

MARYLAND BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS

4201 Patterson Ave., Baltimore, MD 21215-2299
410.764-4726 FAX: 410.358-1879

Web: www.mdchiro.org www.dhmfh.maryland.gov/chiro

APPLICATION FOR LICENSURE BY CREDENTIALS

(Forms revised to conform to regulatory revision enacted 6/13/2011)

APPLICATION FEE: \$750.00 / JURISPRUDENCE EXAM FEE: \$300.00
(TOTAL APPLICATION FEES: \$1,050.00)

Licensure in Maryland is a privilege, not a right. The Board fully recognizes other jurisdictions' licensure programs that are similar to the requirements and standards of Maryland. Accordingly, the Board, pursuant to COMAR 10.43.04, may license chiropractors in good standing from another jurisdiction providing that they meet the following requirements:

- Submit a legible application and fees with all required supporting documentation
- Be of good moral character as evidenced by 2 letters of Moral Character (use attached Form)
- Hold a Doctor of Chiropractic Degree and Bachelor Degree from accredited/approved institutions and submit transcripts to prove satisfactory graduation and conferring of degrees
- Be currently licensed in another state by virtue of passing an examination similar to that of Maryland with full active practice in the FIVE (5) years immediately preceding application, with no disciplinary history
- Submit a sealed verification of good practice certificate from the state in which practicing
- Take and pass the NBCE SPEC and MD Jurisprudence Examinations with minimum scores of 75% **(Note: The SPEC is waived for applicants who successfully passed parts I through IV of the NBCE, scoring a minimum of 438 on parts III and Physiotherapy).**
- Agree to a background investigation conducted by the Board and at the Board's discretion, and a personal interview by the Board or its representative.

FULL NAME _____
Last First Middle/Maiden

MAILING ADDRESS _____

PHONE: _____ CELL: _____ EMAIL _____

PLACE OF BIRTH _____
Country State County

SOCIAL SECURITY NO. _____ DRIVER LIC. NO. _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

UNDERGRADUATE DEGREE AND COLLEGE _____

DATE OF GRADUATION _____ HONORS _____

LIST ANY POST-GRADUATE DEGREES (OTHER THAN CHIROPRACTIC COLLEGE) OR PROFESSIONAL CERTIFICATIONS OR TRAINING, INCLUDING ARMED FORCES:

CHIROPRACTIC COLLEGES ATTENDED: _____

GRADUATION DATE _____ HONORS _____ DEGREE GRANTED _____

IF DEGREE NOT GRANTED, EXPLAIN IN DETAIL ON ATTACHED SHEET (PLEASE TYPE RESPONSE)

PLEASE ANSWER THE FOLLOWING. ALL 'YES' ANSWERS MUST BE EXPLAINED IN DETAIL IN A TYPED ATTACHED RESPONSE AND ALL SUPPORTING, EXPLANATORY DOCUMENTATION MUST ALSO BE ATTACHED.

- Has any license, certificate or diploma ever been revoked, suspended or terminated for any reason? YES___ NO___
- Have you ever applied for and been denied any license, certificate, application, security clearance, diploma or privilege to be issued by any agency, organization or business? YES___ NO___
- Have you ever been charged with, convicted of a crime (felony or misdemeanor) or been placed on probation before judgment or probation or had any criminal charge/case expunged or been charged or convicted in a military trial by Court-Martial?
YES___ NO___
- Have you ever been discharged from the military services under dishonorable or unsuitable or other than honorable conditions? YES___ NO___
- Have you ever been investigated or charged with unprofessional conduct or malpractice? YES___ NO___
- Have you ever been addicted to or dependent on any drug, chemical, prescription medication or alcohol? YES___ NO___
- Have you ever had an action of (including but not limited to) suspension, probation, admonishment, reprimand, or other disciplinary or administrative actions taken against a professional license by any jurisdiction? YES___ NO___
- Have you ever had or do you now have any physical or mental incapacity that would prevent or preclude you from safely and prudently treating patients? YES___ NO___
- Have you ever filed bankruptcy or been delinquent in paying fees to the Board or to other Agencies? YES___ NO___

AFFIX HERE A COLOR
HEAD/SHOULDER PHOTO
TAKEN WITHIN THE LAST 90
DAYS

MINIMUM PHOTO SIZE IS
2 1/2" x 2 1/2"

AFFIX RIGHT
THUMB PRINT

ATTESTATION AFFIDAVIT

(To be executed in the presence of a licensed notary)

I, _____, hereby certify, swear and attest that I am the applicant
stated in the foregoing application and that the photo and thumb print herein affixed are mine,
taken on or about _____, 20_____.

STATE OF _____

COUNTY OF _____

_____, being duly sworn, states that he/she is the
person cited in the foregoing application and attached certificates of moral character for a license to practice
chiropractic in Maryland and that he/she has carefully read and thoroughly understands this application and
affidavit and that all statements made herein are true in every respect to the best knowledge and belief of
the affiant/applicant.

APPLICANT SIGNATURE

SIGNED AND SWORN TO before me, this ____ day of _____, 20_____.

NOTARY SIGNATURE

seal

**MARYLAND BOARD OF CHIROPRACTIC
& MASSAGE THERAPY EXAMINERS**
Suite 301 - 4201 Patterson Ave. Baltimore, MD 21215-2299

CERTIFICATE OF MORAL CHARACTER
(Must be completed by a licensed doctor of chiropractic in good standing)

PRINT OR TYPE LEGIBLY

**APPLICANT
NAME** _____

First

Middle Initial

Last

This certifies that I, the undersigned doctor of chiropractic am licensed in the state of _____. I personally and professionally know the above named applicant and vouch for him/her to be of good moral character. I recommend him/her to the Maryland Board of Examiners as a worthy person to be issued a licensed to practice chiropractic in the State of Maryland.

ATTESTING DOCTOR'S NAME _____

MAILING ADDRESS _____

CURRENTLY LICENSED SINCE _____ **LIC. NO.** _____

- How long have you known applicant? _____
- How are you acquainted with applicant? _____

- Are you aware of any facts relating to misconduct, administrative or criminal action against the applicant or reliance on drugs, alcohol, prescription medication or controlled substances that might affect his/her abilities to practice chiropractic? YES _____ NO _____

- If 'yes' to above, please describe in detail on back of this form.

***I ATTEST TO THE BEST OF MY KNOWLEDGE, BELIEF AND JUDGEMENT
THAT THE APPLICANT IS OF SOUND MORAL CHARACTER.***

Signature of attesting Doctor of Chiropractic

Date

APPLICATION CHECK OFF LIST

(Please remit this "Check Off List" with your application.)

- **SUBMISSION OF APPLICATION FOR LICENSURE BY CREDENTIALS** _____

- **SUBMISSION OF APPLICATION FEE OF \$1,050.00** _____
(Check payable to "MD Board of Chiropractic & Massage Therapy Examiners)

- **SUBMISSION OF 2 MORAL CHARACTER RECOMMENDATION LETTERS** _____

- **REQUESTED TRANSCRIPTS OF SCHOOLS (DC and BA/BS)** _____
(Must be sent directly to Board from School Registrar)

- **REQUESTED NBCE OR SPEC SCORES FROM NBCE** _____
(Must be sent directly to Board from NBCE)

- **REQUESTED STATE VERIFICATION OF AT LEAST 5 YEARS UNINTERRUPTED GOOD ACTIVE PRACTICE WITHOUT DISCIPLINARY ACTION** *(Must be sent directly from your State Board)* _____



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.

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 Massage Therapy website: 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

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
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



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 <i>(Please check)</i>
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 <i>(Please check)</i>			
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: <i>(Choose one ONLY)</i>	
<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:	_____