



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

STAGE 2

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Baltimore, MD 21215
Office (410) 764-4738
www.health.maryland.gov/chiropractic
email: mdh.chiropractic@maryland.gov

SUPERVISING CHIROPRACTOR FORM
CHIROPRACTIC ASSISTANT TRAINEE PROGRAM

4 MONTH REVIEW

The form may be scanned and emailed to mdh.chiropractic@maryland.gov

This form is to be completed and emailed to the Board by the Supervising Chiropractor within four (4) months of date of the Board's letter authorizing training. Please type or print all information.

Please include the following:

- Copy of Provider-level CPR card/certification; and
Proof of enrollment in a Board-approved CA instruction course (i.e., copy of enrollment letter from course provider, copy of enrollment receipt, or letter from Supervising Chiropractor confirming Trainee's enrollment and course details, etc.).

*** Please note that failure to include all required documents will result in the entire package being returned and may affect applicable deadlines. The CA trainee will also be immediately suspended from the CA trainee program. Please contact the Board with any questions.

I attest that CA Trainee Applicant has completed a provider-level CPR course.

The trainee enrolled in a Board-approved CA 103- hour course of instruction on

I understand that failure to submit this form and required documents in a timely manner may result in the Trainee's suspension from the program.

Print Name of Supervising Chiropractor

Signature of Supervising Chiropractor

Date