MONTANA BOARD OF CHIROPRACTORS
PO BOX 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406) 444-5711
EMAIL: DLIBSDLicensingUnitB@mt.gov
WEBSITE: www.chiropractor.mt.gov

APPLICATION FOR IMPAIRMENT EVALUATOR

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.
(Please allow 14 days for processing from the date that the Board has a complete routine application)

CHIROPRACTORS ARE NOT PERMITTED TO PRACTICE IN MONTANA IN ANY MANNER WITHOUT AN ACTIVE MONTANA LICENSE

LICENSE REQUIREMENTS:

IMPAIRMENT EVALUATOR

- Must have been in active clinical practice in Montana for a minimum of one year.
- Submit successful completion of board approved certified Chiropractic Impairment Evaluator education and training, or successful completion of an education and training program relating to chiropractic orthopedics, impairment rating or similar course work from a Council on Chiropractic Education (CCE) or other college approved by the board, or evidence of being in practice for more than five years and successfully demonstrating that a completed certified program equal to that recommended by the board.
- A Diplomate of American Board of Chiropractic Orthopedists (DABCO) in practice more than five years is exempt from the educational and training requirements.

FEES:

ALL FEES ARE NON-REFUNDABLE

$250.00 Application for Impairment Evaluator

PROCESSING PROCEDURES:

When the application file is complete, it will be processed and considered by Board staff for permanent licensure. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

If the application is considered routine it will take up to 14 days to process once the application is complete.

If the application is considered a non-routine application, there may be a delay in processing the application. You may be requested to provide additional information, or make a personal appearance before the Board during a regularly scheduled Board meeting and/or the application may require Board consideration. Non-routine applications may take up to 120 days to process.

Keep the Board office informed at all times of any address changes, changes in license status and complaints or proposed disciplinary action. This is essential for timely processing of applications and subsequent licensure.

For information with regard to the processing of this application or other concerns please contact the Board of Chiropractors staff at 406-444-5711 or email us at DLIBSDLicensingUnitB@mt.gov

PLEASE BE SURE TO KEEP A COPY OF THE MONTANA LAWS AND RULES FOR THE PRACTICE OF CHIROPRACTIC WHICH ARE AVAILABLE ON OUR WEBSITE: www.chiropractor.mt.gov

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Application for Impairment Evaluator

1. FULL NAME: _____
   Last First Middle
2. OTHER NAMES KNOWN BY: _____
3. BUSINESS NAME: _____
4. BUSINESS ADDRESS: _____
   Street or PO Box # City and State Zip Country
5. HOME ADDRESS: _____
   Street or PO Box # City and State Zip Country

PREFERRED MAILING ADDRESS:
☐ Home ☐ Business EMAIL ADDRESS: _____

6. TELEPHONE: _____ HOME _____ FAX _____
   Business
7. SOCIAL SECURITY NUMBER: _____ FOREIGN ID NUMBER: _____
8. DATE OF BIRTH: _____ PLACE OF BIRTH: _____ ◯ MALE ◯ FEMALE
9. LICENSE NUMBER: _____
10. How many years have you practiced in Montana? _____
11. How many years have you practiced in other states? _____
12. Are you a diplomate of the American Chiropractic Board of Orthopedics? ◯ Yes ◯ No
13. Submit successful completion of board approved certified Chiropractic Impairment Evaluator education and training, or successful completion of an education and training program relating to chiropractic orthopedics, impairment rating or similar course work from a Council on Chiropractic Education (CCE) or other college approved by the Board, or evidence of being in practice for more than five years and successfully demonstrating that a completed certified program equal to that recommended by the Board.

DECLARATION

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Board of Chiropractors.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I pledge myself to support the statutes and rules of the State of Montana pertaining to the practice of Chiropractic, to observe the state and federal regulations relating to impairment ratings and to conduct myself ethically and honorable as a practitioner of chiropractic.

Legal Signature of Applicant **Date**