



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

www.health.maryland.gov/chiropractic

DRY NEEDLING REGISTRATION APPLICATION

To practice dry needling in the State of Maryland applicants must meet certain education and training requirements under COMAR 10.43.16 and be registered prior to practicing. It is the responsibility of the applicant to read and understand the regulations prior to applying for registration.

There is a one-time \$100.00 registration fee due with this application.

Send the application with copies of the certificate of completion for each course evidencing **20 hours of hands-on training** to the address above.

After the Board reviews the completed registration application and attached documents you will be notified if the minimum education and training requirements have been met. You may not practice dry needling until you have received written approval from the Board. If your application is denied you will receive a written notice stating why, either by email or a written correspondence. Incomplete registration applications will not be reviewed by the Board.

Please type or print all information.

Applicant's Name: _____ License No: _____

Non-Public (Home) Address: _____
Street City State Zip

Name of Chiropractic Office: _____

Address of Chiropractic Office: _____
Street City State Zip

Home/Cell Phone: _____ Office No: _____

Personal Email: _____ Business Email: _____

Are you currently practicing Dry Needling? Yes _____ No _____

Estimated total hours of hands-on experience in Dry Needling: _____

REQUIRED EDUCATION AND TRAINING

A minimum of 80 hours of total instruction in the following content areas, including:

- A) At least 60 hours of academic coursework completed as part of the Doctor of Chiropractic program of study, including the following minimum requirements:
 1. (i) Foundations; (ii) Basic Sciences; (iii) Clinical Sciences; and (iv) Professional practice.
 2. Coursework required to sit for Part I, Part II, Part III, **Physiotherapy**, and Part IV of the examination administered by the National Board of Chiropractic Examiners.

BOARD USE ONLY: Check Amt.: _____ Check #: _____ Cert. Rec'd: _____

Credentials verified: _____ Date Approved: _____ Initials: _____



Name of Chiropractic School: _____ Graduation Date: _____

B) 20 hours of instructional coursework in Dry Needling in a **hands-on classroom setting**.

Course Title: _____

Hours or CEUs Completed: _____ Course Date(s): _____

Location: _____
Street City State Zip

Course Sponsor: _____

Course Instructor(s): _____

If you completed more than one course, please make copies of this page and include them with the application. You must provide a detailed description of the course(s) to be reviewed by the Board. The description MUST include all information pertinent to COMAR 10.43.16 .04 Minimum Education and Training Required.

DRY NEEDLING COURSE(S) COMPLETED BEFORE MAY 18, 2020 (Attach Certificate(s) to Application)

Date(s) Initial Training Completed: _____ Hours Completed: _____

Course Provider(s): _____

3-Hour Recertification Course Completed on _____ (Required if initial training complete before May 18, 2020).

Course Provider: _____

20 HOURS HANDS ON TRAINING SELF-CERTIFICATION

All applicants for dry needling registration must self-certify they took a 20-hour course or a course in substantially similar form, sponsored by a provider approved by the Board.

Applicant: _____ License #: _____
(Print Name as it appears on license)

I do hereby attest and certify that I have completed a 20-hour hands on course, or a course in substantially similar form, sponsored by a provider approved by the Board, to qualify for dry needling registration as required under the dry needling regulations.

Signature: _____ Date: _____

I hereby submit the Dry Needling Registration Application to the Maryland State Board of Chiropractic Examiners and attest and affirm under the penalties of perjury that **all** information contained in this application are true and correct to the best of my knowledge and belief.

Signature: _____ Date: _____