Temporary Chiropractic Intern

*(6 month license, not renewable)*

*Do not* return the informational pages with your application; it is for your information only

Department of Professional and Financial Regulation
Office of Professional and Occupational Regulation
*(Mailing address)* 35 State House Station, Augusta, ME 04333
*(Office location)* Gardiner Annex, 76 Northern Avenue, Gardiner, Maine 04345

Office Direct Line (207) 624-8620 or Main Receptionist (207) 624-8603
TTY users call Maine relay 711
FAX (207) 624-8637
Web address: [www.maine.gov/professionallicensing](http://www.maine.gov/professionallicensing)
Email: chiropractic.lic@maine.gov
APPLICATION INSTRUCTIONS
TEMPORARY CHIROPRACTIC INTERN

This is an abbreviated checklist and does not replace the requirements outlined in the Chiropractic Laws and Rules. Please review them carefully for more detailed and clarifying information.

☐ Completed Application
   Complete and sign the application and submit with the appropriate fees and documentation

☐ Liability Insurance
   Provide documentation of liability insurance provided by the sponsoring college or institution. Evidence shall be in the form of a copy of the insurance policy or a written statement from the school on the school’s official letter head and signed by the dean or the dean’s designee attesting to the name of the insurance company, policy holder, policy number, amount of the policy, details on the coverage must clearly include coverage of the chiropractic internship relationship and the effective date and expiration date of the policy. (Please read fully Board Rule Chapter 3-A, Section 3.)

☐ Identify the sponsoring college or institution at which you are a student

☐ Supervision
   Name the licensed Chiropractic doctor who will provide supervision

☐ Any other supporting documentation such as: Verification of licensure or criminal conviction information.
   Submit verification from every state in which you currently hold or have ever held any type of professional license (except Maine).

PROCESSING TIME:

Your application has a greater chance of being processed expeditiously if it is complete and all supporting documents are attached. Please visit our website at www.maine.gov/professionallicensing to monitor your application’s progress in real time in lieu of calling our office on receipt or status progress of your application. If the status appears as “PENDING,” this means that your application was received by this office, and is pending or under review. Once reviewed, if your application is complete and complies with requirements, the license will be issued. The status online will show as “ACTIVE,” If your application is incomplete, a letter will be sent to you by email.

IMPORTANT INFORMATION REGARDING YOUR LICENSE:
The Office no longer prints licenses. Your license will be sent to you at the email address you provide to us on your application. The license will arrive to your email box under this email address: noreply@maine.gov. The attachment with this email is your license where you may open it and print your license. A paper license will not be sent to you, your license is the document attached to the noreply@maine.gov email.
VERIFICATION OF LICENSURE

** A copy of your license is not considered a license verification **

If you hold or have held a professional license in another state or jurisdiction, you must submit evidence from the State of licensure in the form of a License Verification.

You must contact the State Licensing Board or Jurisdiction that you currently hold a valid license to obtain a license verification. At a minimum, the license verification must include:

- Initial date of issuance
- Expiration date
- Current status
- Indication of discipline—yes/no, a checkbox, (no) files attached, etc.- if the State requires a separate search, such as New York State, submit the page where your name would be listed if you had discipline, but do not submit all the search results (could be 20-30 pages).

A sample license verification is available on the Board’s website in the applications and forms section.

IMPORTANT: Applications submitted without all of the Verifications of Licensure from the licensing jurisdiction(s) will not be accepted and your application returned as incomplete.

You may also obtain an electronically produced License Verification directly from the State Board website. For electronic License Verifications please be sure that it contains the State web-address and date the License Verification was printed, and any indication of disciplinary history.
Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035

- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.

- **What hours are you open?** 8:00 AM to 5:00 PM weekdays

- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.

- **Can I come to Gardiner to pick up my license?** No. Your license will be e-mailed to you.

- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; upon issuance of your license by this office your status will be ACTIVE.

**Notices**

**BACKGROUND CHECK:** Pursuant to 5 MRS §5301-5303, the State of Maine is granted the authority to take into consideration an applicant’s criminal history record. The Office of Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

**PUBLIC RECORD:** This application is a public record for purposes of the Maine Freedom of Access Law (1 MRS §401 et seq.). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

**SOCIAL SECURITY NUMBER:** The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) or credit card information (plus signature)
- Include any required transcripts or exam results
- Make a copy of your application to keep for your records
- DO NOT SEND CASH.
Board of Chiropractic Licensure

TEMPORARY CHIROPRACTIC INTERN

Required Fees: $15.00 (Non-Refundable)

Office Use Only:

Check #__________________  Amount:____________  Cash #__________  Lic.  #______________

PAYMENT OPTIONS:

Make checks payable to “Maine State Treasurer” - If you wish to pay by credit card fill out the following:

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my □ AMERICAN EXPRESS □ VISA □ MASTERCARD □ DISCOVER the following amount: $________

☐ I understand that fees are non-refundable

Card number:  ____________ Expiration Date  mm / yyyy

SIGNATURE ______________________ DATE ____________
### SECTION 1: COLLEGE OR INSTITUTION

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<th>Name of College or Institution</th>
<th>Date Enrolled</th>
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<th>Contact Address:</th>
<th>Street or P.O. Box</th>
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Documentation demonstrating your education must be submitted with your application

### SECTION 2: EVIDENCE OF LIABILITY INSURANCE

Documentation of the liability insurance by the sponsoring college or institution that covers the internship relationship— (See Board Rule Chapter 3-A, Section 3.)

1. Evidence shall be in the form of a copy of the insurance policy which contains all of the information identified below; or

2. A written statement from the school on the school’s official letter head and signed by the dean or the dean’s designee attesting to the:
   - Name of the insurance company;
   - Policy holder, policy number;
   - Amount of the policy;
   - Details on the coverage must clearly include coverage of the chiropractic internship relationship; and
   - Effective date and expiration date of the policy.

### SECTION 3: LICENSE VERIFICATION

Provide evidence of licensure. Accepted forms of evidence are: 1) A copy of the State’s or Jurisdiction’s primary source online verification services or 2) report produced by the Licensing Board or Jurisdiction is acceptable.

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<thead>
<tr>
<th>State or Jurisdiction</th>
<th>License Type</th>
<th>License Number</th>
<th>Date Issued</th>
<th>Expiration Date</th>
<th>Was Discipline Ever Imposed Answer (Yes or No)</th>
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**DISCIPLINE:** If discipline was imposed on any license, submit a copy of the Consent Agreement, Order or legal document from your State or Jurisdiction of licensure.

If you do not hold or have not held a professional license please check here □
### SECTION 4: APPLICANT’S EMPLOYMENT AND SUPERVISING CHIROPRACTOR’S

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<tr>
<th><strong>Employment:</strong> (Please type or print legibly)</th>
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<tr>
<td>Full Name of Chiropractic Office Employed at:</td>
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<td>Owner of Chiropractic Office:</td>
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<tr>
<td>Chiropractic Office Email: Phone #:</td>
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<td>Location—Street</td>
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<tr>
<td>City/State/Zip</td>
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<td>Mailing Address If Different Than Above</td>
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### SECTION 5: TO BE COMPLETED BY THE SUPERVISING CHIROPRACTOR:  
My signature attests I am the chiropractic doctor responsible for supervising the applicant.

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<tr>
<th><strong>Supervisor:</strong> (Please type or print legibly)</th>
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<tr>
<td>Supervisor Name (Chiropractor)</td>
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<tr>
<td>Supervising Chiropractor’s Signature Date</td>
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<td>License Number Contact Phone Number</td>
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SECTION 7: ATTESTATION TO HAVE FULLY READ AND UNDERSTAND THE REQUIREMENTS

I have read and agree to abide by the Laws and Rules listed above. Please check one:

☐ Yes  ☐ No

SECTION 8: APPLICANT’S CERTIFICATION AND SIGNATURE

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application I understand that the Maine Board of Chiropractic Licensure will rely upon this information for issuance of my license and that this information is truthful and factual. I further understand that discipline may be imposed, including denial, suspension or revocation of my license, if this information is found to be false.

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<th>Printed Name of Applicant</th>
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