



# MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4738

[www.health.maryland.gov/chiropractic](http://www.health.maryland.gov/chiropractic)

## APPLICATION FOR LICENSURE BY WAIVER FOR VISITING CHIROPRACTOR

*(Licensure is limited to 30 days per calendar year and only during the organization's event.)*

Please type or print all information. **Pay the application fee of \$650 online at: [Chiropractic Portal](#).**

- **Application must be received at least 30 days before the event for processing.**
- Submit a copy of current out-of-state license with application.
- Submit a copy of current provider-level CPR certification with application.
- Submit to a criminal records history check.
- Call the Board for the out-of-state fingerprint application form.
- Applicant must request a certificate of good standing be sent from current state board directly to the Maryland State Board of Chiropractic Examiners at [mdh.chiropractic@maryland.gov](mailto:mdh.chiropractic@maryland.gov).
- Please see [COMAR 10.43.01.05D](#) for further information.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN/ITIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Email: \_\_\_\_\_

State(s) in which currently licensed: \_\_\_\_\_

License No. (s): \_\_\_\_\_ Status: \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_

How long have you practiced: \_\_\_\_\_

List specialties or certifications: \_\_\_\_\_

Name/Address of Visiting Organization: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Organization's Contact Person and Phone No.: \_\_\_\_\_

Contact Person's Email: \_\_\_\_\_

Applicant's affiliation with Organization: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_

Address of event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BOARD USE ONLY

Fee Payment Date: \_\_\_\_\_ Advice #: \_\_\_\_\_ Amount: \_\_\_\_\_ Initials: \_\_\_\_\_

Cert of Good Standing Rec'd: \_\_\_\_\_ CHRC Completed \_\_\_\_\_ Cleared: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## LICENSURE BY WAIVER FOR VISITING CHIROPRACTOR

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### CHARACTER AND FITNESS QUESTIONS

Please answer Yes or No to 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.

**YES NO**

1.   Have you **ever** been expelled, suspended or formally disciplined during your educational training?
2.   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, renewal or reactivation?
3.   Has a state licensing or disciplinary board (including Maryland), a 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.
4.   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?
5.   Have you **ever** pled guilty, nolo contendre, no contest, or been convicted or received probation before judgment for **any** criminal act (felony or misdemeanor), including DWI or DUI in any state or jurisdiction?
6.   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?
7.   Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a physical, mental, emotional, or nervous disorder/condition) that in any way affects your ability to practice chiropractic in a safe, competent, ethical, and professional manner?
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.

I affirm the responses to the above questions are truthful and correct to the best of my knowledge and belief

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## LICENSURE BY WAIVER FOR VISITING CHIROPRACTOR

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I attest the facts and statements contained herein are true and accurate.

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*Applicant's Signature*

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*Print Name*

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*Date*