Maryland Board of Chiropractic Examiners
4201 Patterson Ave., Suite 301
Baltimore, MD 21215
(410)764-4726
www.dhmh.maryland.gov/chiropractic

INTERIM CHIROPRACTIC ASSISTANT APPLICATION

(for D.C. graduate students only)

Please print or type all information.

Please submit the following with this application:

- ☐ *Proof of CPR certification;*
- ☐ *Copy of D.C. transcript(s), and*
- ☐ *fingerprinting receipt from Criminal History Records Check*
- ☐ *$300 payable by check or money order to the Maryland Board of Chiropractic Examiners. Cash/credit cards are not accepted.*

Name: _____

Address: _____
Street *City* *State* *Zip*

Phone: _____ Email: _____

DOB: _____ SSN: _____

Chiropractic College: _____ Date of Completion: _____

Supervising Chiropractor: _____ Office Name: _____

Location: _____

Phone: _____ Fax: _____ Email: _____

Please provide a passport style, 2”x2” or 2”x3”, head and shoulder photo on a solid background. Full body shots are not acceptable.

Please answer *each* of the following questions. All responses marked "YES" must be explained in detail on a separate sheet.

YES	NO	
□	□	Have you ever been addicted or dependent on alcohol or any drug or illegal substance?
□	□	Has any state licensing, certification or disciplinary board or comparable body any federal, state, municipality, or military brand taken any action against any of your licenses, certifications or registrations?
□	□	Are there outstanding complaints, investigations, charges, or allegations pending against any of your licenses, certifications, or registrations?
□	□	Do you have a physical or mental illness or disability that impairs your ability to practice?
□	□	Have you ever been arrested or pled guilty, *nolo contendre*, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI?
□	□	Has any 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?
□	□	Have you ever applied for and been denied any license, certificate, or diploma to be issued by a professional or government agency or board?
□	□	Have you ever held a license, certification, or registration to practice as a chiropractic assistant in any other state?
□	□	Has a malpractice civil suit or action ever been filed against your license, or has a claim been made against you, or a settlement or award was made against you?

I hereby make application for ***interim*** practice as a chiropractic assistant in accordance with the Maryland Chiropractic Act and the regulations promulgated thereunder.

I acknowledge that I have read and will adhere to the statutes and regulations pertaining to chiropractic assistants' scope of practice including, but not limited to, COMAR 10.43.07.

I understand that my failure to comply with the applicable statutes and regulations may result in disciplinary action and/or denial of my chiropractic license.

_____	_____	_____
Applicant's Name (printed)	*Applicant's Signature*	*Date*
_____	_____	_____
Supervising Chiropractor (printed)	*Supervising Chiropractor's Signature*	*Date*