

DIRTY



Kentucky Board of Chiropractic Examiners

Peer Review Committee

P.O. Box 183
Glasgow, Kentucky 42142-0183
Phone 270/651-2522 Fax 270/651-8784
e-mail <kychiro@glasgow-ky.com>

REGISTRATION FORM FOR PERSONS PERFORMING PEER REVIEW OF KENTUCKY CHIROPRACTIC CLAIMS

201 KAR 21:095 Licensure and registration of persons performing peer review states, in part:

Section 1. Requirements for Licensure and Registration. A person performing chiropractic peer review shall:

(1) Hold a current license to practice chiropractic within the Commonwealth of Kentucky; and

(2) (a) For the first year that a person seeks to register to perform peer review, have previously successfully completed a minimum of one hundred (100) hours of utilization review in independent medical examination from a chiropractic college or university accredited by the Council on Chiropractic Education; and (b) for each year thereafter that a person seeks to register to perform peer review, have completed six (6) hours of utilization review offered by a chiropractic college or university accredited by the Council on Chiropractic Education taken within the state of Kentucky; and

(3) Register annually with the board, by June 1 of each year, by:

(a) Presenting evidence of satisfactory compliance with the requirements established in this section and of having met the education requirements of KRS 312.175; and

(b) Paying a registration fee of fifty (50) dollars.

_____ \$50.00 Annual Registration Fee Enclosed

Certificate of at least 6 hours required continuing education in utilization review:

_____ Enclosed

_____ Has Been Forwarded

I have read and understand the requirements and standards outlined in 201 KAR 21:095

Signature: _____ Date _____

Printed Name: _____ Lic# _____

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KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
 P.O. Box 1360, Frankfort, Kentucky 40602
 500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)
 Phone: (502) 782.4250 | Fax: (502) 564.4818 | Website: kbce.ky.gov | Email: KBCE@KY.GOV

APPLICATION FOR CHIROPRACTIC PEER REVIEWER

Instructions:

Kentucky law and regulations require that specific qualifications be met in order to certify as a chiropractic Peer Reviewer. Please answer all questions completely and correctly to the best of your knowledge, sign, submit required documentation and mail to the Administrator of the Board.

Application must be accompanied by an application-certification fee of \$50. Make check, cashier's check, or money order payable to the Kentucky State Treasurer.

Renewal fees are due on or before the first day of June each year. Failure to properly renew automatically results in your peer reviewer license being delinquent and subject to revocation.

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
Telephone Number:	Email Address:	D.O.B.	SSN (Last 4):

GENERAL QUESTIONS

1. Is your chiropractic license in good standing with the Kentucky Board of Chiropractic Examiners? If no, explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Are you in active practice in the Commonwealth of Kentucky? If no, explain in detail:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Through what college or university certified by the Council on Chiropractic Education did you complete the required 100 hours in utilization review and independent medical examination to qualify to perform chiropractic peer review? Please submit your certificate of completion as proof with this application (MANDATORY).		
4. Have you had, do you currently have, or is there any litigation pending relevant to your license to practice chiropractic? If yes, explain in detail:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Attach additional sheets if necessary to explain answers to above questions.

VERIFICATION

I declare under penalties of perjury that the information contained in this application is true and accurate.

Signature (Required):	Date:
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Printed Name: