



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

CHIROPRACTIC ASSISTANT / CA TRAINEE

NOTICE OF TRANSFER WITHIN THE SAME OFFICE, SAME ORGANIZATION

The form may be scanned and emailed to mdh.chiropractic@maryland.gov

This form is to be completed and submitted by the Supervising Chiropractor if the CA Trainee is currently enrolled in the one-year CA training program. Please type or print all information.

CA Registrant / Trainee Name: _____ Registration No.: _____

Current Supervising Chiropractor's Name: _____ License No.: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Transfer within the same office or organization. Check all that apply:

CA / Trainee is transferring to another Supervising DC within the **same** office.

- Effective date of transfer: _____
- I have provided the new Supervising DC with the CA's / Trainee's documents/file.
Current Supervising DC (initials): _____
- Name of New Supervising DC(s): _____
- I have received a copy of all pertinent documents regarding this CA / Trainee.
New Supervising DC (initials): _____ License No.: _____

CA / Trainee will be alternating between 2 or more Supervising DCs within the **same** office.

- Effective date: _____
- Name of New Supervising DC(s): _____
- I/We have received a copy of all pertinent documents regarding this CA / Trainee.
Alternate Supervising DC(s) initials: _____

CA / Trainee will be alternating between 2 or more offices within our organization.

- Effective date: _____
- Address and Phone of additional office(s): _____

Submit a Change of Status form to the Board within 10 days of the transfer.

Signature, Current Supervising DC/Date

Signature, New Supervising DC1/Date

Signature, New Supervising DC2 (if applicable)/Date

Signature, New Supervising DC3 (if applicable)/Date



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NOTICE OF TRANSFER TO ANOTHER OFFICE, ANOTHER ORGANIZATION

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This form is to be completed and submitted by the Supervising Chiropractor if the CA Trainee is currently enrolled in the one-year CA training program. Please type or print all information.

CA Registrant / Trainee Name: _____ Registration No.: _____

Current Supervising Chiropractor Name: _____ License No.: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Transfer to another Supervising DC's office or an external organization.

CA / Trainee is transferring to another Supervising DC not within our organization.

- Effective date of transfer: _____
- I will submit a Change of Status form within 10 days of CA's / Trainee's departure from my office. Current Supervising DC (initials): _____
- I have provided the new Supervising DC with the CA's documents/file. Current Supervising DC (initials): _____
- Name of New Supervising DC(s): _____
- I have received a copy of all pertinent documents regarding this CA / Trainee and **will submit a "Request to Employ" application** to the Board.

New Supervising DC (initials): _____ License No.: _____

The foregoing statements are true to the best of my knowledge and belief.

Initial Supervising DC Signature/Date

CA / Trainee Signature/Date

New Supervising DC Signature/Date

CA / Trainee Home Street Address

New Office Street Address

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

CA / Trainee Email

Email

CA / Trainee Phone/Cell

Phone/Cell/Fax