



# MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

[www.health.maryland.gov/chiropractic](http://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, is payable to the Maryland State Board of Chiropractic Examiners, by certified check, cashier's check or money order. The Board will contact you regarding the date, time and location of the retake examination.*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

SSN/ITIN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I hereby apply to retake (check all applicable fields):

- ☐ the Maryland Chiropractic Jurisprudence Examination.
- ☐ the Supervising Chiropractic Examination.
- ☐ the Maryland Chiropractic Jurisprudence and Supervising Chiropractic Examinations.

The required fee of \$400, payable to the Maryland State Board of Chiropractic Examiners by certified check, cashier's check or money order, is enclosed with this application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### **BOARD USE ONLY**

Fee Rec'd: \$ \_\_\_\_\_ Check #: \_\_\_\_\_ Check Date: \_\_\_\_\_ Initials: \_\_\_\_\_

#### **Retest Approval:**

Administrator: \_\_\_\_\_

Date: \_\_\_\_\_