



# BOARD OF CHIROPRACTIC LICENSURE

## 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](mailto:chiropractic.lic@maine.gov)

### FAQ's

Have a question? Please visit our list of Frequently Asked Questions.

### Can I come to Gardiner to drop off my application?

No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address  
35 State House Station, Augusta, ME 04333.

## **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](http://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](mailto: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](mailto: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.



**STATE OF MAINE  
DEPARTMENT OF PROFESSIONAL  
AND FINANCIAL REGULATION  
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION  
INDIVIDUAL LICENSE APPLICATION**

APPLICANT INFORMATION (please print)

FULL LEGAL NAME

*FIRST*

*MIDDLE INITIAL*

*LAST*

ANY OTHER NAMES EVER USED:

DATE OF BIRTH

*mm / dd / yyyy*

SOCIAL SECURITY NUMBER

- -

CONTACT ADDRESS

CITY

STATE

ZIP

COUNTY

PHONE # ( )

FAX # ( )

E-MAIL (**Your license will be emailed**)

**BACKGROUND CHECK NOTICE:** 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.

**Board of Chiropractic Licensure**  
**TEMPORARY CHIROPRACTIC INTERN**  
**Required Fees: \$15.00 (Non-Refundable)**

**Office Use Only:**

CI 1421 - \$15.00

*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:

NAME OF CARDHOLDER (please print)

*FIRST*

*MIDDLE INITIAL*

*LAST*

MAILING ADDRESS OF CARDHOLDER (please print)

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

I understand that fees are non-refundable

Card number:

Expiration Date *mm / yyyy*



**SIGNATURE**

**DATE**

**SECTION 1: COLLEGE OR INSTITUTION**

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

**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.

State or Jurisdiction	License Type	License Number	Date Issued	Expiration Date	Was Discipline Ever Imposed Answer (Yes or No)
1.					
2.					
3					

**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****

<b><u>Employment:</u></b> (Please type or print legibly)	
Full Name of Chiropractic Office Employed at:	
Owner of Chiropractic Office:	
Chiropractic Office Email:	Phone #:
Location—Street	
City/State/Zip	
Mailing Address If Different Than Above	

**SECTION 5: TO BE COMPLETED BY THE SUPERVISING CHIROPRACTOR:**

My signature attests I am the chiropractic doctor responsible for supervising the applicant.

<b><u>Supervisor:</u></b> (Please type or print legibly)	
Supervisor Name (Chiropractor)	
Supervising Chiropractor’s Signature	Date
License Number	Contact Phone Number

**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.

Printed Name of Applicant	Title
Signature of Applicant	Date
	