



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4738

www.health.maryland.gov/chiropractic

CHIROPRACTIC ASSISTANT INACTIVE STATUS APPLICATION

NEW APPLICATION

CONTINUED INACTIVE STATUS

BIENNIAL FEE: \$50 CA (CERTIFIED CHECK, CASHIER'S CHECK OR MONEY ORDER)

REGISTRATION NUMBER: _____ EXPIRATION DATE: _____

PERSONAL INFORMATION

NAME (FIRST, MIDDLE, LAST)	HOME PHONE:
MAILING ADDRESS (If applicable, include Unit #, Apt.#, or Floor)	CELL PHONE:
CITY STATE ZIP	WORK PHONE:
EMAIL ADDRESS	DATE OF BIRTH
SUPERVISOR CHIROPRACTOR'S NAME	SOCIAL SECURITY NUMBER/ITIN
ADDRESS OF EMPLOYER	OFFICE EMAIL ADDRESS

PLEASE SUBMIT THE FOLLOWING:

- 1) The application form for inactive status
- 2) A certified check, cashier's check or money order payable to the Maryland State Board of Chiropractic Examiners in the amount of \$50.

Applicant's Signature: _____ Date: _____

A license or registration may be reactivated within 5 calendar years after being placed on inactive status. In order to reactivate a license or registration, the applicant must submit:

- 1) The reactivation application;
- 2) Pay the appropriate fees;
- 3) A copy of the required documentation of 10 continuing education credit hours stipulated in COMAR 10.43.10.03 Continuing Education Requirements. The continuing education credit hours must be earned in the 2 years immediately preceding the submission of the reactivation application.

BOARD USE ONLY

Check # _____ Check Date _____ Check Amt. _____ Init: _____

Date Approved _____ Init: _____ Date Entered in License DB _____ Init: _____