

# INDIAN ASSOCIATION OF CHIROPRACTIC DOCTORS

## APPLICATION FOR REGISTRATION

<b>Full Legal Name:</b>		Male / Female
<b>Mailing Address:</b>		
<b>Current Address:</b>		
<b>Date of Birth (DD/MM/YYYY)</b>	<b>Place of Birth</b>	<b>City State Country</b>
<b>Resident of Country</b>	<b>Citizenship of Country</b>	
<b>Passport Number</b>		
<b>Country Passport Issued</b>		
<b>Passport Expires</b>		
<b>Phone Number:</b>		<b>Fax Number:</b>
<b>Other contact #'s</b>		<b>Email ID:</b>
<b>Website:</b>		
<b>Registration Questionnaire (Please circle your answer):</b>		
Are you a Professional Doctor or Student? PD / S		
Are you planning to work in India as a Chiropractic Doctor? Yes / No		
Will you be involved in any Health camps, Mission Trips, or Humanitarian Aid? Yes / No		
<b>CHIROPRACTIC COLLEGE INFORMATION</b>		
<b>Name of Chiropractic College:</b>		
<b>Location:</b>		
Please provide a copy of transcripts*, CV, Copy of passport and copy of Visa, Copy of Driver's License, copy of Doctor of Chiropractic Diploma and current, Active Chiropractic License, One photo.		

Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

**Please answer the following questions to the best of your knowledge with a “yes” or “no OR NA (Not applicable) .” If you answer “yes” to any question(s) please explain detail on separate page**

1. Has your license to practice in any jurisdiction ever been denied, restricted, limited, suspended, revoked, canceled and/or subject to probation either voluntarily or involuntarily, or has your application for a license ever been withdrawn? **Yes No NA**

2. Have you ever been reprimanded and/or fined, been the subject of a complaint and/or have you been notified in writing that you have been investigated as the possible subject of a criminal, civil or disciplinary action by any state, country or federal agency which licenses providers? **Yes No NA**

3. Have you lost any board certification(s), and/or failed to recertify? **Yes No NA**

4. Have you been examined by a Certifying Board but failed to pass? **Yes No NA**

5. Has any information pertaining to you, including malpractice judgments and/or disciplinary action, ever been reported to the National Practitioner Data Bank (NPDB) and/or any other practitioner data bank? **Yes No NA**

6. Have you, or any of your hospital or ambulatory surgery center privileges and/or membership been denied, revoked, suspended, reduced, placed on probation, proctored, placed under mandatory consultation or non-renewed? **Yes No NA**

8. Have you voluntarily or involuntarily relinquished or failed to seek renewal of your hospital or ambulatory surgery center privileges for any reason? **Yes No NA**

9. Have any disciplinary actions or proceedings been instituted against you and/or are any disciplinary actions or proceedings now pending with respect to your hospital or ambulatory surgery center privileges and/or your license? **Yes No NA**

10. Have any professional liability judgments ever been entered against you? **Yes No**

11. Have any professional liability claim settlements ever been paid by you and/or paid on your behalf? **Yes No NA**

12. Are there any currently pending professional liability suits, actions and/or claims filed against you? **Yes No NA**

13. Has any person or entity ever been sued for your clinical actions? **Yes No NA**

Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_

14. Have you ever been denied or voluntarily relinquished your professional liability insurance coverage, and/or have had your professional liability insurance coverage canceled, nonrenewed or limits reduced?      **Yes**    **No**    **NA**

15. Have you been charged with or convicted of a crime (other than a minor traffic offense) in this or any other state or country and/or do you have any criminal charges pending other than minor traffic offenses in this state or any other state or country?      **Yes**    **No**

16. Have you been the subject of a civil or criminal complaint or administrative action or been notified in writing that you are being investigated as the possible subject at a civil, criminal or administrative action regarding sexual misconduct, child abuse, domestic violence or elder abuse?      **Yes**    **No**

17. Do you have a medical condition, physical defect or emotional impairment which in any way impairs and/or limits your ability to practice medicine with reasonable skill and safety?      **Yes**    **No**

18. Are you currently engaged in illegal use of any legal or illegal substances?      **Yes**    **No**

19. Do you currently overuse and/or abuse alcohol or any other controlled substances?      **Yes**    **No**

20. If you use alcohol and/or chemical substances, does your use in any way impair and/or limit your ability to practice medicine with reasonable skill and safety?      **Yes**    **No**

21. Are you currently participating in a supervised rehabilitation program and/or professional assistance program which monitors you for alcohol and/or substance abuse?      **Yes**    **No**

Signature \_\_\_\_\_

Date (DD/MM/YYYY) \_\_\_\_\_