

**Maryland Board of Chiropractic Examiners**  
4201 Patterson Ave., Suite 301  
Baltimore, MD 21215  
[www.dhmf.maryland.gov/chiropractic](http://www.dhmf.maryland.gov/chiropractic)

**IMPORTANT**

Are you a veteran or active duty member of the U.S. military? Yes \_\_\_ No \_\_\_  
Are you the spouse of a veteran or active duty military member? Yes \_\_\_ No \_\_\_  
Branch: \_\_\_\_\_ Duty Station: \_\_\_\_\_

**APPLICATION FOR CHIROPRACTIC LICENSURE**  
*Please print or type all information*

Name: \_\_\_\_\_  
(Last) (First) (Middle)

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email (required): \_\_\_\_\_

Have you previously, or do you currently, hold a chiropractic license in any other jurisdiction?  
Yes \_\_\_ No \_\_\_ If yes, please list the jurisdiction(s): \_\_\_\_\_

Undergraduate School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_ Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

List other graduate and/or chiropractic schools attended using a separate sheet if necessary.

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To further its commitment to equal opportunity, the Board of Chiropractic Examiners requests applicants to **voluntarily** provide the following information. This information will be used for statistical purposes only by authorized Board personnel.

**Race/ethnic identification** – please check all that apply:

\_\_\_ Hispanic/ Latino \_\_\_ Asian \_\_\_ White \_\_\_ Native Hawaiian/Pacific Islander

\_\_\_ American Indian/Alaska Native \_\_\_ Black/African American

**Gender:** \_\_\_ Male \_\_\_ Female

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**Board Use Only**

Date App. Rec'd \_\_\_\_\_

Criminal History Check: \_\_\_\_\_

Exam Date: \_\_\_\_\_

Fee Check No: \_\_\_\_\_

Undergrad Transcript: \_\_\_\_\_

Exam Scores: \_\_\_\_\_

Moral Character Certs: \_\_\_\_\_

Chiro College Transcript : \_\_\_\_\_

**Additional Information:** 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.

- | <b>YES</b>               | <b>NO</b>                |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever been expelled, suspended or formally disciplined during your educational training?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Has any license, registration, certificate, diploma or any other honor or entitlement been granted to you and subsequently suspended, revoked, withdrawn, or terminated for any reason? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you ever applied for and been denied or refused any license, registration, certificate, application, or entitlement by any state, federal or local licensing board?                |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Have you ever been charged, arrested, or convicted of any crime (including traffic offenses, misdemeanors, and felonies)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever had any disciplinary action taken against you by any agency for any reason relating to treating the healthcare public or relating to the practice of healthcare services? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are prescription e you now or have you ever been reliant on any drug, alcohol, prescription substance or controlled substance or medication?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Have you ever been the subject of a civil suit for negligence, malpractice or fraud?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Have you been discharged or separated from the U.S. military or U.S. or state governments for less than honorable reasons including other than honorable administrative discharge?      |

Please provide two (2) passport type, color, head and shoulder photos on a solid background.

Photos must be 2"x2" or 2"x3". Full body photos are not acceptable.

Affix one photo to this box and paperclip the other photo to this page.

As to character and reputation, I refer you to the following licensed chiropractors in good standing (non-relatives) who have known me for at least two (2) years. These individuals shall each complete and submit Certificates of Moral Character directly to the Board.

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

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

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

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

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

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

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

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

I hereby make application for chiropractic licensure according to the Maryland Chiropractic Act.

I have enclosed the Application and Exam fee of \$500 by check or money order made payable to the Maryland State Board of Chiropractic Examiners. Payment by cash or credit card is **NOT** accepted. The application fee is **NON-REFUNDABLE**. If the application is not completed within one (1) year, a new application must be filed and another application fee will be required.

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

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

**Notary Certification:**

State:

County:

The undersigned notary public attests that the above-signed individual/applicant has presented photo identification and has signed the above under oath/affirmation.

Signed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_.

NOTARY SEAL

\_\_\_\_\_  
Name and signature

My Commission Expires: \_\_\_\_\_





STATE OF MARYLAND

# DHMH MD Board of Chiropractic & Massage Therapy Examiners

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, MD 21215-2299

Chiropractic: 410-764-4726 • Massage Therapy: 4107644738 • Fax: 410-358-1879

Lawrence J. Hogan, Jr., Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

## Criminal History Records Check

A full Criminal History Records Check is a requirement for a license or registration from the Maryland Board of Chiropractic and Massage Therapy Examiners. A full background check includes both State and FBI checks. The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. History record checks are conducted by being fingerprinted.

**CJIS AUTHORIZATION #: 0500119222**

**FBI ORI #: MD 920519Z**

REASON FINGERPRINTED: Chiropractic, Chiropractic Asst/Massage Therapy License

TYPE OF CHECK: Governmental Licensing/Certification

The cost is \$50.00 (\$30.00 background check and \$20.00 fingerprinting service). However, the cost of fingerprinting services from private providers can vary. The fee must be paid directly to the provider. **CASH IS NOT 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).

All applicants for licensure or registration in Maryland will be required to submit fingerprints. This can be accomplished in two ways depending on if you are a Maryland resident or not. In order to comply with the regulations and not delay the issuance of a license or registration, follow the following directions.

4201 Patterson Avenue, Suite 301 – Baltimore, Maryland 21215-2299

Chiropractic website: [www.dhmv.maryland.gov/chiropractic](http://www.dhmv.maryland.gov/chiropractic) Massage Therapy website: [www.dhmv.mayland.gov/massage](http://www.dhmv.mayland.gov/massage)

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

## **Maryland Resident**

1. Follow the directions in this letter and have your fingerprints taken prior to mailing in your application. You will need to have the CJIS Authorization number and FBI ORI # with you when you are fingerprinted.
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. Once the results of the background check are received the application process will be completed in accordance to Board regulations and policies. 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. If you live or work close to Maryland you have the option of using a Maryland location for your fingerprinting. If you use a Maryland location you may follow the directions for Maryland residents. If not,
2. Mail in your application with all applicable documents and fees.
3. Once the Board receives your application you will be sent a set of fingerprint cards containing the CJIS Authorization number and the FBI ORI #.
4. Have your fingerprints taken at a location near you. 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)
5. Once you have your prints taken you MUST mail the fingerprint cards to the below address with a check for \$30.00 made out to the "CJIS Central Repository".

Mail To:

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

6. Mail a copy of the receipt for the fingerprinting to: Maryland Board of Chiropractic & Massage Therapy Examiners ATTN: Background Check 4201 Patterson Ave #301 Baltimore, Maryland 21215
7. Once the results of the background check are received the application process will be completed in accordance to Board regulations and policies. Electronic fingerprinting is required.

Electronic fingerprinting locations are listed at:

[www.dpscs.maryland.gov/publicservs/fingerprint.shtml](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml)



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS - CENTRAL REPOSITORY**

**LIVSCAN PRE-REGISTRATION APPLICATION**

**APPLICANT INFORMATION** (PLEASE TYPE OR PRINT CLEARLY)

Name:			
Date of birth:	SSN:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	(Please check)
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American <input type="checkbox"/> Other	(Please check)		
Place of Birth:	Citizenship:		
Current address:			
City:	State:	ZIP Code:	-
Daytime Phone:	Evening Phone:	Driver's License #:	

**AGENCY INFORMATION**

Agency Authorization #: 0500119222	
ORI # (if required): MD 920519Z	Reason fingerprinted? Licensing
Position Applied for: Chiropractic & Massage License & Registr	
Request Type: (Choose one ONLY)	
<input type="checkbox"/> Adult Dependent Care	<input checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

(Mailing option only available for Visa Gold Seal and/or Individual Review)

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

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

City, State, Zip code: \_\_\_\_\_