



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

www.health.maryland.gov/chiropractic

CHIROPRACTIC APPLICATION TO RETAKE JURISPRUDENCE EXAMINATION

Please print or type all information. The retake examination fee of \$400 is due with this form, payable to the Maryland State Board of Chiropractic Examiners, by check or money order. Cash and credit cards are not accepted. The Board will contact you regarding the date and time and of the retake examination.

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

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

Phone: _____ Cell: _____ Email: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

I hereby apply to retake the Maryland Chiropractic Jurisprudence examination. The required fee of \$400, payable to the Maryland State Board of Chiropractic Examiners by check or money order, is enclosed with this application.

Applicant's Signature

Date

Board Use Only

Fee Rec'd: _____ Check # _____ Check Date: _____

JP Only: _____ Supervising Chiro only: _____ Both: _____

Date of prior exam(s): _____ Score on prior exam(s): _____

Date Approved: _____ Initials: _____ Re-Test Date _____