



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

www.health.maryland.gov/chiropractic

APPLICATION FOR SUPERVISING CHIROPRACTOR DESIGNATION

To qualify for certification as a Supervising Chiropractor, applicants must meet the following requirements:

- *Hold an active license in good standing, with physical therapy privileges;*
- *Remit a non-refundable application fee of \$100 by certified check, cashier's check or money order payable to the Maryland State Board of Chiropractic Examiners.*
- *Pass the Supervising Chiropractor examination; and*
- *Possess high moral and professional standards (a history of disciplinary actions in this or other jurisdictions may affect your application).*

Please type or print all information.

Applicant's Name: _____ License No.: _____

Non-Public (Home) Address: _____
Street City State Zip

Public (Business) Address: _____
Street City State Zip

Social Security/ITIN Number: _____

Home/Cell Phone(Private): _____ Office No. (Public): _____

Personal Email: _____ Work Email: _____

Name of Chiropractic Office: _____

Address of Chiropractic Office: _____
Street City State Zip

Number of Chiropractors in Office: _____ Number of CAs in Office: _____

Supervising DCs _____ Number CA Trainees in Office: _____

Non-Supervising DCs _____

I agree to comply with all applicable statutes and regulations regarding the supervision of Chiropractors, Chiropractic Assistants and Chiropractic Assistant Trainees, and the delegation of their duties. I will supervise no more than five (5) CAs or CA Trainees at the same time during the work day.

Signature

Date

BOARD USE ONLY

Fee Rec'd _____	Check # _____	Check Date _____	Initials _____
Exam Date _____	Date Admit Letter Sent _____	Initials _____	