



**Chiropractic Residency Program
Application Form**

Applicant Information

Last Name _____ First Name _____ M.I. _____

Current Address _____

Phone number _____

Email _____

Are you currently authorized to work in the United States? _____ YES _____ NO

Are you proficient in English language listening, speaking, reading and writing skills?
_____ YES _____ NO

Are you willing to relocate to Annapolis, MD? _____ YES _____ NO

Education and Training

Please list both undergraduate and graduate education information.

Institution & Location	Degree Awarded	Month/Year Completed	GPA

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Professional Information

Have you successfully passed NBCE (National Board of Chiropractic Examiners) Part I, II, III, IV and Physiotherapy Exams?

_____ YES _____ NO

If NO, please explain:

Do you currently hold an active license to practice chiropractic in any state?

_____ YES _____ NO

If YES, provide state, license number and expiration date:

Do you currently hold any additional licenses, certifications or training not listed above?

_____ YES _____ NO

If YES, please explain:

Professional Experience

1. Please describe relevant professional employment or experiences.

2. Have you ever been charged, indicted or convicted; received a deferred prosecution or a deferred judgement and sentence; entered a guilty plea or a plea of nolo contendere; or been placed on adult diversion for any violation of any law?

_____ YES _____ NO

If YES, please provide a brief description. It is unnecessary to report traffic offenses that do *not* involve alcohol or drugs.

3. Have you ever been evaluated, treated or hospitalized for alcohol, narcotics, or any other substance abuse? (this includes past, current or ongoing treatment)

_____ YES _____ NO

If YES, please provide a brief description and include treatment completion date.

4. Have you ever had a chronic physical limitation, mental/emotional illness or disorder which impairs or adversely impacts your practice of chiropractic?

_____ YES _____ NO

If YES, please provide a brief description and a statement from the treating physician.

5. Have you ever been the subject of disciplinary proceedings or reprimanded by an administrative agency, hospital, professional association or the Federal Department of Health and Human Services?

_____ YES _____ NO

If YES, please provide a brief description.

6. Have you ever been subjected to a criminal or civil monetary penalty under the Medicare or Medicaid program and/or been suspended from participation in Medicare or Medicaid or has participation status ever been modified?

_____ YES _____ NO

If YES, please provide a brief description.

7. Have you ever been declined, cancelled or refused issuance of or renewal for malpractice insurance?

_____ YES _____ NO

If YES, please provide a brief description.

8. Has your chiropractic license ever been investigated, denied, restricted, suspended, voluntarily surrendered or revoked in any state, by any licensing board?

_____ YES _____ NO

If YES, please provide a brief description.

9. Have any complaints or claims been brought against you for sexual misconduct?

_____ YES _____ NO

If YES, please provide a brief description.

Personal Statement

Please attach a maximum 1 page document indicating your interest in the program, why you feel you are a strong candidate and what you hope to gain from this experience.

Professional References

Please attach 2 letters of reference from professional sources. References from family members, close relatives or friends will not be considered.

Application Checklist

Completed application form - with attachment of any additional documentation necessary

Resume/CV

Personal statement

2 letters of reference

Copy of chiropractic license (if applicable)

*additional documentation may be requested

Return this completed form and all supporting documents via email to the director of the program using the contact information provided below.

Email Subject Line: Chiropractic Residency Application

Erik Korzen, DC

ekorzen@elevatelifeclinic.com