

Guest Sign in Sheet

Date: April 10th 2014

Board Meeting: Chiropractic Physicians

Please Print Legibly

<u>Name</u>	<u>Phone #</u>	<u>Representing</u>
1. <u>Tim Apgood</u>		<u>UCPA</u>
2. <u>Craig Cutler</u>		<u>self</u>
3. _____		_____
4. _____		_____
5. _____		_____
6. _____		_____
7. _____		_____
8. _____		_____
9. _____		_____
10. _____		_____
11. _____		_____
12. _____		_____
13. _____		_____
14. _____		_____
15. _____		_____

<i>Official Use Only</i>
Number: _____
Date Approved/Denied: _____
Approved/Denied By: _____

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

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

*City**State**ZIP Code*

Phone: _____ 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: _____

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

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

AFFIDAVIT AND RELEASE

1. I certify that I am qualified in all respects for the license for which I am applying in this application.
2. I certify that to the best of my knowledge, the information contained in the application and all supporting document(s) are true and correct, 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.
3. 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 Division of Occupational and Professional Licensing, State of Utah, any files, records, or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.
4. 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.
5. I certify that I do not currently pose a direct threat to myself, to my clients, or to the public health, safety or welfare because of any circumstance or condition.
6. I understand that I am responsible to update the Division of any changes relating to my license/certification/registration.

Signature of Applicant: _____ **Date** _____

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. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
2. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any professional licensing agency or criminal or administrative jurisdiction?
3. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently under investigation or is any disciplinary action pending against you now by any local, state or federal licensing, enforcement or regulatory agency?
4. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been declared by any court to be incompetent by reason of mental defect or disease and not restored?
5. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
6. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been terminated, suspended, reprimanded, sanctioned, or asked to leave voluntarily from a position because of drug or alcohol use or abuse within the past five (5) years?
7. <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently using or have you recently (<i>within 90 days</i>) used any drugs (<i>including recreational drugs</i>) without a valid prescription, the possession or distribution of which is unlawful under applicable state or federal laws?
8. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever unlawfully used any drugs for which you have not successfully completed, or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
9. <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently have any criminal action pending?*
10. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you pled guilty to, no contest to, entered into a plea in abeyance or been convicted of a misdemeanor in any jurisdiction within the past ten (10) years? *
11. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?*
12. <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been incarcerated for any reason in any correctional facility (<i>domestic or foreign</i>) in any jurisdiction or on probation/parole in any jurisdiction?*

*NOTE: Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.

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 9,10,11 or 12 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.

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: _____

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.

TEMPORARY LICENSE (OPTIONAL)

Temporary licensure is an optional license available for endorsement applicants only. Please see the checklist at the end of this application for additional instructions. This section only needs to be completed by individuals applying for temporary licensure.

Applicant's Name: _____

Name of Establishment: _____

Name of Supervisor: _____ License Number: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number: _____ Email: _____

I certify that I am licensed in good standing and meet the requirements outlined in R156-73-303 to act as a supervisor for the applicant listed above. I understand that I am responsible for their activities and services performed, and that once issued their license to practice is valid for only 6 months.

Signature of Supervisor: _____ Date: _____

Verification of Active Practice as a Chiropractor in Another State

*For endorsement applicants only.
Each employer must complete a separate form.*

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

License Number: _____ **State of Issue:** _____

EMPLOYMENT INFORMATION

To be completed by the employer, human resources, supervisor or colleague within the profession.

Name of Establishment: _____

Establishment Address: _____
Street/PO Box City State/Zip

Telephone Number _____ **Email:** _____

Applicant's Dates of Employment: _____ to _____
MM/DD/YYYY MM/DD/YYYY

How many hours did the applicant work per week? _____

Total number of hours practiced as a Chiropractor: _____

Describe the applicant's duties: _____

Is the applicant still employed? Yes No

If no, is the applicant re-hirable? Yes No: **Please explain:** _____

I do hereby certify that the applicant for licensure as a licensed chiropractor was actively engaged in the lawful practice as a chiropractor at the above named establishment for the time frame listed.

I further certify that the applicant is qualified and competent to practice as a licensed chiropractor.

Signature of Supervisor: _____ **Date:** _____

Relationship to Applicant: _____

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.

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. See pages 2 and 3 of the application for more information.
- Pass the Utah Chiropractic Law and Rule Examination. DOPL's testing provider will electronically send the results of your examination directly to DOPL. Applicants must apply directly to PSI Examination Services at www.psiexams.com or 1-800-733-9267 to register for the Law and Rule Examination. Submit the fees directly to the testing agency.

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 one or more states in which you are currently licensed. Verifications must cover the time period used to qualify for endorsement outlined above.
- Official verification of passing the NBCE Special Purpose Examination for Chiropractic (SPEC). See "Temporary Applicants" below if you have not completed the SPEC.
- Verification of Active Practice as a Chiropractor. See page 4 of this application. **NOTE:** *You must have each employer complete a separate form.*

TEMPORARY APPLICANTS

If applying for **Licensure by Endorsement**, you may apply for a temporary license while you complete the required SPEC. *In addition* to the items required for all applicants AND licensure by endorsement (except the SPEC), you must submit:

- \$50.00 non-refundable temporary application processing fee, made payable to "DOPL".
- Signed Temporary Form found on page 3 of this application.

Submit the above items with your completed application to:

In person or via express delivery:

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

US Postal Service:

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

R156-73-302b. Qualifications for Licensure - Examination Requirements.

(1) In accordance with Subsection 58-73-302(1)(f)(i), the approved written clinical competency examination is the National Chiropractic Board Part~~[3 or the Special Purposes Examination for Chiropractic (SPEC)]~~ III administered by the National Board of Chiropractic Examiners. The passing score shall be established by the National Board of Chiropractic Examiners.

(2) In accordance with Subsection 58-73-302(1)(f)(iii), the approved practical examination is the National Chiropractic Board Part~~[4]~~ IV (practical examination) administered by the National Board of Chiropractic Examiners. The passing score shall be established by the National Board of Chiropractic Examiners.

R156-73-501. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) keeping the office, instruments, laboratory, equipment, appliances or supplies in an unsafe or unsanitary condition;

(2) engaging in advertising which is misleading because of omission of necessary material information, which contains false or misleading statements, or which otherwise operates to deceive;

(3) (a) engaging in or abetting deceptive or fraudulent billing practices; or
~~(b) failing to comply with Subsection R156-73-501a, Standards Governing Pre-paid Services;~~

(4) engaging in sexual contact with a patient, with or without patient consent, within 12 months of last treatment;

(5) engaging in sexual activities or contact with a former patient, with or without consent, after 12 months of last treatment if there is a risk of exploitation or potential harm to the former patient;

(6) engaging in behaviors in a patient/doctor relationship, including verbal, intended to sexually arouse any person or encourage sexual activity;

(7) failing to keep the division informed of a current address and telephone number;

(8) advertising acupuncture services or practicing clinical acupuncture techniques beyond the scope of the certification held;

(9) advertising as an "acupuncturist" either verbally or in print;

(10) failing to maintain responsibility for care, billing and documentation in a group practice, multidisciplinary practice or third-party ownership practice;

(11) engaging in any act or practice in a professional capacity which the licensee is not competent to perform through education or training;

(12) administering injections through the skin, limited to subcutaneous or intramuscular administration, of any substances other than non-prescription drugs as defined in Subsections 58-17b-102(39) or non-controlled substances as defined in Subsection 58-37-2(1)(f)(ii);

(13) administering injections of non-prescription drugs or non-controlled substances without sufficient competency and training as demonstrated by the following:

(a) completion of a recognized course on injectables and their administration, under the sponsorship of or approved by an institution, organization or association meeting the continuing education standards as defined in Section R156-73-303b; and

(b) receiving a passing score on a certifying examination; and

(14) delegating the administration of injections to a chiropractic assistant.

R156-73-501a. Standards Governing Pre-paid Services.

(1) For the purposes of applying this Subsection R156-73-501a:

(a) "pre-paid service" means any chiropractic or healing art treatment or modality:

(i) that is anticipated to be performed at a future date; and

(ii) for which a consumer pays in advance; and

(b) "pre-pay" means to pay in advance for an anticipated treatment or modality.

(2) A licensee who requires or allows consumers to pre-pay for services shall:

(a) (i) establish pricing for chiropractic and healing art services and treatments on a per-service, per-treatment, per-visit basis;

(ii) disclose the pricing schedule up front to each patient who presents for treatment; and

(iii) if offering a package price that is discounted, discount each service, treatment, and visit proportionately;

(b) (i) establish a non-interest-bearing escrow trust account in which to hold and secure pre-paid funds;

(ii) draw money from the trust account only if the licensee can first demonstrate the following:

(A) that appropriate diagnostic steps were taken before the associated treatment or service was recommended to the patient;

(B) that the patient understood the associated treatment or service and consented to undergo it; and

(C) that the treatment or service was actually provided by the licensee or by a person properly trained and supervised by the licensee;

(c) provide each patient whose funds are secured in the licensee's trust account with an account balance statement, in paper or electronic form, at the conclusion of each service, treatment, or visit; and

(d) ensure that pre-paid funds are promptly refunded:

(i) in full:

(A) on a per-service, per-treatment, per-visit basis; and

(B) according to the fee schedule provided to the patient pursuant to this Subsection R156-73-501a(2)(a)(ii); and

(ii) to any patient who:

(A) cancels an anticipated service, treatment, or visit without rescheduling; or

(B) otherwise does not receive a service, treatment, or visit for which the patient has pre-paid.

(3) A licensee shall be deemed to have made a prompt refund if the licensee complies with this Subsection R156-73-501a(2)(d) no later than 30 days after a scheduled service, treatment, or visit is cancelled or otherwise not provided.

KEY: chiropractors, pre-paid services

Date of Enactment or Last Substantive Amendment:

Notice of Continuation: March 14, 2011

Authorizing, and Implemented or Interpreted Law: 58-1-106(1)(a); 58-1-202(1)(a); 58-73-501(13)