



NOTIFICATION OF HIRING AN ACTIVE REGISTERED CHIROPRACTIC ASSISTANT

This notification may be scanned and emailed to mdh.chiropractic@maryland.gov.

Date: _____

To: Maryland State Board of Chiropractic Examiners
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Attention: Chiropractic Licensing Coordinator

From: _____

I am pleased to announce that Chiropractic Assistant _____,
Full Name

RC _____ will join _____
Registration No. Office/Practice Name

Office/Practice Address

Phone Fax Email

on _____ (date).

Attached are copies of his/her current CPR card, **and** active CA Registration. The registration will be conspicuously displayed in the office(s) where he/she will be employed.

Thank you,

Print Name of Supervising Chiropractor Signature of Supervising Chiropractor S _____
License No.

cc: Employment File

Enclosure(s): (1) Valid CPR card
(2) Copy of Board issued Active Registration