



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
(410) 764-4726

www.health.maryland.gov/chiropractic

REINSTATEMENT AND REACTIVATION APPLICATION

A LICENSEE/REGISTRANT WHOSE LICENSE/REGISTRATION HAS BEEN NON-RENEWED FOR OVER 5 YEARS MUST REAPPLY AS A NEW LICENSEE/REGISTRANT, MEETING ALL CURRENT STANDARDS AND QUALIFICATIONS.

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY. PAYMENT MUST BE MAILED BY CHECK OR MONEY ORDER, PAYABLE TO: MD STATE BOARD OF CHIROPRACTIC EXAMINERS.

NAME: _____ LICENSE/REGISTRATION # _____

Table with 3 columns: Fee Name, DC, CA. Rows include Reinstatement Fees Due (Reinstatement Fee, Renewal Fee, Late Renewal Fee, Statutory Healthcare User Fee) and Reactivation Fees Due (Renewal Fee, Reactivation Fee, Statutory Healthcare User Fee).

FEE DUE IS REFLECTED BELOW FOR REINSTATEMENT AND REACTIVATION BASED ON YOUR CURRENT STATUS.

Form with lines for entering amounts for Reinstatement Fee, Renewal Fee (x Renewal Periods Missed), Late Fee, Reactivation Fee, Statutory Healthcare Fee, and Total Due.

REQUIREMENTS DUE FROM APPLICANTS:

- Continuing Education: Attach documented proof of satisfactory completion of at least 48 hours for DCs... 10 hours for CAs...
CPR Certification: Attach documented proof of CPR certification at Healthcare Provider Level...
Verification of Good Standing: Request certified licensing verification status and disciplinary history...

BOARD USE ONLY

Check Date: _____ Check #: _____ Check Amt: _____

REINSTATEMENT AND REACTIVATION APPLICATION

COMPLETE ALL REMAINING SECTIONS OF THIS APPLICATION
PRINT OR TYPE ALL INFORMATION LEGIBLY

NAME: _____ LIC. / REG. #: _____

CURRENT MAILING ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ CELL: _____

EMAIL: _____

PROFESSIONAL COMPETENCY & MORAL CHARACTER AND FITNESS QUESTIONS

Please write "yes" or "no" for each question. If you answer "Yes" to any question, attach a separate page with a complete explanation of each occurrence. Include date, time, location, disposition, etc., and a copy of the disciplinary/court document from the issuing agency.

- _____ 1. Has a state licensing or disciplinary board (including Maryland) a comparable body in the armed services or the Veterans Administration, denied your application for licensure, registration, certification, reinstatement, reactivation or renewal?
- _____ 2. Has a state licensing or disciplinary Board (including Maryland) or comparable body in the armed services or the Veterans Administration, taken action against your license, registration or certificate? Such actions include but are not limited to, limitations of practice, required education, admonishment or reprimand, suspension, probation or revocation.
- _____ 3. Has any licensing or disciplinary board in any jurisdiction (including Maryland), a comparable body in the armed services or the Veterans Administration, filed any complaints or charges against you or investigated you for any reason?
- _____ 4. Have you ever pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act (felony or misdemeanor), including DWI or DUI, in any state of jurisdiction?
- _____ 5. Have you surrendered your license, registration or certificate or allowed it to lapse while you were under investigation by any licensing or disciplinary board of any jurisdiction, or any entity of the armed services or the Veterans Administration?
- _____ 6. Has your ability to practice chiropractic been affected by the use of any type of drug or alcohol?
- _____ 7. Do you have a physical or mental illness or disability that may impair your ability to practice?
- _____ 8. Have you ever been denied employment due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction in any state or jurisdiction?
- _____ 9. Have any malpractice claims or other claims for money damage been filed against you? Include past and pending claims, dismissed or settled claims, or claims which resulted in a damages award against you.

CONTINUING EDUCATION CERTIFICATION (Initial below):

_____ I certify that I have earned the required _____ hours of CEUs in the past 2 years and that copies of course completion certificates are attached. I understand the Board may verify this information with the provider.

_____ I hold a current healthcare provider level CPR certification. A copy is attached.

ATTESTATION:

I affirm and attest that all information provided on this application is true and correct to the best of my knowledge and belief:

PRINTED NAME

SIGNATURE

DATE