Maryland Board of Chiropractic Examiners
4201 Patterson Ave., Suite 301
Baltimore, MD 21215
www.dhmh.maryland.gov/chiropractic

APPLICATION FOR LICENSURE BY WAIVER FOR VISITING CHIROPRACTOR

- □ Please type or print all information.
- □ Application fee of $650 by check or money order payable to Maryland Board of Chiropractic Examiners. No cash or credit cards accepted.
- □ Licensure under this provision is limited to 30 days per calendar year and only during the organization's event.
- □ Applicant must provide a copy of current, provider-level CPR certification.
- □ Applicant must request a certificate of good standing be send from applicable state board directly to the Maryland State Board of Chiropractic Examiners.
- □ Please see COMAR 10.43.05D for further information. Applicable statutes and regulations are located on the Board's website: www.dhmh.maryland.gov/chiropractic.

Name: _____

Address: _____

Phone: _____ Email: _____

State(s) in which currently licensed: _____

License No.(s): _____ Status: Active: ____ Inactive: _____

How long have your practiced: _____

List specialties or certifications: _____

Name/Address of Visiting Organization: _____

Organization's Contact Person and Phone No.: _____

Applicant's affiliation with Organization: _____

Date(s) of event: _____

Please provide a 2”x2” passport style, color, head and shoulder photo on a solid background.

Please answer Yes or No to the following questions. If you answer Yes to any question, please provide a detailed explanation on a separate sheet.

YES	NO		
☐	☐	1.	Have you ever been addicted to or illegally used, any prescription, controlled or illegal substance?
☐	☐	2.	Has a licensing board ever taken action against your license?
☐	☐	3.	Are there currently any complaints against your license in any jurisdiction?
☐	☐	4.	Have you ever had a physical or mental illness or disability that impaired your ability to practice?
☐	☐	5.	Have you ever pled guilty, nolo contendre, no contest, or been convicted or received probation before judgment for any criminal act, including DWI/ DUI?
☐	☐	6.	Has any hospital, clinic, HMO, or other healthcare entity denied you privileges?
☐	☐	7.	Have you ever been found culpable for malpractice or settled a case for malpractice damages?

I attest that the information given above is true and accurate to the best of my information.

_____ _____

Applicant’s Signature *Date*

Notary Certification:

State:
County:
The undersigned notary public attests that the above-signed individual applicant has signed the above attestation.

Sign and sworn to me this ____ day of _____, _____.

_____ My Commission Expires: _____
Name and Signature