

**Maryland Board of Chiropractic Examiners**

4201 Patterson Ave., Suite 301

Baltimore, MD 21215

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

**CHIROPRACTIC APPLICATION FOR RE-EXAMINATION**

*Please print or type all information. Please include a re-examination fee of \$400 by check or money order payable to the Maryland State Board of Chiropractic Examiners. Payment by cash or credit card is not accepted.*

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

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby make application for a license to practice chiropractic in accordance with the Maryland Chiropractic Act.

I enclose a re-examination fee of \$400 by check or money order made payable to the Maryland State Board of Chiropractic Examiners.

\_\_\_\_\_  
*Applicant's Signature*

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

<p><b><u>Board Use Only</u></b></p> <p>Fee rec'd: _____</p> <p>Date of prior exam(s): _____</p> <p>Score on prior exam(s): _____</p> <p>Chiro Only: ____ Chiro w/ PT: ____</p> <p>Date App. Approved/by: _____</p>
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