



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215

CHIROPRACTIC ASSISTANT TRAINING PROGRAM GUIDE AND REQUIREMENTS

**THE HANDS-ON TRAINING OF A CHIROPRACTIC ASSISTANT TRAINEE APPLICANT
MAY NOT COMMENCE BEFORE RECEIPT OF THE BOARD'S AUTHORIZATION TO EMPLOY.**

STAGE 1 REQUEST TO EMPLOY CA TRAINEE

- Supervising Chiropractor submits the Request to Employ Application for CA Training Program (Pages 1 & 2) & the CA Trainee's Application (Pages 4-6) with a copy of the Fingerprint Receipt in one packet to the Board via mail or email (mdh.chiropractic@maryland.gov). Ensure the photo ID is legible.
- Supervising Chiropractor receives the Board Authorization Letter to commence with training. Potential CA Trainee **may commence the 20 hours of observation only** while waiting for the Board's authorization to employ. Barring any criminal history background check issues, the Board's authorization response time is within **48 hours after receipt of a clear criminal history records check report and a complete application package.** **Fingerprint results may take up to four weeks. Therefore, it is recommended that CA trainee applicants present for fingerprints at least five (5) business days before submitting the Request to Employ application.**

STAGE 2 4-MONTH REVIEW

- Supervising Chiropractor submits the 4-Month Review Form located on the website under the Applications and Forms link <https://health.maryland.gov/chiropractic/Documents/4monthr.pdf>, within four (4) months of date of the Board Authorization Letter to commence with training.

STAGE 3 CA APPLICATION FOR REGISTRATION/EXAMINATION

- Submit the CA Application for Registration/Examination package at the completion of the CA training program. The application package must be postmarked by the deadline dates posted on the Board's website [CA Examination Schedule](#)

Application Package includes:

- ◆ Completed "Application for Registration and Jurisprudence Examination" form – Stage 3
- ◆ Photos – Two (2x2) passport style pictures on white background which can be obtained at any CVS, Walgreens, Walmart, etc.
- ◆ Fee – Certified Check, Cashier's Check or Money Order
- ◆ Notarized Criminal History Attestation of truthful information – Signed in presence of a notary and containing notary seal or stamp
- ◆ Official Certificate of Completion of 103-hour Coursework signed by the instructor
- ◆ Copy of completed clinical Logs totaling 520 hours and signed by the supervising chiropractor(s) who trained the CA Trainee on the listed modalities/techniques
- ◆ Certificate of Moral Character by individual attesting to the CA's moral character

Applicants must complete all hands-on, clinical and didactic training within one (1) calendar year of admittance to the program.

Make a copy of the package for the office and/or Supervising Chiropractor before mailing.



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

STAGE 1

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

Website: www.health.maryland.gov/chiropractic
Email: mdh.chiropractic@maryland.gov

SUPERVISING CHIROPRACTOR "REQUEST TO EMPLOY" CHIROPRACTIC ASSISTANT TRAINEE

APPLICATION FOR CA TRAINING PROGRAM [This form is to be completed by the Supervising Chiropractor(s)]

THE PACKET MAY BE SCANNED AND EMAILED TO MDH.CHIROPRACTIC@MARYLAND.GOV

A CA TRAINEE APPLICANT MAY NOT COMMENCE HANDS-ON TRAINING UNTIL/UNLESS THE SUPERVISING D.C. HAS RECEIVED THE WRITTEN AUTHORIZATION LETTER FROM THE BOARD.

Please type or print all information requested.

I/We, _____ / _____,
Supervising Chiropractor(s), License No.: _____ / _____ request to employ/sponsor
_____, CA Trainee Applicant.

I / We hereby attest that (initial each line):

- _____ Applicant is a high school graduate.
- _____ Applicant is at least 18 years of age.
- _____ Applicant is a U.S. citizen, resident alien, or is authorized to work in the U.S.
- _____ Applicant is sufficiently proficient in the English language to effectively communicate with patients.
- _____ I/We understand that Applicant must complete a Board-approved, provider-level, CPR course. I/We will submit proof of completion along with a copy of the issued CPR card or certification no later than four (4) months from the Applicant's date of hire.
- _____ I/We understand that Applicant must enroll in a Board-approved, CA 103-hour course of instruction within four (4) months of Applicant's date of hire. I/We will submit proof of enrollment to the Board once the Applicant becomes enrolled, or no later than four (4) months from the Applicant's date of hire.
- _____ I/We understand that **Applicant must complete all hands-on, clinical and didactic training within one (1) calendar year** from the Applicant's date of hire determined by the Board's, "Authorization Letter to Commence with Training".
- _____ I/We understand that I/We may train/supervise no more than five (5) CAs or CA trainee applicants.
- _____ I/We understand and agree that the clinical in-service curriculum of 520 hours consists of 20 hours of observation and 500 hours of direct supervision in modalities and procedures. I/We agree to maintain accurate and legible records of all training hours during the training period.



I/We agree to complete and forward the "4 Month Review Form" and related documents to the Board, within four (4) months from the authorization to commence with training.

I/We understand that I/We may not begin the hands-on training of the Applicant until I/We receive the authorization letter to do so from the Board.

I/We agree to submit a Change of Status form to the Board within ten (10) days of the trainee applicant's departure from my/our practice regardless of the reason for the departure.

I/We currently employ the following CA Trainees and registered CAs:

Table with 4 columns: Name, Date of Hire, Location, Status (Trainee or Reg. CA)

I/We understand that Applicant's failure to comply with any section of the training program, within the time prescribed, will result in immediate suspension from the CA training program. While suspended the Trainee may not engage with patients.

You may petition the Board for an extension or waiver to complete the program requirements. However, the CA Trainee remains suspended unless/until the Board grants an extension or waiver in writing.

I/We have read, consent to and understand my/our duties and obligations as the Supervising Chiropractor(s) as set forth in this "Request to Employ" and with all applicable Maryland statutes and regulations. Failure to comply with the regulations governing the CA training program will likely result in disciplinary actions against my/our license. I/We also understand it may take up to four weeks before the results of the criminal history records check are made available to the Board.

The above information is true and correct to the best of my/our knowledge and belief(s).

Primary Supervising D.C. (Print Name Legibly)

Signature

Date

Practice Address

Practice Phone Number

Practice Email Address

Secondary Supervising D.C. (Print Name Legibly)

Signature

Date

Primary D.C. Email

Secondary D.C. Email



**THE FOLLOWING FORMS ARE TO BE COMPLETED BY
THE CA TRAINEE APPLICANT**

**A CA TRAINEE APPLICANT MAY NOT COMMENCE HANDS-
ON TRAINING UNTIL/UNLESS THE SUPERVISING D.C. HAS
RECEIVED THE WRITTEN AUTHORIZATION LETTER FROM
THE BOARD.**



CHIROPRACTIC ASSISTANT TRAINEE
"REQUEST TO EMPLOY"

APPLICATION FOR CA TRAINING PROGRAM

[This form is to be completed by the CA Trainee Applicant and must be notarized.]

Are you a veteran or an active military member? Yes _____ No _____

Are you the spouse of a veteran or an active military member? Yes _____ No _____

Please type or print all information requested. Incomplete applications will not be processed by the Board.

This application must include the following at time of submission to the Board:

- Proof of Identity - (legible copy of driver's license, valid State ID or unexpired passport);
Proof of Age - (legible copy of birth certificate, driver's license, valid State ID or passport);
Proof of High School Graduation/GED - (Copy of high school diploma, college diploma or final transcript indicating graduation date). If foreign school, documents must have official translation attached and documentation of authorization to work in the U.S;
Copy of Criminal History Record Check - Fingerprinting Receipt must be attached to this application;
Military ID and Marriage Certificate, if applicable.

An Applicant must complete all hands-on, clinical and didactic training within one (1) calendar year from the Applicant's date of hire as determined by the Board's, "Authorization Letter to Commence with Training". An applicant may start the 20 hours of observation only while waiting for the Board's authorization letter to commence with training. A CA Trainee Applicant may not commence hands-on training with patients until/unless the Supervising D.C. has received the written authorization letter from the Board. Approval is contingent upon the Board's receipt of an acceptable Criminal History Record Check Report. It may take up to four weeks before reports are available to the Board. Initial _____.

APPLICANT INFORMATION

Name of Applicant: _____

Address: _____
Street City State Zip

Phone Number(s): _____ Email: _____

Date of Birth: _____ SSN/ITIN: _____

High School: _____ Year Graduated/GED: _____

CHIROPRACTIC OFFICE INFORMATION

Supervising Chiropractor's Name: _____

Office Address: _____

Office Phone: _____ Office Email: _____

Will the Trainee be working with more than one Supervising D.C.? Yes _____ No _____

List Secondary D.C.: _____ License No.: _____



MORAL CHARACTER AND FITNESS QUESTIONS

Please truthfully answer each of the following questions. If you answer “yes” to any question, please describe the circumstances surrounding each incident in detail on a separate sheet and submit with the application. Include date, time, location , disposition, etc., and a copy of the disciplinary/court document from the issuing agency.

- 1. _____ Are you proficient in the English language such that you are able to communicate effectively with patients?
- 2. _____ Have you **ever** been employed by a chiropractor or chiropractic office in Maryland, in any capacity, and was terminated for cause?
- 3. _____ 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?
- 4. _____ 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.
- 5. _____ 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?
- 6. _____ 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?

If "Yes" (regardless of the timeframe), attach a copy of the court records related to each incident. You must also submit a detailed letter with this application explaining the circumstances involved in each incident.

- 7. _____ 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?
- 8. _____ 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 massage therapy in a safe, competent, ethical, and professional manner?
- 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.
- 10. _____ 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?



**ATTACH YOUR CRIMINAL HISTORY
RECORDS CHECK**

FINGERPRINT RECEIPT

TO THIS PAGE



**MORAL CHACRACTER AND FITNESS QUESTIONS
EXPLANATION OF AFFIRMATIVE RESPONSES**

Applicant's Name: _____



CRIMINAL HISTORY RECORDS CHECK

A full Criminal History Records Check (CHRC) is a requirement for 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 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

Continued on next page.



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 were to send the results.

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

Privacy Act Statement

This privacy act statement is located on the back of the [FD-258 fingerprint card](#).

Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

Applicant's Signature

Print Name

Date

See Page 2 for Spanish translation.

Declaración de la Ley de Privacidad

Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

Firma de los Solicitantes

Imprimir Nombre

Fecha firmada

DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.¹ Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.²
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.³

 Firma de los Solicitantes

Imprimir Nombre

Fecha firmada

¹ La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

