Maryland Board of Chiropractic Examiners
4201 Patterson Ave., Suite 301
Baltimore, MD 21215
www.dhmh.maryland.gov/chiropractic

CHIROPRACTIC EXTERN APPLICATION

Please type or print all information.
Applicant must submit the following:

- Criminal History Records Check form which can be found on the Board's website;
- Letter of good standing from chiropractic college;
- Three (3) letters of recommendation sent directly to the Board from chiropractic college clinical science professors attesting to the applicant's good moral character and clinical abilities; and
- Check or money order in the amount of $50 payable to the Maryland State Board of Chiropractic Examiners. No cash or credit cards accepted.

Name: _____ Date of Birth: _____

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

Phone No.: _____ SSN: _____

Undergraduate School: _____

Dates Attended: _____ Degree: _____

Chiropractic College: _____Date Entered: _____

Chiropractic Office Information:

Chiropractor's Name: _____ Office Phone: _____

Office/Clinic Address: _____

_____ _____
Applicant's Signature *Date*

Notary Certification:
State:
County:
The undersigned notary public attests that the above-signed individual has signed the above attestation.
Signed and sworn this _____ day of _____, _____.

_____ My Commission Expires: _____
Name and Signature

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.

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 ORl # 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

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:			
Date of birth:	SSN:	Gender: ☐ Male ☐ Female *(Please check)*	
Height: ft. inches	Weight: lbs.	Eye Color:	Hair Color:
Race: ☐ Black ☐ White ☐ Asian/Pacific Islander ☐ Native American ☐ 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)*

- ☐ Adult Dependent Care
- ☐ Attorney/Client
- ☐ Child care
- ☐ Criminal Justice
- ☐ Gold Seal/ Adoption
- ☐ Gold Seal/Letter/VISA
- ☐ Government Employment
- ☒ Government Licensing or Certification
- ☐ Immigration/VISA
- ☐ Individual Challenge
- ☐ Individual Review
- ☐ MSP Licensing
- ☐ Private Party Petition
- ☐ Public Housing

Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____