Department of Labor and Industries
Provider Quality and Compliance
PO Box 44322
Olympia WA 98504-4322
360-902-6790

Chiropractic Consultant Application

This application is for doctors applying for second opinion examiner (consultant) status. Current consultants do not need to reapply.

Instructions: Answer all requests below legibly. (Please print or type) Submit this form with a copy of your **current** curriculum vitae (CV), professional license and documentation of post graduate education.

1. Name

Last Name	First Name	Middle Initial

2. Business Address

Street or PO Box	City	State	Zip code

3. Business Contact Information

Business Phone Number	Business Fax Number	Email Address

4. Chiropractic Education: (name each chiropractic college attended)

Chiropractic College	State	From (mm/yyyy)	To (mm/yyyy)
Chiropractic College	State	From (mm/yyyy)	To (mm/yyyy)

5. Chiropractic License(s)

Date Issued (mm/yyyy)	WA Professional License Number
Date Issued (mm/yyyy)	Other State License Number
Date Issued (mm/yyyy)	Other State License Number

6. Practice Experience:

From (mm/yyyy)	To (mm/yyyy)	Number of years of clinical practice in WA?
From (mm/yyyy)		To (mm/yyyy)
From (mm/yyyy)		To (mm/yyyy)

7. Hours per week during previous year devoted to patient management: ______________________

8. List all provider numbers you use with the Department of Labor and Industries

9. Which provider number will you use to bill for consultations? ______________________________

POST GRADUATE EDUCATION EXPERIENCE: Provide proof of completion of:

At least 30 hours of post-graduate continuing education in the in the year before the application from the subject areas below:

a. Conservative care resources and other IICAC PPQ created education (minimum of 12 hours)
   And other education to fulfill the remaining hours from any combination of:
b. Patient evaluation (such as examination, diagnostic assessment, imaging)
c. Patient care (such as orthopedic, neurological, rehabilitation)
d. Chiropractic technique (maximum of 10 hours)
e. Occupational health beset practices, or other L&I approved health care training

At least 7 hours within the past two years from the Chiropractic Consultant Seminars

Please submit proof of all postgraduate continuing education (CE) you have completed. Documentation may include official sealed transcripts from chiropractic colleges or certificates of completion from seminar sponsors.

Documentation for each seminar must include:

1. Course Title
2. Number of classroom hours attended
3. Dates attended
4. Sponsor
5. Syllabus or topic list

Hours **will not** be considered unless all of the requested information is attached to the application form.

Signature:

I certify that the information provided in this application is correct. I understand that if I am accepted as an approved Chiropractic Consultant and any of the information I have provided is found to be incorrect or misleading, my consultant status may be revoked immediately.

If accepted to be an approved chiropractic consultant to perform second opinion examinations, I agree to uphold the department's performance and continuing education standards for chiropractic consultants.

Signature	Date signed