

**Maryland Board of Chiropractic Examiners**

4201 Patterson Ave., Suite 301

Baltimore, MD 21215

(410) 764-4726

[www.health.maryland.gov/chiropractic](http://www.health.maryland.gov/chiropractic)

**STAGE 1**

**Supv. D.C.**

**Pages 1 + 2 of 4**

**REQUEST TO EMPLOY**  
**CHIROPRACTIC ASSISTANT APPLICANT/TRAINEE**

*Please type or print all information.*

*This form is to be completed by the Supervising Chiropractor. See COMAR 10.43.07.02 (on Board's website) regarding requirements for achieving supervising chiropractor status.*

I, \_\_\_\_\_, request to employ, sponsor, and train \_\_\_\_\_.  
*Chiropractor/Lic. No. \_\_\_\_\_ CA Trainee/Applicant*

I hereby attest that (each box must be checked):

- Applicant is a high school graduate.
- Applicant is at least 18 years of age.
- Applicant is a U.S. citizen or is legally residing in the U.S. on a valid work VISA.
- Applicant is sufficiently proficient in the English language to effectively communicate with patients.
- I understand that Applicant must complete Board-approved, provider-level, CPR course. I will submit proof of completion along with a copy of the issued CPR card or certification no later than 4 months from the Applicant's date of hire. I understand that the Applicant's failure to submit proof of completion within the time prescribed will result in immediate suspension from the CA training program, absent a waiver or exemption by the full Board.
- I understand that Applicant must enroll in a Board-approved, CA 103-hour course of instruction within 4 months of Applicant's date of hire. I will submit proof of enrollment to the Board once the Applicant becomes enrolled or no later than 4 months from the Applicant's date of hire. I understand that the Applicant's failure to complete the course within one (1) calendar year of the date of hire will result in immediate suspension from the CA training program, absent a waiver or exemption from the full Board.
- I understand that Applicant must complete all hands-on, clinical and didactic training and apply to take the CA examination within one (1) calendar year from the Applicant's date of hire. I understand that failure to do so will result in the Applicant's immediate suspension from the CA training program, absent a waiver or exemption from the full Board.

- I understand that I may train/supervise no more than five (5) CAs or CA applicant/trainees.
- I understand and agree that the clinical in-service curriculum of 520 hours consists of 40 hours of observation and 480 hours of direct supervision in modalities and procedures. I agree to maintain accurate and legible records of all training hours.
- I agree to complete and forward the 4 month review form and related documents to the Board in a timely manner.
- I understand that I may not begin training the Applicant until I receive the authorization letter to do so from the Board.
- I agree to submit a Change of Status form to the Board within 10 days of the Applicant's departure from my practice regardless of the reason for the departure.

I currently employ the following CA applicants/trainees and registered CAs:

<b>Name</b>	<b>Date of Hire</b>	<b>Location</b>	<b>Status (Trainee or Reg. CA)</b>
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\*\*\* Any CA trainee who has been employed by you for at least 4 months and has not yet enrolled in a Board-approved course of instruction is **SUSPENDED** from the CA training program and may not engage with patients. You may petition the Board for an extension, however, the CA trainee remains suspended unless/until the Board grants an extension in writing.

I have read and understand my duties and obligations as a Supervising Chiropractor as set forth in this Request to Employ and applicable Maryland statutes and regulations. I attest that the foregoing information is true and correct to the best of my knowledge, information, and belief.

\_\_\_\_\_  
*Supervising D.C.*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Fax #*

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**STAGE 1**  
**CA Trainee**  
**Completes**  
**Pages 3 + 4 of 4**

**CHIROPRACTIC ASSISTANT**  
**APPLICATION for HIRE and TRAINING**

*Please type or print all information.  
This form is to be completed by the CA Applicant/Trainee.  
This form must be notarized.*

*This application **must** include the following:*

- Proof of Identity (copy of driver’s license or passport);*
- Proof of Age (copy of birth cert., passport, or driver’s license).*
- Proof of High School Graduation/GED (copy of high school or college diploma or final transcript indicating graduation). **If foreign school, documents must have official translation attached and documentation of ability to work in U.S. (if applicable)***

*\*\*\* Incomplete applications will be returned in their entirety which may affect applicable deadlines. Please contact the Board if you have any questions regarding the application process.*

*\*\*\* An applicant **may not** commence work or training until the supervising chiropractor receives written authorization from the Board.*

\_\_\_\_\_  
Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

High School: \_\_\_\_\_ Year Graduated/GED: \_\_\_\_\_

**CHIROPRACTIC OFFICE INFORMATION BELOW:**

Supervising Chiropractor’s Name: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax No.: \_\_\_\_\_

***Please answer each of the following:***

1. **Are you** proficient in the English language such that you can communicate effectively with patients?  
Yes  No
  
2. **Have you ever** been arrested, charged with a crime, or pled guilty, *nolo contendere*, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI? Yes  No  **If yes, please provide details on a separate sheet and include copies of relevant court documents, i.e., charging document, court order, etc.**
  
3. **Have you ever** been employed in the healthcare profession? Yes  No   
If yes, please describe in detail on a separate sheet.
  
4. **Have you ever** been licensed or registered in any profession? Yes  No
  
5. **Have you ever** had a license, registration, or certification suspended, revoked or otherwise sanctioned? Yes  No  If yes, please describe in detail on a separate sheet.
  
6. **Have you ever** been employed by a chiropractor or chiropractic office in Maryland, in any capacity, and been terminated for cause? Yes  No  If yes, please describe in detail on a separate sheet.
  
7. **Have you ever** been an abuser of or dependent on alcohol, prescription medication or illegal controlled substances?  
Yes  No  If yes, please describe in detail on a separate sheet.
  
8. **Are you** a United States citizen? Yes  No  If No, please explain in detail how you acquired authorization to work in the U.S. and attach copies of related documentation and your current work permit.
  
9. **Are you** a veteran or the spouse of a veteran of the U.S. Armed Forces?  
Yes  No  If so, please provide the branch of service and date of discharge (if applicable and a copy of your military ID).

I attest that my answers to the foregoing questions are true and correct to the best of my knowledge, information, and belief under the penalty of law.

\_\_\_\_\_  
*Print Your Full Name*

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

\_\_\_\_\_  
*Date*

NOTARY SEAL (*required*)