

## **Chiropractic 30-Day Permit Application Packet**

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### **Important Social Security Number Information:**

You are required by state and federal law to provide a social security number with your application. If you do not have a social security number at the time you send in this application, contact the Customer Service Center at 360-236-4700 for more information. A U.S. Individual Taxpayer Identification Number (ITIN) or a Canadian Social Insurance Number (SIN) cannot be substituted.

### **In order to process your request:**

**Mail your application and Initial documentation to:**

Chiropractic Commission  
PO Box 47858  
Olympia, WA 98504-7858

### **Contact us:**

360-236-2822

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## Application Instructions Checklist

Thank you for your interest in obtaining a chiropractic 30-day permit.

All information should be printed clearly in blue or black ink. It is your responsibility to submit the correct required forms. Failure to do so may result in a delay of processing.

**1. Demographic Information:**

**Social Security Number:** You must list your social security number on your application. Please call the Customer Service Center at 360-236-4700 if you do not have one.

**National Provider Identifier Number (NPI):** The National Provider Identifier (NPI) is a standard unique identifier for health care professionals available from the Federal Centers for Medicare and Medicaid Services. The NPI is a 10 digit numeric identifier. If you have a NPI number, provide this on your application.

**Legal Name:** List your full name: first, middle and last.

**Definition of legal name:** “Legal name” is the name appearing on your official certificate of birth or, if your name has changed since birth, on an official marriage certificate or an order by a court. The court must have the legal authority to change your name. We may ask you to prove your legal name. If you use any name other than your legal name on this form, your application may be denied.

**Birth date:** Provide the month, day and year of your birth.

**Email:** Enter your email address, if you have one.

**Address:** List the address we should use to send any information about your license. Be sure to include the city, state, zip code, county, and country. This will be your permanent address with Department of Health until we have been notified of a change. See [WAC 246-12-310](#).

**Phone and Cell Numbers:** Enter your phone and cell numbers, if you have them.

**Dates of your Practice:** Enter the dates that you will practice in Washington State. This should not exceed 30 days.

**Nature of Practice:** Enter the nature of your practice in Washington State.

**2. Other License**

Submit a copy of your current, valid license in the jurisdiction in which you are currently licensed.

**3. Applicant’s Attestation:**

You must sign and date this for us to process the application.

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## Chiropractic 30-Day Permit Application

[WAC 246-808-140](#)

<b>Demographic Information</b>			
<b>Social Security Number (SSN)</b> (If you do not have a SSN, see instructions)	<b>National Provider Identifier Number (NPI)</b> (Enter 10 digit number)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Name	First	Middle	Last
Birth date (mm/dd/yyyy)		Email	
Address			
City	State	Zip Code	County
Country			
Phone (enter 10 digit #)	Cell (enter 10 digit #)	Dates of your practice in Washington State (not to exceed 30 days)	
Nature of your practice in Washington State			
<p>I, _____, declare that the following is true and correct:</p> <p style="text-align: center; font-size: small;">(Print applicant name clearly)</p> <ul style="list-style-type: none"> <li>I am the person described and identified in this attestation.</li> <li>I have answered all questions truthfully and completely.</li> <li>I understand that I am required to maintain a current, valid license in another jurisdiction.</li> <li>I have submitted, in addition to this attestation, a copy of my current, valid license in another jurisdiction that I am licensed in.</li> <li>I have not had a license to practice chiropractic suspended, revoked, or conditioned in another jurisdiction during the preceding five years.</li> </ul>			
Dated _____ at _____ <span style="display: block; text-align: center; font-size: small;">(mm/dd/yyyy) (City, state)</span>			
By: _____ <span style="display: block; text-align: center; font-size: small;">(Signature of applicant)</span>			

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## **RCW/WAC and Online Web Site Links**

### **RCW/WAC Links**

[Uniform Disciplinary Act, RCW 18.130](#)

[Administrative Procedure Act, RCW 34.05](#)

[Administrative procedures and requirements, WAC 246-12](#)

[Chiropractic Laws, RCW 18.25](#)

[Chiropractic Rules, WAC 246-808](#)

### **Online**

[AIDS Training Resources, Reference Page](#)

[Chiropractic Quality Assurance Commission, Web Page](#)