



Maryland Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726; Fax (410) 358-1879

www.health.maryland.gov/chiropractic

INTERIM CHIROPRACTIC ASSISTANT APPLICATION

(For D.C. graduate students only)

Please print or type all information.

Please submit the following with this application:

- Proof of CPR certification;*
- Copy of D.C. transcript(s)*
- Passport style photograph, and*
- fingerprinting receipt from Criminal History Records Check*

Name: _____

Address: _____
Street City State Zip

Phone: _____ Email: _____

DOB: _____ SSN: _____

Chiropractic College: _____ Date of Completion: _____

Supervising Chiropractor: _____ Office Name: _____

Location: _____

Phone: _____ Fax: _____ Email: _____

I hereby make application for interim practice as a chiropractic assistant. I acknowledge that I have read and will adhere to the statutes and regulations pertaining to chiropractic assistants' scope of practice including, but not limited to COMAR 10.43.07.

I understand that my failure to comply with the applicable statutes and regulations may result in disciplinary action and/or denial of my chiropractic license.

Applicant's Name (printed)

Applicant's Signature

Date

Supervising Chiropractor (printed)

Supervising Chiropractor's Signature

Date

Please provide a passport style, 2"x2" or 2"x3", head and shoulder photo on a solid background.



CHARACTER AND FITNESS QUESTIONS

Please answer *each* of the following questions. All responses marked “YES” must be explained in detail on a separate sheet.

YES NO

1. Have you ever held a license, certification, or registration to practice as a chiropractic assistant in any other state?
2. Have you ever been employed by a chiropractor or chiropractic office in Maryland, in any capacity, and was terminated for cause?
3. Have you **ever** been arrested or pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI?
4. Has **any** state licensing, certification or disciplinary board or comparable body in **any** federal, state, municipality, or military brand taken **any** action against **any** of your licenses, certifications or registrations?
5. Have you ever applied for and been denied **any** license, certificate, or diploma to be issued by a professional or government agency or board?
6. Are there outstanding complaints, investigations, charges, or allegations pending against **any** of your licenses, certifications, or registrations in this state or any state?
7. Do you have a physical or mental illness or disability that impairs your ability to practice?
8. Have you ever been addicted to or dependent on alcohol or any drug or illegal substance?
9. Has any hospital, clinic, HMO, managed care organization, other care entity or employer denied you privileges or employment or denied application for employment, or did not renew your contract due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction?
10. Has a malpractice civil suit or action ever been filed against your license, certification, or registration, or has a claim been made against you, or a settlement or award was made against you?

I attest that the above information is true to the best of my knowledge and belief.

Print Name of Applicant

Signature of Applicant

Date



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CRIMINAL HISTORY RECORDS CHECK INSTRUCTIONS & FORM

A full Criminal History Records Check (CHRC) is a requirement for a license or registration from the Maryland State Board of Chiropractic Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 0500119222**
- **FBI ORI #: MD 920519Z**
- **REASON FINGERPRINTED:** Chiropractic License, Chiropractic Assistant Registration
- **TYPE OF CHECK:** Governmental Licensing/Certification

The cost is \$55.00 (\$31.25 for background check and \$23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

In order to not delay the issuance of a license or registration, applicants must adhere to the following directions:

MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting.** For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml



OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an “Out of State Application for Criminal History Record Check” card.

Note: If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached “Livescan Pre registration Form”. Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial Maryland fingerprint providers near you. Take the “Livescan Pre-registration Form” to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.
3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for \$31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

Mail To:
CJIS Central Repository
P.O. Box 32708
Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

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

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

FINGERPRINT CARD DIRECTIONS

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS where to send the results.

Do not sign the form until you are in the presence of the individual taking your fingerprints.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft. inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:			Citizenship:		
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 0500119222	
ORI # (if required): MD 920519Z	Reason fingerprinted? LICENSURE / REGISTRATION
Position Applied for: MDH - MD STATE BOARD OF CHIROPRACTIC EXAMINERS	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____