

DOCTOR OF CHIROPRACTIC LICENSE APPLICATION CHECKLIST

Incorrect or incomplete applications will delay the review and approval process. The Board will not consider the application until it has received **ALL** required documentation. All required documentation must be received by the Board **at least 45 days prior** to the scheduled examination date. No exceptions or waivers will be granted.

- Completed Application *for Doctor of Chiropractic License*. **Please ensure all questions are answered, you have read and check-off the following list and that your application includes:**
 - **Two (2) 2x2 passport style**, color, head and shoulder *photos* on a white background. Full body shots and paper print outs are not acceptable. Retailers such as CVS, Walgreens etc., can process passport style photographs.
 - **Copy of your Fingerprinting receipt** attached to application AND Copy of Provider Level CPR
 - **Bank Cashier's Check, Money Order or Business Check are accepted** in the amount of **\$500** made payable to the Maryland State Board of Chiropractic Examiners. No cash or credit cards.
- **Transcripts:** Undergraduate and Chiropractic College transcripts must be submitted **directly** to the Board under seal by the school. The Board will not accept transcripts submitted by the applicant.
- **Note:** For purposes of admittance to this Board's Examination, please include unofficial copies of transcripts (undergraduate and chiropractic) with your application.
- **Exam Scores:** NCBE examination scores must be submitted **directly** to the Board by NCBE. The Board will not accept test scores submitted by the applicant. All applicants must have scored at least 375 on each of the four parts of the examination. Applicants seeking physical therapy privileges must also achieve a score of at least 375 on the physical therapy section of the exam.
- **Two (2) Certificates of Moral Character:** Forms are included within this application packet and must be completed by licensed chiropractors in good standing. Please have the licensed chiropractor complete in its entirety and submit **directly** to the Board before the application deadline date.
- **Criminal History Records Check:** **Critical Note:** Out of State Applicants must contact the Board for an official Fingerprint Card containing this Board's authorization number and ORI number prior to the completion of the application as the fingerprinting receipt must be attached to the application packet. Instructions for both out of state and the in-state applicants is included in this application packet as well as the in-state applicant's form.
- **State Verification of License:** Request an official verification from all states from which you were licensed
- **Licensure by Credentials:** Applicants seeking licensure by credentials must complete the same forms as those seeking licensure by examination. In addition, applicants must be currently licensed in another state and have been in active clinical practice in the state for which the applicant was licensed by examination for the 5 years preceding application or has had full-time faculty status at an accredited chiropractic college for at least 5 years before application. Please see COMAR 10.42.04.02 for complete eligibility information. All pertinent statutes and regulations are available on the Board's website.

Upon timely receipt of all the required documents, Board investigative staff will conduct a full background check. Once the file is approved by the Board, a letter of admission will be sent to the applicant. The letter of admission is required for admittance into the jurisprudence examination. You must also bring at least one form of official photo identification, i.e., driver's license, passport, military ID. Please see the Board's website for examination dates and times.

Please call the Board with any questions at 410-764-4726 or the Executive Director 410-764-5985.

Maryland Board of Chiropractic Examiners
4201 Patterson Ave., Suite 301
Baltimore, MD 21215
www.health.maryland.gov/chiropractic

APPLICATION FOR DOCTOR OF CHIROPRACTIC LICENSE
Please print or type all information

Name: _____
(Last) (First) (Middle)

SSN: _____

Date of Birth: _____ Birthplace (City & State) _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell: _____ Work: _____

Email (required): _____

Have you previously, or do you currently, hold a chiropractic license in any other jurisdiction?

No Yes If yes, please list the jurisdiction(s): _____

AND Check that you requested *Official Verification(s) of Good Standing* to be sent directly to this Board.

EDUCATIONAL REQUIREMENT(S) (*Ensure that you have requested official transcripts –check box*):

Chiropractic School: _____
(Name) (City) (State)

Dates Attended: _____ Degree: _____ **Requested Official Transcript be sent to this Board.**

Undergraduate School: _____
(Name) (City) (State)

Dates Attended: _____ Degree: _____ **Requested Official Transcript be sent to this Board.**

To further its commitment to equal opportunity, the Board of Chiropractic Examiners requests applicants to **voluntarily** provide the following information. This information will be used for statistical purposes only by authorized Board personnel.

Race/Ethnic Identification – please check all that apply:

- Hispanic/ Latino Asian White Native Hawaiian/Pacific Islander
 American Indian/Alaska Native Black/African American

Gender: Male Female

IMPORTANT (*if applicable*)

Are you a veteran or active duty member of the U.S. Military? Yes No Include Copy of Military ID / Form
Branch: _____ Duty Station: _____

Are you the spouse of a veteran or active duty military member? Yes No Include Copy of Military ID/Form
Branch: _____ Duty Station: _____ Marriage Certificate

IMPORTANT – Please attach a Copy of certification in Provider Level CPR to Page 1 of your application. **Initial here:** _____

ADDITIONAL INFORMATION REGARDING BACKGROUND: Please answer Yes or No to each question. **If you answer Yes to any question, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency.**

YES NO

- | | | | |
|--------------------------|--------------------------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Have you ever been expelled, suspended or formally disciplined during your educational training? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Has any license, registration, certificate, diploma or any other honor or entitlement been granted to you and subsequently suspended, revoked, withdrawn, or terminated for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Have you ever applied for and been denied or refused any license, registration, certificate, application, or entitlement by any state, federal or local licensing board? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Have you ever been charged, arrested, or convicted of any crime (including traffic offenses, misdemeanors, and felonies)? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Have you ever had any disciplinary action taken against you by any agency for any reason relating to treating the healthcare public or relating to the practice of healthcare services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Are you now or have you ever been reliant on any drug, alcohol, prescription substance or controlled substance or medication? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Have you ever been the subject of a civil suit for negligence, malpractice or fraud? |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Have you been discharged or separated from the U.S. military or U.S. or state governments for less than honorable reasons including other than honorable administrative discharge? |

Please provide two (2) passport type, color, head and shoulder photos on a solid background.

Photos must be 2"x2" or 2"x3". Full body photos are not acceptable.

Affix one photo to this box and paperclip the other photo to this page.

CHARACTER REFERENCE:

As to character and reputation, I refer you to the following licensed chiropractors in good standing (non-relatives) who have known me for at least two (2) years. These individuals shall each complete and submit Certificates of Moral Character directly to the Board.

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

I hereby make application for chiropractic licensure according to the Maryland Chiropractic Act.

I have enclosed the Application and Exam fee of \$500 by check or money order made payable to the Maryland State Board of Chiropractic Examiners. Payment by cash or credit card is **NOT** accepted. The application fee is **NON-REFUNDABLE**. If the application is not completed within one (1) year, a new application must be filed and another application fee will be required.

I attest the facts and statements contained herein are true and accurate.

Applicant Printed Name

Applicant Signature

Date

NOTARY CERTIFICATION:

State:

County:

The undersigned notary public attests that the above-signed individual/applicant has presented photo identification and has signed the above under oath/affirmation.

Signed and sworn to before me this _____ day of _____, _____.

NOTARY SEAL

Name and Signature

My Commission Expires: _____



STATE OF MARYLAND

DOH MD State Board of Chiropractic Examiners

Maryland Department of Health

4201 Patterson Avenue • Baltimore, MD 21215

Chiropractic: 410-764-4726

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

Criminal History Records Check

A full Criminal History Records Check is a requirement for a license or registration from the Maryland State Board of Chiropractic Examiners. A full background check includes both State and FBI checks. The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. History record checks are conducted by being fingerprinted.

CJIS AUTHORIZATION #: 0500119222

FBI ORI #: MD 920519Z

REASON FINGERPRINTED: Doctor of Chiropractic or Chiropractic Assistant

TYPE OF CHECK: Governmental Licensing/Certification

The cost is \$50.00 (\$30.00 background check and \$20.00 fingerprinting service).

However, the cost of fingerprinting services from private providers can vary.

The fee must be paid directly to the provider. **CASH IS NOT ACCEPTED.**

For additional information contact CJIS at 410-764-4501 or visit

www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

All applicants for licensure or registration in Maryland will be required to submit fingerprints. This can be accomplished in two ways depending on if you are a Maryland resident or not.

In order to comply with the regulations and not delay the issuance of a license or registration, please follow the following directions located on the next page.

Laurie Sheffield-James, M.Div., Executive Director • Adrienne Congo, M.S., Deputy Director

4201 Patterson Avenue, Suite 301 – Baltimore, Maryland 21215

Chiropractic website: www.health.maryland.gov/chiropractic

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Maryland Resident

1. Fill out and print a copy of the attached “*Livescan Pre-Registration Application*” form. Go to www.dpscs.maryland.gov/publicservs/fingerpint.shtml for a list of commercial fingerprint providers near you. Take the “*Livescan Pre-Registration Application*” form to the commercial fingerprint provider with you when you are fingerprinted.
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt within the application packet when filing your initial application.
3. Once the results of the background check are received which can take up to three weeks; the application process will be completed in accordance to Board regulations and policies. For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

Out of State Resident

4. If you live or work close to Maryland, you have the option to fill out and print a copy of the attached “*Livescan Pre-Registration Application*” form **ONLY** if using a Maryland location provider. Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml. **If not close to MD,**
5. **Request the “*Application for Criminal History Record Check – Fingerprint Card*” immediately** from the Board which is imprinted with the special CJIS Authorization Number and the FBI ORI #.
Note: You will need to include a copy of the fingerprinting receipt with your application.
6. Have your fingerprints taken at a location near you. For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml
7. Once you have your prints taken you **MUST mail the fingerprint card to the below address with a check for \$30.00 made out to the "CJIS Central Repository"**. Any questions regarding this process can be addressed to David Ford, Senior Investigator at 410-764-3677.

Mail To:

CJIS Central Repository

P.O. Box 32708

Pikesville, Maryland 21282-2708

8. **Include a copy of the receipt for the fingerprinting within your application; AND**
9. Mail in your application with all applicable documents and fees.
To: Maryland Board of Chiropractic Examiners
4201 Patterson Ave #301 Baltimore, Maryland 21215
Attn: Licensing Coordinator
10. Once the results of the background check are received, the application process will continue in accordance to Board regulations and policies. Electronic fingerprinting is required.
Electronic fingerprinting locations are listed at: www.dpscs.maryland.gov/publicservs/fingerprint.shtml