



Maryland State Board of Chiropractic Examiners
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215

REQUEST FOR ROSTER – ORDER FORM

This form is to be used to request a roster of **licensed chiropractors (DCs)** and **registered chiropractic assistants (CAs)** available for purchase. The roster consists of the following public information: Last Name, First Name, Address, City, State, Zip Code, License or Registration Number, Date of Issue and Date of Expiration. **Note: The Roster List is provided in Excel Format only.**

Please type or print all information.

ORGANIZATION / AGENCY	ORGANIZATION / AGENCY NAME	WORK PHONE	
	REQUESTER'S NAME	CONTACT NUMBER	
	EMAIL ADDRESS (<i>PRINT LEGIBLY</i>)	FAX NUMBER	
	STREET ADDRESS (<i>If applicable, include Unit #, Apt.#, or Floor</i>)		
	CITY		STATE
	ZIP		
NOTE: INSUFFICIENT FUNDS / RETURNED CHECKS WILL INCUR A PENALTY FEE OF \$50. ACCEPTABLE FORMS OF PAYMENT FOR A 2 ND AND SUBSEQUENT REQUESTS ARE MONEY ORDER, CERTIFIED OR CASHIER'S CHECK PAYABLE TO:			
MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS 4201 PATTERSON AVENUE, SUITE 301 BALTIMORE, MD 21215			

REMIT APPROPRIATE FEE FOR LEVEL	LICENSE LEVEL	Fee
	<input type="checkbox"/> Active & Inactive LICENSED CHIROPRACTORS [DC]	\$200
	<input type="checkbox"/> Active & Inactive CHIROPRACTIC ASSISTANTS [CA]	\$200
	<input type="checkbox"/> ALL LICENSES AND REGISTRANTS [ACTIVE & INACTIVE]	\$400

BOARD USE ONLY

DATE REC'D: _____ FEE: \$ _____ CHECK NO.: _____ CHECK DATE: _____ INITIALS: _____