



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

**Maryland State Board of Chiropractic Examiners**

4201 Patterson Avenue – Suite 301 – Baltimore, MD 21215

*Larry Hogan, Governor – Boyd Rutherford, Lt. Governor – Dennis R. Schrader, Secretary*

Dear Doctor of Chiropractic: \_\_\_\_\_

Date: \_\_\_\_\_

This letter is to notify you that the MD State Board of Chiropractic Examiners recently attempted to send you correspondence regarding the upcoming 2017-2019 Chiropractor's Biennial Renewal for your license as a Doctor of Chiropractic. One or more of the correspondences were returned to the Board by the United States Postal Service (USPS) indicating on their label that your address was either:

- Undeliverable, that the ninety day – 12 month address forwarding change with the USPS had expired; or
- Forwarding has expired
- Moved left no address/return to sender; or
- Bad Address

Although these labels from USPS on the returned mail to the Board provided some information regarding a related issue to the last address on file; it does not meet the requirement stipulated in the **Code of Maryland Regulation 10.43.01.05 (F)**:

- **“The license holder shall notify the Board of any change in the name or address of the license holder, in writing, within 60 days after the change occurs”**

The board cross-referenced the returned correspondence with its Maryland Licensing System Database and has determined that the above named licensee failed to notify the board of either a change in address or name within 60 days of the change.

Failure to update by written notification of a change in name or address shall result in a regulatory administrative fine of \$200.

**By notice of this letter, the board is imposing an administrative fine during this 2017-2019 Chiropractor's Biennial Renewal of \$100. Please remit your payment via check or money order and a copy of this letter to:**

**Maryland State Board of Chiropractic Examiners  
4201 Patterson Avenue, Suite 301  
Baltimore, MD 21215  
Attn: Bernice Berger, Licensing Coordinator**

Please check and complete all that apply regarding the following information and submit a copy of this completed section within 15 days from the date you received this letter. Please ensure to change your official address (if applicable) within the online renewal application. For name changes you must complete the Board form located on the website: [www.health.maryland.gov/chiropractic](http://www.health.maryland.gov/chiropractic) under the 'forms' link.

- MY ADDRESS HAS NOT CHANGED FROM THE INFORMATION PRINTED ON MY 2015-2017 LICENSE
- MY ADDRESS DID CHANGE. THE CHANGE WAS EFFECTIVE: \_\_\_/\_\_\_/\_\_\_ AS EVIDENCED BY A COPY OF (LEASE, RECEIPT FROM USPS FORM, ETC.).
- I AM REMITTING THE ADMINISTRATIVE FINE (\$100) AND A COPY OF THIS LETTER.
- I AM SUBMITTING A WRITTEN PETITION TO THE BOARD FOR WAIVER OF ADMIN. FINE AND HAVE ATTACHED AN EXPLANATION OF EXTENUATING CIRCUMSTANCES/HARDSHIP WITH SUPPORTING DOCUMENTATION.