



**MARYLAND STATE 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](http://www.health.maryland.gov/chiropractic)

**CHIROPRACTIC ASSISTANT  
INACTIVE STATUS APPLICATION**

NEW APPLICATION

CONTINUED INACTIVE STATUS

**BIENNIAL FEES: \$50 CA (CHECK OR MONEY ORDER)**

**REGISTRATION NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**PERSONAL INFORMATION**

NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
MAILING ADDRESS <i>(If applicable, include Unit #, Apt.#, or Floor)</i>	CELL PHONE:
CITY STATE ZIP	WORK PHONE:
EMAIL ADDRESS	DATE OF BIRTH
SUPERVISOR CHIROPRACTOR'S NAME	SOCIAL SECURITY NUMBER
ADDRESS OF EMPLOYER	OFFICE FAX NUMBER

**PLEASE SUBMIT THE FOLLOWING:**

- 1) The application form for inactive status
- 2) A check or money order payable to the Maryland State Board of Chiropractic Examiners \$50

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A license or registration may be reactivated within 5 calendar years after being placed on inactive status. In order to reactivate a license or registration, the applicant must submit:

- 1) The reactivation application;
- 2) Pay the appropriate fees;
- 3) A copy of the required documentation of 10 continuing education credit hours stipulated in COMAR 10.43.10.03 Continuing Education Requirements. The continuing education credit hours must be earned in the 2 years immediately preceding the submission of the reactivation application.

**BOARD USE ONLY**

Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Check Amt. \_\_\_\_\_

Date Approved \_\_\_\_\_ Initials \_\_\_\_\_ Date Entered in License DB \_\_\_\_\_ Initials \_\_\_\_\_