





## 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.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you <b>ever</b> been expelled, suspended or formally disciplined during your educational training?   |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you <b>ever</b> pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for <b>any</b> criminal act (felony or misdemeanor), including DWI or DUI in any state or jurisdiction?  |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | 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.  | <input type="checkbox"/> | <input type="checkbox"/> | Has your ability to practice chiropractic been affected by the use of any type of drug or alcohol?  |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a physical or mental illness or disability that impairs your ability to practice?   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Has a malpractice civil suit or other claims for money action been filed against you? Include past and pending claims, dismissed or settled claims, or claims which resulted in a damages award against you?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Has <b>any</b> hospital, clinic, HMO, managed care organization, other care entity or employer denied you privileges or employment or denied application for employment, or did not renew your contract due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction?  |



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**MORAL CHARACTER REFERENCES**

I refer you to the following licensed chiropractors, in good standing (non-relatives) who have known me for at least two (2) years and are able to attest to my character and reputation. These individuals shall each complete and submit Certificates of Moral Character directly to the Board ([mdh.chiropractic@maryland.gov](mailto:mdh.chiropractic@maryland.gov)).

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

**FEES: INITIAL APPLICATION AND EXAMINATION**

- 1. Application + Jurisprudence Examination (required) \$500.00
  - 2. Supervising Chiropractic Exam **required** to supervise Chiropractic Assistants \$100.00
- Total = \$600.00**

I hereby make application for licensure as (Check all that applies):

- A Chiropractor (\$500 Fee)
- Supervising Chiropractor (\$600 Fee)

**CHECKLIST OF REQUIRED DOCUMENTS**

*Please check all documents included with this application:*

- Notarized Application and Application Fee payable to MD Board of Chiropractic Examiners
- Copy of valid driver's license or state issued ID
- Copy of Chiropractic School Transcript
- Copy of National Exam Score Report (NCBE)
- Copy of unexpired CPR Card (Healthcare Provider Level)
- Signed Noncriminal Justice Applicant's Privacy Rights
- Two (2) passport size photos
- Copy of Undergraduate College Transcript
- Copy of Fingerprint receipt
- Signed Privacy Act Statement

**Veteran or Spouse of Veteran**

- Copy of Military ID with application.
- Spouse of Veteran, provide Military ID of spouse and Copy of Marriage Certificate.

**REQUIRED DOCUMENTS I HAVE REQUESTED TO BE SENT DIRECTLY TO THE MD BOARD**

- Official Chiropractic School Transcript
- Official National Board Score (NCBE)
- Two (2) Moral Character References
- Official Undergraduate College Transcript
- Verification of Good Standing from out of state Board(s)

**OFFICIAL TRANSCRIPTS, NATIONAL BOARD SCORE AND CHRC RESULTS MUST BE RECEIVED BY THE BOARD BEFORE APPLICANTS MAY BE SCHEDULED FOR THE MD JURISPRUDENCE EXAMINATION.**





## JURISPRUDENCE EXAMINATION, NO-SHOW AND FAILURE POLICY

The following policy pertains to applicants for licensure. There are no waivers or exceptions to the following:

- Completed application package must be **postmarked at least 45 days prior** to the scheduled examination date.
- All applicants shall successfully take and pass the Board's Jurisprudence Examination to qualify for licensure.
- All applicants must appear for the examination at the time/date specified in the Admittance Letter.
- Applicants who fail to appear without prior notification to the Board must wait at least sixty (60) days from the date of the unexcused absence to retest. **Unexcused absences count as a failure. There are no refunds for unexcused absences.**
- An applicant failing the examination the first time may retest on the next available examination date.
- An applicant failing the examination a second time may retest again only after waiting at least sixty (60) days from the date of the second failure.
- An applicant failing the examination a third time may retest only after waiting at least ninety (90) days from the date of the third failure, meeting with the Board at its request, and recommended approval of the Board. Final approval regarding retesting availability will be made by the Board upon written request of the applicant.
- **An applicant's file shall be closed/terminated one (1) year from the original application date regardless of the status of the applicant in the examination process.** At such occurrence, the applicant may reapply for qualification and submit all required fees, documentation, and a n a p p l i c a t i o n form as a new applicant. Any/all previous failures will be applied to the new application. For example, an applicant failing the examination three (3) times under the first application and then reapplying after a lapse of one year, will still have three (3) failures credited to the application and will require approval of the Board to retest.

### ACKNOWLEDGEMENT

I have read, understand fully and consent to the provisions of the above stated policy.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



Applicant's Last Name & Last 4 digits of Social Security No. or ITIN

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**EXPLANATION-CRIMINAL HISTORY RECORDS CHECK  
BACKGROUND, CHARACTER & FITNESS QUESTIONS**





## MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726

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

### CRIMINAL HISTORY RECORDS CHECK INSTRUCTIONS & FORM

A full Criminal History Records Check (CHRC) is a requirement for a license or registration from the Maryland State Board of Chiropractic Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 0500119222**
- **FBI ORI #: MD 920519Z**
- **REASON FINGERPRINTED:** Chiropractic License, Chiropractic Assistant Registration
- **TYPE OF CHECK:** Governmental Licensing/Certification

The cost is \$55.00 (\$31.25 for background check and \$23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit [www.dpscs.maryland.gov/publicservs/fingerprint.shtml](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml).

In order to not delay the issuance of a license or registration, applicants must adhere to the following directions:

#### MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to [www.dpscs.maryland.gov/publicservs/fingerprint.shtml](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml) for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting.** For additional information contact CJIS at 410 764-4501 or visit [www.dpscs.maryland.gov/publicservs/fingerprint.shtml](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml)





## OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an “Out of State Application for Criminal History Record Check” card.

**Note:** If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached “Livescan Pre registration Form”. Go to [www.dpscs.maryland.gov/publicservs/fingerprint.shtml](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml) for a list of commercial Maryland fingerprint providers near you. Take the “Livescan Pre-registration Form” to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.
3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for \$31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

Mail To:  
CJIS Central Repository  
P.O. Box 32708  
Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

Maryland State Board of Chiropractic Examiners  
Attention: Licensing Coordinator  
4201 Patterson Avenue, Suite 301  
Baltimore, Maryland 21215

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

## FINGERPRINT CARD DIRECTIONS

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS were to send the results.

**Do not sign the form until you are in the presence of the individual taking your fingerprints.**

# Privacy Act Statement

*This privacy act statement is located on the back of the [FD-258 fingerprint card](#).*

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

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Applicant's Signature

Print Name

Date

*See Page 2 for Spanish translation.*

# Declaración de la Ley de Privacidad

*Esta declaración de la ley de privacidad se encuentra al dorso del [FD-258 tarjeta de huellas digitales](#).*

Autoridad: La adquisición, preservación, e intercambio de huellas digitales e información relevante por el FBI es autorizada en general bajo la 28 U.S.C. 534. Dependiendo de la naturaleza de su solicitud, la autoridad incluye estatutos federales, estatutos estatales de acuerdo con la Pub. L. 92-544, Órdenes Ejecutivas Presidenciales, y reglamentos federales. El proveer sus huellas digitales e información relevante es voluntario; sin embargo, la falta de hacerlo podría afectar la terminación o aprobación de su solicitud.

Propósito Principal: Ciertas determinaciones, tal como empleo, licencias, y autorizaciones de seguridad, podrían depender de las investigaciones de antecedentes basados en huellas digitales. Se les podría proveer sus huellas digitales e información relevante/ biométrica a la agencia empleadora, investigadora, o responsable de alguna manera, y/o al FBI con el propósito de comparar sus huellas digitales con otras huellas digitales encontradas en el sistema Next Generation Identification (NGI) del FBI, o su sistema sucesor (incluyendo los depósitos de huellas digitales latentes, criminales, y civiles) u otros registros disponibles de la agencia empleadora, investigadora, o responsable de alguna manera. El FBI podría retener sus huellas digitales e información relevante/biométrica en el NGI después de terminar esta solicitud y, mientras las mantengan, sus huellas digitales podrían continuar siendo comparadas con otras huellas digitales presentadas a o mantenidas por el NGI.

Usos Rutinarios: Durante el procesamiento de esta solicitud y mientras que sus huellas digitales e información relevante/biométrica permanezcan en el NGI, se podría divulgar su información de acuerdo a su consentimiento, y se podría divulgar sin su consentimiento de acuerdo a lo permitido por la Ley de Privacidad de 1974 y todos los Usos Rutinarios aplicables según puedan ser publicados en el Registro Federal, incluyendo los Usos Rutinarios para el sistema NGI y los Usos Rutinarios Generales del FBI. Los usos rutinarios incluyen, pero no se limitan a divulgación a: agencias empleadoras gubernamentales y no gubernamentales autorizadas responsables por emplear, contratar, licenciar, autorizaciones de seguridad, y otras determinaciones de aptitud; agencias de la ley locales, estatales, tribales, o federales; agencias de justicia penal; y agencias responsables por la seguridad nacional o seguridad pública.

A partir de 30/03/2018

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Firma de los Solicitantes

Imprimir Nombre

Fecha firmada

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).

## DERECHOS DE PRIVACIDAD DE SOLICITANTES - JUSTICIA, NO CRIMINAL

Como solicitante sujeto a una indagación nacional de antecedentes criminales basado en huellas dactilares, para un propósito no criminal (tal como una solicitud para empleo o una licencia, un propósito de inmigración o naturalización, autorización de seguridad, o adopción), usted tiene ciertos derechos que se entablan a continuación. Toda notificación se le debe proveer por escrito.<sup>1</sup> Estas obligaciones son de acuerdo al Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, y Title 28 Code of Federal Regulations (CFR), 50.12, entre otras autorizaciones.

- Se le debe proveer una Declaración de la Ley de Privacidad del FBI (con fecha de 2013 o más reciente) por escrito cuando presente sus huellas digitales e información personal relacionada. La Declaración de la Ley de Privacidad debe explicar la autorización para tomar sus huellas digitales e información relacionada y si se investigarán, compartirán, o retendrán sus huellas digitales e información relacionada.<sup>2</sup>
- Se le debe notificar por escrito el proceso para obtener un cambio, corrección, o actualización de su historial criminal del FBI según delineado en el 28 CFR 16.34.
- Se le tiene que proveer una oportunidad de completar o disputar la exactitud de la información contenida en su historial criminal del FBI (si tiene dicho historial).
- Si tiene un historial criminal, se le debe dar un tiempo razonable para corregir o completar el historial (o para rechazar hacerlo) antes de que los funcionarios le nieguen el empleo, licencia, u otro beneficio basado en la información contenida en su historial criminal del FBI.
- Si lo permite la política de la agencia, el funcionario le podría otorgar una copia de su historial criminal del FBI para repasarlo y posiblemente cuestionarlo. Si la política de la agencia no permite que se le provea una copia del historial, usted puede obtener una copia del historial presentando sus huellas digitales y una tarifa al FBI. Puede obtener información referente a este proceso en <https://www.fbi.gov/services/cjis/identity-history-summary-checks> y <https://www.edo.cjis.gov>.
- Si decide cuestionar la veracidad o totalidad de su historial criminal del FBI, deberá presentar sus preguntas a la agencia que contribuyó la información cuestionada al FBI. Alternativamente, puede enviar sus preguntas directamente al FBI presentando un petición por medio de <https://www.edo.cjis.gov>. El FBI luego enviará su petición a la agencia que contribuyó la información cuestionada, y solicitará que la agencia verifique o corrija la información cuestionada. Al recibir un comunicado oficial de esa agencia, el FBI hará cualquier cambio/corrección necesaria a su historial de acuerdo con la información proveída por la agencia. (Vea 28 CFR 16.30 al 16.34.)
- Usted tiene el derecho de esperar que los funcionarios que reciban los resultados de la investigación de su historial criminal lo usarán para los propósitos autorizados y que no los retendrán o diseminarán en violación a los estatutos, normas u órdenes ejecutivos federales, o reglas, procedimientos o normas establecidas por el National Crime Prevention and Privacy Compact Council.<sup>3</sup>

\_\_\_\_\_  
Firma de los Solicitantes

\_\_\_\_\_  
Imprimir Nombre

\_\_\_\_\_  
Fecha firmada

<sup>1</sup> La notificación por escrito incluye la notificación electrónica, pero excluye la notificación verbal.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> Vea 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (anteriormente citada como 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) y 906.2(d).

