signature

DOCTOR: PLEASE MAIL OR FAX THIS COMPLETED FORM TO YOUR PRESENT LIABILITY INSURANCE COMPANY IMMEDIATELY.

REQUEST TO ADD CERTIFICATE HOLDER

Please add the following company as Certificate Holder on my professional liability insurance policy:

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

Phone: 605-668-9017 Fax: 605-668-9017 email: sdbce@iw.net

Type of Business: State Licensing Board

I, Dr. _____ authorize you to add the organization listed above as a certificate holder on my malpractice insurance policy. I understand that signing this document does not allow the certificate holder any coverage or rights under my policy. I understand that signing this release allows you to send my certificate of insurance to this certificate holder at my renewal, cancellation, or if a premium bearing change is made to my policy. I understand that this organization will remain a certificate holder on my policy indefinitely, or until I provide you, my insurance carrier, with a written request to have them removed from my policy.

Signature:_____ Policy Number:_____

Date:_____

Please forward a copy of my Certificate of Insurance listing this certificate holder to the following email address: sdbce@iw.net or via fax to: 605-668-9017