

## MARYLAND BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS

4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299

OFFICE: 410.764.4726 FAX: 410.358.1879

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

Date: Original Program Revision- May 15, 2013, **Updated April 20, 2016**

To: All Maryland Licensed Supervising Chiropractors

From: Board of Chiropractic & Massage Therapy Examiners

Re: **GUIDELINES TO BOARD CHIROPRACTIC ASSISTANT TRAINING PROGRAM FOR EMPLOYING A CA APPLICANT/TRAINEE OR ACTIVELY REGISTERED CA**

The following information consists of an overview, procedures, forms, and required documents to be conveyed to the Board:

### [STAGE 1]

- “Employ” new CA Applicant/Trainees (pgs. 3-6) OR Employ an Active Registered CA (pgs. 11/10)
- Emphasis on Criminal History Disclosure
- “Transferring” CA Applicant/Trainees (pg. 7)

### [STAGE 2]

- **Required 4 Month Review Form (pg. 9)** TO BE COMPLETED BY SUPERVISING D.C. EXACTLY 4 MONTHS FROM BOARD AUTHORIZATION LETTER TO TRAIN.

### [STAGE 3] 1 Year Program Completion

- “CA Application for Registration” to take CA Examination to be a Registered CA – Requires the following:
  - Application – **Postmarked 30 Days prior to scheduled CA Examination Date – Inclusive of:**
  - Copy of Certification documenting completion of **103 Hours CA Courses**
  - Copy of **Clinical Logs totaling 520 Hours – signed by Supervising D.C.**
  - Copy of Receipt from having **Fingerprinting completed**

Failure to submit the documentation as required will result in the entire submission being returned to the Supervising Chiropractor and a delay in the authorization to commence with hiring the CA Applicant/Trainee.

- **To Employ a NEW CA Applicant/Trainee for Training**, the enclosed **Request to Employ CA Applicant/Trainee Form** is used. Upon receipt, the Board will conduct a background check as well as insuring that all paperwork is fully and legibly completed with required documents. Upon approval, a **Board authorization letter** will be sent back to the requesting Supervising Chiropractor approving the trainee into the program. **NO CA applicant/ trainee duties may commence until the Supervising Chiropractor receives the Board’s official letter.**

**ALL BLANKS MUST BE ANSWERED, BOXES CHECKED, AND ADDITIONAL INFORMATION PROVIDED (IF APPLICABLE) TO AVOID DELAYS IN THE PROCESSING OF THE REQUEST(S).**

Supervising Chiropractors with questions or issues should always personally contact the Board and not have his/her CA Applicant/Trainee make the contact. **Remember; the Supervising Chiropractor is the individual responsible for the CA Program training and compliance.** The Board will **NOT ACCEPT** piecemeal packets/applications. ALL information requested and requested documents in the attached forms must be submitted within the appropriate [Stage]. **Illegible or incomplete forms will not be processed and will be returned to the Supervising Chiropractor.**

**Regarding [Stage 3]:** The Application for Registration must be fully completed with its required documents attached and submitted with the application & examination fee in one mailing, at least 30 days prior to the scheduled examination date.

The CA Applicant/Trainee’s 1 year anniversary is 1 year from the Board’s Authorization letter to commence with training and therefore should be scheduled for the very next CA Examination that would afford 1 full year.

**THE CA/TRAINEE EXAMINATION DATES AND APPLICATION POSTMARK DEADLINES ARE LOCATED ON THE BOARD’S WEBSITE: [www.dhmf.maryland.gov/chiropractic](http://www.dhmf.maryland.gov/chiropractic)**

**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**

4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299

OFFICE: 410.764.4726 FAX: 410.358.1879

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

\*\*\*\*\*

**DIRECTIONS FOR:**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE or**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE TRANSFER**  
**& CHANGE OF CA STATUS FORMS**

NOTE: THESE ARE REGULATORY REQUIREMENTS; ALL CA REPORTING REQUIREMENTS ARE EXCLUSIVELY THE RESPONSIBILITY OF THE SUPERVISING CHIROPRACTOR PURSUANT TO COMAR 10.43.07.03.

In order to Employ, Train and Sponsor a CA Applicant/Trainee, the Supervising D.C. must:

- Be actively licensed to practice chiropractic in Maryland
- Hold a Physical Therapy Endorsement on his/her license
- Hold a Board issued Supervising Chiropractor designation on his/her license (*as indicated by the letter (S) before the license number*).

**(STAGE 1)**

**BEFORE a Supervising Chiropractor may undertake the employing/training of a CA Applicant/Trainee, the Supervising Chiropractor and CA Applicant/Trainee must:**

- Read and understand COMAR 10.43.07, regulating CA practice and training;
- Legibly complete and submit the *Request to Employ Form* to the Board and any checklist;
- Produce evidence of CA Applicant/Trainee's at least enrollment in a Provider Level CPR course – Stage 1 only;
- Produce evidence of graduation from High School (e.g. diploma, GED or transcripts);
- Produce evidence of being 18 years old (e.g. driver's license or birth certificate/passport);
- Produce evidence of U.S. citizenship or legal status (e.g. naturalization papers, passport or visa if foreign born);
- DISCLOSE ANY criminal history and court proceedings that had been attended or pending his/her attendance;
- Wait for a Board authorization letter, authorizing the D.C. to proceed – you may commence CA training) **unless/until you receive the Board's Authorization Letter;** (personnel hired solely as clerical assists may be hired without any board acknowledgement or authorization);
- Understand and agree that FAILURE to meet any requirements, requirements at the 4 month interval (STAGE 2) deadline, AND requirements at the 12 month (STAGE 3) deadline including maintaining provider level CPR when making application to the Board towards Registration to become a CA; will RESULT IN SIGNIFICANT DELAYS AND/OR REVIEW BY THE BOARD FOR CONTINUANCE.

**(STAGE 2)**

**WITHIN FOUR (4) MONTHS AFTER employing a CA Applicant/Trainee (as determined by the date of the 'Board Response to Request To Employ' the Supervising Chiropractor MUST:**

- **Submit a copy of CA Applicant/Trainee's CPR Card** (from a Healthcare Provider Level CPR Course (i.e. BLS for Healthcare Providers-American Heart Assoc. or equivalent) **within four (4) months of date of hire; CA Applicant may be suspended from the program for non-compliance with the requirements.**
- **Submit proof of enrollment in a Board approved CA instruction course within four (4) month of date of hire. CA Applicant maybe suspended from the program for non-compliance with the requirements.**

**(STAGE 3)**

**COMPLETION OF THE (12) MONTHS TRAINING,** the CA Applicant/Trainee must complete ALL training components and register for the Board CA examination via the "Application for Registration". Applications for Registrations must contain all documents that are outlined on the application and on page 1 of this packet. Reminder, Examination Dates and Deadline Dates are posted online at [www.dhmf.maryland.gov/chiropractic](http://www.dhmf.maryland.gov/chiropractic) and you may contact the Board for details. No Shows will be suspended from patient care until the Board receives formal written explanation by the Examination Candidate & Supv. D.C.

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**  
**SUPERVISING CHIROPRACTOR - TO COMPLETE**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE**

**(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST TO EMPLOY' IS SENT TO D.C. IN WRITING)**  
I, Dr. \_\_\_\_\_, license No: \_\_\_\_\_ **REQUEST TO EMPLOY, SPONSOR**  
**AND TRAIN** \_\_\_\_\_ **as a C.A. Applicant/Trainee.**  
**As the Supervising Chiropractor, I agree/attest to the following BY CHECKING THE APPROPRIATE**  
**BOXES REGARDING THIS C.A. APPLICANT/TRAINEE and PROVIDING MY SIGNATURE ON PAGE 4.**

**(CHECK EACH BOX AFTER REVIEW. NOTE: UNCHECKED BOXES MAY DELAY THE PROCESSING OF THIS REQUEST TO HIRE AND MAY BE RETURNED TO THE SUPERVISING CHIROPRACTOR)**

- APPLICANT IS A HIGH SCHOOL GRADUATE. ATTACHED IS A COPY OF H.S. OR COLLEGE DIPLOMA OR TRANSCRIPTS VERIFYING H.S. GRADUATION:
- APPLICANT IS AT LEAST 18 YEARS OLD. ATTACHED IS A COPY OF HIS/HER DRIVER'S LICENSE; (COPY OF CURRENT PASSPORT OR BIRTH CERTIFICATE IS ACCEPTABLE ONLY IF THEY DO NOT HAVE A DRIVER'S LICENSE);
- APPLICANT IS A U.S. CITIZEN AND/OR IS LEGALLY RESIDING IN THE U.S., OR ON A LEGAL WORK VISA WITH THE RIGHT TO WORK IN THE U.S.
- APPLICANT IS FOREIGN BORN, ATTACHED ARE DOCUMENTS PROVING LEGAL CITIZEN OR ALIEN STATUS WITH THE RIGHT TO WORK.
- APPLICANT HAS A SUFFICIENT COMMAND (WRITTEN AND VERBAL) OF THE ENGLISH LANGUAGE TO EFFECTIVELY AND PROFESSIONALLY COMMUNICATE WITH PATIENTS, AND CAN SATISFACTORILY COMPLETE TRAINING INCLUDING PASSING THE BOARD CA EXAMINATION (*note: this is not an guarantee that the CA applicant/trainee will pass*).
- APPLICANT WILL BE ENROLLED IN THE FOLLOWING BOARD APPROVED CPR COURSE:  
THE COURSE CONTACT PHONE NUMBER IS: \_\_\_\_\_.  
**I AGREE TO SUBMIT PROOF OF COMPLETION OF SAID COURSE WITH A COPY OF THE ISSUED CPR CARD AND PROOF OF ENROLLMENT IN A 103 CA TRAINING COURSE, NOT LATER THAN FOUR (4) MONTHS FROM DATE OF HIRE.**
- APPLICANT MUST ENROLL IN A BOARD APPROVED CA INSTRUCTION COURSE WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE ENROLLMENT PAPERS TO THE BOARD WHEN THIS OCCURS. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT MUST HAVE COMPLETED THE REQUIRED CPR TRAINING WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE CPR CARD OR CERTIFICATE OF COMPLETION. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT MUST COMPLETE ALL HANDS ON CLINICAL AND DIDACTIC TRAINING AND APPLY FOR THE CA EXAMINATION WITHIN ONE (1) CALENDAR YEAR OF AUTHORIZATION TO EMPLOY SAID CA APPLICANT/TRAINEE. FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM.
- I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR CA APPLICANT/TRAINEES IN ANY COMBINATION. I UNDERSTAND AND AGREE THAT THE CLINICAL IN- SERVICE CURRICULUM OF 520 HOURS CONSISTS OF 40 HOURS OF OBSERVATION AND 480 HOURS OF DIRECT SUPERVISION IN MODALITIES AND PROCEDURES. I WILL MAINTAIN A LEGIBLE LOG OF ALL TRAINING HOURS.

The following forms (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**  
**SUPERVISING CHIROPRACTOR**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE**  
**(cont.)**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR CA APPLICANT/TRAINEE'S IN ANY COMBINATION. I UNDERSTAND AND AGREE THAT THE CLINICAL IN-SERVICE CURRICULUM OF 520 HOURS CONSISTS OF 40 HOURS OF OBSERVATION AND 480 HOURS OF DIRECT SUPERVISION IN MODALITIES AND PROCEDURES. I WILL MAINTAIN A LEGIBLE LOG OF ALL TRAINING HOUR.

I UNDERSTAND THAT THE CA APPLICANT/TRAINEE 4 MONTH REVIEW FORM (PAGE 9) MUST BE COMPLETED BY THE SUPERVISING D.C. WITH THE 2 REQUIRED DOCUMENTS AND SENT TO THE BOARD.

**Supervising D.C.:**

(PRINT)

(SIGNATURE)

(DATE)

- I AGREE TO SUBMIT THE ENCLOSED CHANGE-OF-STATUS FORM WITHIN 10 DAYS OF A CA APPLICANT/TRAINEE DEPARTING MY PRACTICE REGARDLESS OF REASON FOR DEPARTURE.**

I AM CURRENTLY EMPLOYING THE FOLLOWING CA APPLICANTS AND REGISTERED CA's AT MY CHIROPRACTIC OFFICE:

NAME	Date of Hire	Location	Trainee OR Registered CA (provide Reg. No.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** If any of the above-listed current employees have been employed for at least 4 months but have not yet enrolled in a Board Approved CA Course of Instruction, they are now **SUSPENDED** from the CA Training Program and may no longer engage with patients. You may petition the Board for an extension; however, they are suspended unless granted an extension or waiver by the full Board.

**ATTESTATION OF STATEMENTS AND INFORMATION**

THE FOREGOING STATEMENTS AND ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF:

Supervising Chiropractor Printed Name	CA Applicant/Trainee Printed Name
Signature/date	Signature/date
Office Address	Home Address
EMAIL	EMAIL
Phone                  Cell                  FAX	Phone                  Cell

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**  
**CA APPLICANT/TRAINEE PERSONAL DATA**

(THIS FORM MUST BE LEGIBLY PRINTED OR TYPED IN FULL – NOTE, A LEGIBLE COPY OF DRIVER LICENSE, H.S. DIPLOMA AND/OR H.S. TRANSCRIPTS MUST BE ATTACHED FOR THIS FORM TO BE ACCEPTABLE. NON-COMPLIANT FORMS WILL NOT BE PROCESSED)

- APPLICANT'S NAME \_\_\_\_\_  
(Copy of photo ID must be attached; e.g.: driver's license or passport)
- HOME ADDRESS \_\_\_\_\_
- HOME/CELL PHONE/EMAIL \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- DATE OF BIRTH \_\_\_\_\_ (copy of driver's license. or birth cert. must be attached)
- PLACE OF BIRTH \_\_\_\_\_
- SOCIAL SEC. NO \_\_\_\_\_
- HIGH SCHOOL \_\_\_\_\_
- YEAR GRADUATED \_\_\_\_\_ (copy of HS or college diploma or transcript must be attached)

**ANSWER THE FOLLOWING QUESTIONS ACCURATELY**

- YES  NO DO YOU HAVE COMMAND OF THE ENGLISH LANGUAGE AND HAVE THE ABILITY TO TAKE AND PASS THE BOARD CA EXAMINATION?  
(IF "NO", PLEASE EXPLAIN ON A SEPARATE SHEET HOW YOU CAN SUCCEED IN THIS PROFESSION AND COURSE OF TRAINING).
- YES  NO **HAVE YOU EVER** BEEN ARRESTED, CHARGED WITH A CRIME OR PLED GUILTY, NOLO CONTENDERE, NO CONTEST, OR BEEN CONVICTED OR RECEIVED PROBATION BEFORE JUDGEMENT FOR ANY CRIMINAL ACT, INCLUDING DWI OR DUI? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS AND PROVIDE ANY COURT DOCUMENTS [For example: charging documents, court orders, expungement copies, etc.]
- YES  NO **HAVE YOU EVER** BEEN EMPLOYED IN THE HEALTHCARE PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)
- YES  NO **HAVE YOU EVER** BEEN LICENSED OR REGISTERED IN ANY PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)
- YES  NO **HAVE YOU EVER** HAD A LICENSE (including driver's license), REGISTRATION, OR CERTIFICATION SUSPENDED, REVOKED OR OTHERWISE SANCTIONED?  
(IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES  NO **HAVE YOU EVER** BEEN HIRED BY A CHIROPRACTOR OR CHIROPRACTIC OFFICE IN MARYLAND IN ANY CAPACITY AND/OR TERMINATED FOR CAUSE? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES  NO **HAVE YOU EVER BEEN** AN ABUSER OF OR DEPENDENT ON ALCOHOL, PRESCRIPTION MEDICATION OR ILLEGAL CONTROLLED SUBSTANCES? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES  NO ARE YOU A U.S. CITIZEN?
- YES  NO WERE YOU BORN IN U.S.?(IF NOT BORN IN U.S. EXPLAIN IN DETAIL HOW YOU ACQUIRED CITIZENSHIP AND/OR THE RIGHT TO WORK IN THE U.S. AND ATTACH RELATED DOCUMENTATION).
- YES  NO ARE YOU A VETERAN (OR SPOUSE OF A VETERAN) OF THE U.S. ARMED SERVICES?  
(IF "YES", PLEASE STATE THE DATE OF DISCHARGE)

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**  
**CA APPLICANT/TRAINEE ATTESTATION**

**THE FOLLOWING ATTESTATION MUST BE EXECUTED BY TRAINEE BEFORE A MARYLAND NOTARY PUBLIC WHOM SIGNATURE AND SEAL MUST APPEAR BELOW**  
(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

**I SWEAR AND AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF UNDER PENALTY OF LAW.**

\_\_\_\_\_  
CA Applicant/Trainee Printed Name

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
CA Applicant/Trainee Signature Date

\_\_\_\_\_  
Notary Signature                      Date

**(NOTARY SEAL HERE)**

**CA APPLICANT/TRAINEE DOCUMENT CHECK OFF LIST**  
**(Read & Check Boxes) to avoid delay**

THIS APPLICATION FOR HIRING AS A C.A. APPLICANT/TRAINEE CANNOT BE PROCESSED WITHOUT LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS. THE LEGIBLE COPIES MUST ACCOMPANY THE 'REQUEST TO HIRE' FORM.

**READ, CHECK OFF AND ANSWER EACH STATEMENT/QUESTION(S) BELOW. ATTACH REQUIRED COPIES OF DOCUMENTS AND CHECK 'N/A' (not applicable where appropriate). FAILURE TO CHECK BOXES MAY DELAY PROCESSING**

- APPLICANT'S PROOF OF IDENTITY: (ONE OF THESE IS REQUIRED) [ ] COPY OF DRIVERS LICENSE; [ ] COPY OF PASSPORT.
- APPLICANT'S PROOF OF AGE: (ONE OF THESE IS REQUIRED) [ ] COPY OF BIRTH CERTIFICATE; [ ] COPY OF PASSPORT OR [ ] COPY OF DRIVERS LICENSE.
- APPLICANT'S PROOF OF HIGH SCHOOL GRADUATION: (ONE OF THESE IS REQUIRED) [ ] COPY OF HIGH SCHOOL DIPLOMA; [ ] COPY OF FINAL TRANSCRIPT; [ ] COPY OF COLLEGE DEGREE/DIPLOMA OR TRANSCRIPT. (Note – if foreign school, documents must have official translation attached).
- APPLICANT IS FOREIGN BORN? [ ] N/A OR [ ] YES  
(COPY OF NATURALIZATION PAPERS, PASSPORT OR VISA MUST BE ATTACHED OR OTHER OFFICIAL DOCUMENTATION SHOWING LEGAL AUTHORIZATION TO RESIDE AND WORK IN U.S.)
- HAS APPLICANT BEEN ARRESTED, CHARGED WITH A CRIME OR PLED GUILTY, NOLO CONTENDERE, NO CONTEST, OR BEEN CONVICTED OR RECEIVED PROBATION BEFORE JUDGEMENT FOR ANY CRIMINAL ACT, INCLUDING DWI OR DUI? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS AND PROVIDE ANY COURT DOCUMENTS [For example: charging documents, court orders, expungement copies, etc.]**
- HAS APPLICANT EVER BEEN LICENSED, REGISTERED OR CERTIFIED IN ANOTHER STATE OR JURISDICTION?  
[ ] N/A OR [ ] YES. **IF YES > ATTACH COPY OF LICENSE, REGISTRATION OR CERTIFICATION WITH THIS REQUEST**

**NOTE: ONLY USE THIS FORM IF THE CA APPLICANT / TRAINEE IS STILL WITHIN HIS/HER 1 YEAR PROGRAM**  
**TRANSFERRING CA APPLICANT/TRAINEE**

The following forms (pages 7 through 8) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1 – UPDATED INFORMATION FOR THE FOLLOWING EVENTS)**

**[Complete & Check All that Applies – Print or Type & FAX TO THE BOARD (410-358-1879)]**

CA Applicant/Trainee Name: \_\_\_\_\_  
 Initial Supervising Chiropractor: \_\_\_\_\_  
 Initial Office \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_  
 Office Phone Number & Fax Number: \_\_\_\_\_

**Please ensure that you “Check” all that apply and provide the required information / signatures.**

<p><b>CA Trainee is transferring to another Supervising D.C. WITHIN THE CURRENT OFFICE.</b>                  I have provided the new Supv. D.C. with CA’s documents/ file:  <b>D.C.s Initials:</b> _____</p>	<p>Effective Date: ____/____/____                  Name of New Supv. D.C. _____                  I have received a copy of all pertinent documents regarding this CA Trainee  <b>Signature of New Supv.D.C</b> _____</p>
<p><b>CA Trainee will be alternating between 2 or more Supervising D.C.’s WITHIN THE SAME OFFICE.</b></p>	<p>Effective Date: ____/____/____                  Name of (Initial) Supv. D.C. _____                  Name of Addl. Supv. D.C. _____</p>
<p><b>CA Trainee will be alternating BETWEEN 2 OR MORE OFFICES WITH OUR ORGANIZATION.</b></p>	<p>Effective Date: ____/____/____                  Provide ALL OFFICES NAME, LOCATION, PHONE &amp; FAX BELOW IN THIS BOX:                  (1). _____                  City _____ State _____ Zip _____                  Phone _____ Fax _____                  (2). _____                  City _____ State _____ Zip _____                  Phone _____ Fax _____</p>
<p><b>CA Trainee is transferring to another Supervising D.C. NOT WITHIN OUR ORGANIZATION.</b>                  I have provided the new Supv. D.C. with CA’s documents/ file:  <b>D.C.s Initials:</b> _____  <b>Date Change of Status sent to Board</b> _____  <b>CA FILE/DOCUMENTS TRANSFERRED TO New D.C.</b></p>	<p>Name of New Supv. D.C. _____                  Location: _____                  City/State/Zip: _____                  Office Phone: _____                  Fax: _____                  Effective Date: _____  <b>New D.C. MUST SUBMIT NEW REQUEST TO HIRE. DATE:</b> _____</p>

The following forms (pages 7 through 8) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**

**SUPERVISING CHIROPRACTOR**

**REQUEST TO EMPLOY CA APPLICANT/TRAINEE TRANSFER FROM WITHIN THE PRACTICE OR SUPV. D.C. OR TRANSFER TO ANOTHER LOCATION OR TRANSFER TO A DIFFERENT PRACTICE**

**(cont.)**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR CA APPLICANT/TRAINEE'S IN ANY COMBINATION. I UNDERSTAND AND AGREE THAT THE CLINICAL IN-SERVICE CURRICULUM OF 520 HOURS CONSISTS OF 40 HOURS OF OBSERVATION AND 480 HOURS OF DIRECT SUPERVISION IN MODALITIES AND PROCEDURES. I WILL MAINTAIN A LEGIBLE LOG OF ALL TRAINING HOUR.

I UNDERSTAND THAT THE CA APPLICANT/TRAINEE 4 MONTH REVIEW FORM (PAGE 9 ) MUST BE COMPLETED BY THE SUPERVISING D.C. WITH THE 2 REQUIRED DOCUMENTS AND SENT TO THE BOARD.

**Supervising D.C.:** \_\_\_\_\_  
(PRINT) (SIGNATURE) (DATE)

- I AGREE TO SUBMIT THE ENCLOSED CHANGE-OF-STATUS FORM WITHIN 10 DAYS OF A CA APPLICANT/TRAINEE DEPARTING MY PRACTICE REGARDLESS OF REASON FOR DEPARTURE.

I AM CURRENTLY EMPLOYING THE FOLLOWING CA APPLICANTS AND REGISTERED CA's AT MY CHIROPRACTIC OFFICE:

NAME	Date of Hire	Location	Trainee OR Registered CA (provide Reg. No.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** If any of the above-listed current employees have been employed for at least 4 months but have not yet enrolled in a Board Approved CA Course of Instruction, they are now SUSPENDED from the CA Training Program and may no longer engage with patients. You may petition the Board for an extension; however, they are suspended unless granted an extension or waiver by the Board.

**ATTESTATION OF STATEMENTS AND INFORMATION**

THE FOREGOING STATEMENTS AND ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF:

Supervising Chiropractor Printed Name	CA Applicant/Trainee Printed Name
Signature/date	Signature/Date
Office Address	Home Address
EMAIL	EMAIL
Phone Cell Fax	Phone Cell

**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**  
4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299  
OFFICE: 410.764.4726 FAX: 410.358.1879

**(STAGE 2) – 4 MONTH REVIEW  
MUST BE COMPLETED BY THE SUPERVISING D.C.**

**4 MONTH SUBMISSION OF REQUIRED DOCUMENTATION TO BE MAILED DIRECTLY TO THE BOARD**

WITHIN FOUR (4) MONTHS AFTER hiring a CA Applicant/Trainee (as determined by the date of the 'Board Response to Request To Hire & Sponsor' letter) authorizing the commencement of training: the Supervising Chiropractor **MUST:**

- **Submit a copy of CA Applicant's CPR Card** (from a Healthcare Provider Level CPR Course (i.e. BLS for Healthcare Providers-American Heart Assoc. or equivalent) within four (4) months of date of hire; Trainee may be suspended from the program for non-compliance with deadline;
- **Submit proof of enrollment in a Board approved CA instruction course within four (4) months of date of Employ** (Course Enrollment Letter by Provider or Course Enrollment Receipt, etc.)  
C.A. Applicant may be suspended from the program for non-compliance with deadline.

---

**CA APPLICANT/TRAINEE 4 MONTH REPORTED UPDATE**  
**(Supervising D.C. Must Complete the Statement & Checklist)**

I, Dr. \_\_\_\_\_, license No: \_\_\_\_\_ is the Supervising Chiropractor for the C.A Applicant named \_\_\_\_\_. As the Supervising Chiropractor, I agree/attest to the following by checking the appropriate boxes and method of documentation pertaining to this C.A. Applicant/Trainee's 4 Month Review:

- PROOF OF CPR COURSE COMPLETION: [ ] COPY OF CPR CARD OR [ ] CPR CERTIFICATE
- PROOF OF ENROLLMENT IN A BOARD APPROVED CA INSTRUCTION COURSE: [ ] Letter of confirmed enrollment from Provider; OR [ ] Supervising Chiropractor's formal letter on letterhead indicating the Applicant's enrollment details and/or [ ] Enrollment receipt (which indicates C.A. Applicant/Trainee's information).
- I have MAILED this original form AND the required documents to the address below. I have retained a copy for my files.

SUBMIT THIS FORM WITH THE REQUIRED DOCUMENTS AND MAIL DIRECTLY TO: MD BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS, 4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215;  
Attn: Chiropractic Licensing Coordinator

# CA APPLICANT/TRAINEE

## CHANGE OF STATUS REPORT FORM

MUST BE SUBMITTED BY SUPERVISING CHIROPRACTOR **WITHIN 10 DAYS** OF TERMINATION, TRANSFER, DEATH, OR VOLUNTARY DEPARTURE OF A CA TRAINEE

To be printed/typed legibly and completed in full to be in compliance with this requirement

CA APPLIC. Name: _____	Office Name _____
Address _____	City: _____ State: _____ Zip: _____
Phone No. _____	Fax No: _____ Email: _____
Training was authorized :( see copy of your Board Authorization Letter to Commence with Training) ____/____/____	
Date Employment/training Ended: ____/____/____. Date Status Change Form was sent to Board ____/____/____	
CA Phone No. _____	
Reason: (check one) <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Voluntary Quit	
<input type="checkbox"/> Transferred to another Supv. D.C (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Transferred to another Office & Supv. D.C. (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Transferred to another Office site w/ same Supv. D.C. (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Worked with 2 or more Supv. D.C.'s in Office or another location. (submitted page 7 on: Date: ____/____/____)	
<b>*If TERMINATED FROM EMPLOYMENT, please provide detail information at the bottom of this form.</b>	

REGISTERD CA. Name: _____	Office Name _____
Address _____	City: _____ State: _____ Zip: _____
Phone No. _____	Fax No: _____ Email: _____
Training was authorized :( see copy of your Board Authorization Letter to Commence with Training) ____/____/____	
Date Employment/training Ended: ____/____/____. Date Status Change Form was sent to Board ____/____/____	
CA Phone No. _____	
Reason: (check one) <input type="checkbox"/> Terminated <input type="checkbox"/> Laid-off <input type="checkbox"/> Voluntary Quit	
<input type="checkbox"/> Transferred to another Supv. D.C (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Transferred to another Office & Supv. D.C. (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Transferred to another Office site w/ same Supv. D.C. (submitted page 7 on: Date: ____/____/____)	
<input type="checkbox"/> Worked with 2 or more Supv. D.C.'s in Office or another location. (submitted page 7 on: Date: ____/____/____)	
<b>*If TERMINATED FROM EMPLOYMENT, please provide detail information at the bottom of this form.</b>	

As the Supervising Chiropractor, I terminated \_\_\_\_\_ from employment and/or the CA training program for the following reason(s) (List all termination reasons below and if Applicant or CA was eligible for unemployment compensation):  
(print name)

Supervising Chiropractor Name (PRINTED): \_\_\_\_\_ Lic. No. \_\_\_\_\_

Office Name & Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**NOTE: THIS SECTION MUST BE COMPLETED FOR ALL CATEGORIES:**

I  would /  would not recommend this individual as a CA Applicant or Registered CA at another practice. If you would NOT recommend this individual, state your reasons: \_\_\_\_\_

ATTESTATION: The foregoing is true to the best of my knowledge and belief:

Printed Name and Signature of Supervising Chiropractor: \_\_\_\_\_

**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**

4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299

OFFICE: 410.764.4726 FAX: 410.358.1879

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

**NOTIFICATION OF HIRING AN ACTIVE REGISTERED CHIROPRACTIC ASSISTANT**

**THIS COURTESY NOTIFICATION IS THE ONLY DOCUMENT THAT CAN BE FAXED TO THE BOARD.**

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

To: Bernice Berger, Chiropractic Licensing Coordinator  
MD Board of Chiropractic & Massage Therapy Examiners  
4201 Patterson Avenue, Suite 301  
Baltimore, MD 21215-2299

I'm very pleased to announce that an Active Registered CA \_\_\_\_\_,  
Name

**RC** \_\_\_\_\_; will join \_\_\_\_\_  
Active Registration No. Office/Practice Name, Address, Phone, Fax, Email

on \_\_\_\_\_ Date. **Attached is a copy of the CPR card and CA Registration** which is conspicuously

displayed in the office to where he/she works.

Thank you,

\_\_\_\_\_  
Printed Name of Supervising Chiropractor      Signature of Supervising Chiropractor      **S** License No.

Enclosure

**NOTE: THIS FORM CAN BE FAXED DIRECTLY TO THE BOARD  
(410) 358-1879**

**Attn: Chiropractic Licensing Coordinator**





**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**  
4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299  
OFFICE: 410.764.4726 FAX: 410.358.1879  
[www.dhmfh.maryland.gov/chiropractic](http://www.dhmfh.maryland.gov/chiropractic)

Date: Original Program Revision- May 15, 2013, Updated April 20, 2016  
To: All Maryland Licensed Supervising Chiropractors  
From: Board of Chiropractic & Massage Therapy Examiners  
Re: **GUIDELINES FOR COMPLETION OF CA APPLICATION FOR REGISTRATION PROCESS**

The following information consists of the documentation and procedures required for submittal of an application for CA Registration. Failure to submit the documentation as required will result in the entire submission being returned to the Supervising Chiropractor and a delay in the authorization to commence with hiring the CA Trainee

- Upon completion of the CA training requirements, including completion of (1) **Board-approved CA Course, 103 Hours**; (2) **520 Logged Hours of In-Service Training** and (3) **CPR Certification-Provider Level**, the Supervising Chiropractor and CA Trainee may begin the CA Application process by completing the **“CHIROPRACTIC ASSISTANT APPLICATION FOR REGISTRATION AND EXAMINATION”** found on the Board’s website ([www.dhmfh.maryland.gov/chiropractic](http://www.dhmfh.maryland.gov/chiropractic)) under the “Forms” tab.
- Upon completion, the Supervising Chiropractor **must MAIL the entire CA Application along with required documents and fees** to the Board at the address above. No faxes or walk-in deliveries will be accepted. **Please be advised that incomplete or illegible applications will be returned to the Supervising Chiropractor / CA Applicant Trainee for re-submittal**, which may impact the CA/Supervising Chiropractor meeting the postmark deadline for the exam. Piecemeal applications will NOT be accepted.
- **Completed applications must be postmarked no later than 30 DAYS BEFORE THE SCHEDULED EXAM. Failure to meet this deadline may result in removal from patient care until the Board receives a written explanation from the Supervising D.C. AND the CA Applicant/Trainee.**

**CA EXAMINATION DATES ALONG WITH THE POSTMARK DEADLINE(S) ARE LOCATED ON THE BOARD’S WEBSITE:**

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

- **Any emergency/exigent circumstances that may prevent a CA Trainee from attending the Exam must be reported to the Board (with any supporting documentation) by the Supervising Chiropractor AND CA Applicant/Trainee prior to the Examination Date.** Petitions for a CA Applicant/Trainee to take a later exam must be submitted by the Supervising Chiropractor in writing via mail, and must detail the circumstances causing delay and why the CA Applicant/Trainee should be granted an extension.

Supervising Chiropractors with questions or issues should always personally contact the Board and not have his/her CA Applicant/Trainee make the contact. **Remember; the Supervising Chiropractor is the individual responsible for the training.**