



**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
	<b>NOTE: INSUFFICIENT FUNDS / RETURNED CHECKS WILL INCUR A PENALTY FEE OF \$50. ACCEPTABLE FORMS OF PAYMENT FOR A 2<sup>ND</sup> AND SUBSEQUENT REQUESTS ARE MONEY ORDER, CERTIFIED OR CASHIER'S CHECK PAYABLE TO:</b>  <b>MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS</b> <b>4201 PATTERSON AVENUE, SUITE 301</b> <b>BALTIMORE, MD 21215</b>		

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: \_\_\_\_\_