



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

www.health.maryland.gov/chiropractic

APPLICATION TO **RETAKE** CHIROPRACTIC ASSISTANT EXAMINATION

Please print or type all information.

*Please submit this form with a certified check, cashier's check or money order in the amount of **\$200** payable to the Maryland State Board of Chiropractic Examiners. The Board will contact you regarding the date, time and location of the retake examination.*

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

Date of Birth: _____ SSN/ITIN: _____

Cell: _____ Personal Email: _____

Work Phone: _____ Work Email: _____

Name/Address of Chiropractic Office where employed: _____

I hereby apply to retake the Chiropractic Assistant Jurisprudence and Proficiency Examination. I have previously taken the examination on the following dates:

| Month/Year | Score (if known) |
|------------|------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

****Please note that if you have unsuccessfully taken the examination four (4) or more times, you must obtain and submit a signed authorization to re-rake the examination from the Executive Director of the Board.**

I attest that the above information is true and correct to the best of my knowledge and belief.

Applicant's Signature _____

Date _____

Supervising Chiropractor's Signature _____

Date _____

BOARD USE ONLY

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

Retest Approval: Administrator: _____ Date: _____