



## DEPARTMENT OF HEALTH

### SOUTH DAKOTA BOARD OF CHIROPRACTIC EXAMINERS

407 Belmont Avenue, Yankton, SD 57078

Email: [sdbce@iw.net](mailto:sdbce@iw.net) phone/fax: 605-668-9017

#### **Important Notice:**

Completion of this application is necessary for consideration for certification under South Dakota codified law chapter 36-5 and administrative . 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 certification have an obligation to update and supplement the information and responses if they change.***

#### **Chiropractic Assistant Certification Checklist:**

1. Please type or print **legibly** with black or blue ink only.
2. Application fee of \$50, check payable to the South Dakota Board of Chiropractic Examiners, must be included with the application and is not refundable. **Check only – cash will not be accepted.**
3. Include a copy of the certificate of completion for the 20 hour chiropractic assistant course.
4. Include a copy of current CPR card. CPR certification can be basic, child/adult, healthcare or AED combination course. Online CPR is NOT accepted unless it is a blended course which offers the written portion online with the skills portion then evaluated and approved in person by a registered or certified CPR instructor.
5. Include 2x2 picture as indicated on last page of application.
6. Application needs to be notarized by a notary public before submitting to the board office.
7. Submit application and paperwork to the board office address listed at the top of this page.
8. Once certified by the board, renewal fee will be \$25 *per year* and continuing education will be 4 hours every two years ending on the odd year.

# SOUTH DAKOTA CHIROPRACTIC ASSISTANT 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 certificate. 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: \_\_\_\_\_

## **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**

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 CHIRO ASSISTANT TRAINING**

20 hour certification received from: \_\_\_\_\_

Date Completed: \_\_\_\_\_ (include certificate of completion with the application)

CPR completed from: \_\_\_\_\_

Date Completed: \_\_\_\_\_ (include copy of CPR card with application)

**EMPLOYMENT HISTORY**

Complete employment history for the last 5 years starting with current/most recent employer. 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.***

Current Employer Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Termination/Resignation: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Termination/Resignation: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Termination/Resignation: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

Reason for Termination/Resignation: \_\_\_\_\_

Dates Employed – From: \_\_\_\_\_ To: \_\_\_\_\_

**CERTIFYING STATEMENT – PLEASE READ ALL QUESTIONS AND SIGN AFFIDAVIT BELOW**

1. Have you ever had any occupational license or permit revoked, suspended, reprimanded, censured, or otherwise disciplined or disqualified from that occupation or profession?  
Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Have you been the subject of ANY administrative disciplinary or criminal action by ANY government, jurisdictional or licensing authority: federal, state or municipal other than speeding tickets?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
(this includes any other professional license that has had action taken against it or been suspended and/or any criminal convictions or deferred sentences where a guilty or no contest has been given)
  
3. Have you ever been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, a DUI, DWI, etc?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**\*If you answered yes to any of the questions 1 through 3, please attach a letter with an explanation including any charges, dates, county/state and the outcome.**

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 also agree to abide by the laws of the state of South Dakota concerning chiropractic assistants.

\_\_\_\_\_  
Signature of Applicant (do not print)

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

<p><b>Attach Photo Here</b></p> <p>For identification purposes, the applicant shall furnish one 2x2 photograph taken not more than six months before the date of the application.</p>
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Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL