



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

STAGE 3

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Office (410) 764-4738

www.health.maryland.gov/chiropractic

CHIROPRACTIC ASSISTANT REGISTRATION & EXAMINATION APPLICATION

INSTRUCTIONS

Please type or print all information. This application **must** include the following:

- \$300 (\$200 application fee + \$100 exam fee) made payable by certified check, cashier's check or money order to the Maryland State Board of Chiropractic Examiners.
- Completed clinical training log (520 Hours) signed by Supervising Chiropractor(s);
- Copy of Certificate of Completion of a 103 Hours CA Course of instruction;
- Certificate of Moral Character signed by a licensed Maryland chiropractor;
- 2 (2x2) passport style photos on white background; and
- Copy of fingerprinting receipt. If previously submitted prints were taken more than 12 months ago, applicant must be re-printed.

Application, fee and all supporting documents must be received by the Board at least **30 days before** the scheduled examination date.

APPLICATION

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Phone: _____ Email: _____

SSN/ITIN: _____ DOB: _____

High School: _____ Year Graduated/GED: _____

School Address: _____

Current Position: _____ Name of Supervising Chiropractor(s): _____

Chiropractic Office Address: _____

Chiropractic Office Phone: _____ Email: _____

Have you previously, or do you currently, hold **any** professional license, registration of certificate in this or **any** other state? Yes No If yes, please list the state(s) and request a verification of "Good Standing" to be sent **directly** to the MD Board at mdh.chiropractic@maryland.gov.

State	License #	Issue Date	Expiration Date		State	License #	Issue Date	Expiration Date

BOARD USE ONLY

Check Date: _____ Check #: _____ Check Amt.: _____ Initials _____



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
CA APPLICATION FOR REGISTRATION

STAGE 3

CHARACTER AND FITNESS QUESTIONS

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

- 1. Have you **ever** been expelled, suspended or formally disciplined during your educational training?
- 2. Has a state licensing or disciplinary board (including Maryland) a comparable body in the armed services or the Veterans Administration denied your application for licensure, registration, certification, reinstatement, renewal or reactivation?
- 3. Has a state licensing or disciplinary board (including Maryland), a comparable body in the armed services or the Veterans Administration, taken action against your license registration, or certificate? Such actions include, but are not limited to, limitations of practice, required education, admonishment or reprimand, suspension, probation or revocation.
- 4. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veterans Administration, filed any complaints or charges against you or investigated you for any reason?
- 5. Have you **ever** pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for **any** criminal act (felony or misdemeanor), including DWI or DUI in any state or jurisdiction?
- 6. Have you surrendered your license, registration or certificate or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, or any entity of the armed services or the Veterans Administration?
- 7. Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder/condition) that in any way affects your ability to practice chiropractic in a safe, competent, ethical, and professional manner?
- 8. Have you ever been denied employment due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction in any state or jurisdiction?
- 9. Have any malpractice claims or other claims for money damage been filed against you? Include past and pending claims, dismissed or settled claims, or claims which resulted in a damages award against you.

I affirm the responses to the above questions are truthful and correct to the best of my knowledge and belief.

Print Name

Applicant’s Signature

Date



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
CA APPLICATION FOR REGISTRATION

STAGE 3

List the name, address and phone number of a licensed chiropractor who can attest to your moral character. The chiropractor listed here must complete, sign, and return the Certificate of Moral Character (form on website) directly to the Board.

Chiropractor's Name: _____

Office Address: _____

Email Address: _____ Phone Nos.: _____

This form must be signed in the presence of a notary public.

I hereby certify that I am the individual cited in this application and that the photographs attached hereto are a true likeness of me. I attest that my answers provided to the Character and Fitness questions are true and correct to the best of my knowledge and belief.

Applicant-Print Name Signature Date

NOTARY CERTIFICATION

State: _____ County/City: _____

The undersigned notary public attests that the above-signed individual has signed the above attestation in my presence.

Signed and sworn this _____ day of _____, _____.

Print Name Signature

My Commission Expires: _____ **SEAL**

Affix one photo here and attach the other to the upper right corner of the first page of this application.

