



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4738

Website: www.health.maryland.gov/chiropractic

Email: mdh.chiropractic@maryland.gov

CA TRAINEE CHANGE OF STATUS

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

This form is to be completed by the Supervising DC within 10 days of termination, transfer, death, or voluntary departure of the CA Trainee. Please type or print.

CA Trainee's Name: \_\_\_\_\_

CA Trainee's Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

CA Trainee's Home Address: \_\_\_\_\_

\_\_\_\_\_

Supervising DC: \_\_\_\_\_ License No.: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Email: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for change of status (check one):

Voluntary departure  Lay-off  Termination \*\* (complete section below)

\*Transferred to a different supervising DC in the same office on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Transferred to a different supervising DC and office on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Transferred to a different office with same supervising DC on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Began working with 2 or more supervising DCs in same or different office(s) within our

organization on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . **\*Complete and attach relevant Transfer Form.**

I, \_\_\_\_\_,  recommend  would not recommend the above CA Registrant/Trainee to another practice. If you would not, please state your reason(s):

\_\_\_\_\_  
\_\_\_\_\_

\*\*I terminated the above CA Registrant/ Trainee from employment/the training program for the following reasons: \_\_\_\_\_

\_\_\_\_\_

I attest that the foregoing is true to the best of my knowledge and belief.

Print Name of Supervising DC

Signature of Supervising DC

Date



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## CHIROPRACTIC ASSISTANT TRAINEE

### NOTICE OF TRANSFER WITHIN THE SAME OFFICE, SAME ORGANIZATION

The form may be scanned and emailed to [mdh.chiropractic@maryland.gov](mailto: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 Trainee Name: \_\_\_\_\_

Current Supervising Chiropractor's Name: \_\_\_\_\_ License No.: S \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 Trainee's training log/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.: S \_\_\_\_\_

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

- CA Trainee will be alternating between 2 or more Supervising DCs within the **same** office.
  - Effective date: \_\_\_\_\_
  - Name of New Supervising DCs: \_\_\_\_\_  
License Nos: S \_\_\_\_\_ S \_\_\_\_\_ S \_\_\_\_\_
  - We have received a copy of all pertinent documents regarding this CA Trainee, including training log. Alternate Supervising DCs initials: \_\_\_\_\_
- CA Trainee will be alternating between 2 or more offices within our organization.
  - Effective date: \_\_\_\_\_
  - Address and Phone No. of additional office(s): \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature, Current Supervising DC1/Date

\_\_\_\_\_  
Signature, Current Supervising DC2 (if applicable)/Date

\_\_\_\_\_  
Signature, New Supervising DC1/Date

\_\_\_\_\_  
Signature, New Supervising DC2 (if applicable)/Date



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CHIROPRACTIC ASSISTANT TRAINEE

NOTICE OF TRANSFER TO ANOTHER OFFICE, ANOTHER ORGANIZATION
FORM IS TO BE COMPLETED BY THE SUPERVISING CHIROPRACTOR(S)
The form may be scanned and emailed to mdh.chiropractic@maryland.gov

This form is to be submitted by the current Supervising Chiropractor(s) if the CA Trainee is currently enrolled in the one-year CA training program. The CA trainee must complete the relevant sections of the form before submission to the Board. Please type or print all information.

CA Trainee Name: \_\_\_\_\_

Current Supervising Chiropractor Name: \_\_\_\_\_ License No.: S \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 Trainee's departure from my office. Current Supervising DC ( initials): \_\_\_\_\_
I have provided the new Supervising DC with the CA Trainee's training log/documents/file. Current Supervising DC (initials): \_\_\_\_\_
Name of New Supervising DC(s): \_\_\_\_\_
Office Address of New Supervising DC: \_\_\_\_\_

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

Current Supervising DC Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

CA Trainee's Home Street Address \_\_\_\_\_

CA Trainee's Personal Email \_\_\_\_\_ CA Trainee's Phone Number(s) \_\_\_\_\_

CA Trainee's Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_