



STATE OF MARYLAND

DHMH

Board of Chiropractic & Massage Therapy Examiners

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Suite 301 • Baltimore, Maryland 21215-2299

Chiropractic: 410.764-4726 • Massage Therapy: 410.764-4738 • FAX: 410.358-1879

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

June 17, 2014

Re: Code of MD Regulation: 10.43.06(02),(03)
10.43.17.06B 10.43.17.07B & 10.43.01.05F
Failure to Notify Change of Address

Dear Licensee/Registrant

IMMEDIATE RETURN RESPONSE REQUIRED

This letter is to notify you that the Board of Chiropractic and Massage Therapy Examiners ("Board") recently attempted to send you written correspondence/notification regarding your license/registration. The Board received notice that the United States Postal Service (USPS) is indicating that Board's database record of your address is no longer valid. Notification in this form from the USPS does not constitute notification from the Licensee or Registrant to the Board of Chiropractic and Massage Therapy Examiners that a 'Change of Address' has taken place. It does not meet the regulatory requirement for notification to the Board.

The Board cross-referenced the USPS bad address list with its Maryland License/Registration Database and has determined that the above-referenced licensee or registrant **did not notify** this Board of a "Change of Address". All licensees and registrants are required to notify this Board in writing or completion of the "Address/Name Change Form" or by completing the address change section on the wallet portion of the Board issued license/registration anytime their address or name changes. Failure to update your address can result in an administrative fine.

- o Chiropractors or Chiropractic Assistants - \$200 Administrative Fine
- o Licensed Massage Therapist and Registered Massage Practitioners - \$100 Administrative Fine

By notice of this letter, the Board is imposing the Administrative Fine to you. Please remit your payment via check or money order along with a copy of this letter AND the Address/Name Change form to: MD Board of Chiropractic and Massage Therapy Examiners, 4201 Patterson Ave., Suite 301, Baltimore, MD 21215-2299. The Address/Name Change form can be located on the Board website: www.mdchiro.org and www.mdmassage.org. If you have documented proof of moving within 60 days; please attach a copy with the form. If you have any questions or concerns in regard to this letter; please do not hesitate to contact me at adrienne.congo@maryland.gov or 410-764-2965.

PLEASE CHECK AND COMPLETE ALL THAT APPLY REGARDING THE FOLLOWING INFORMATION AND SUBMIT BACK TO THIS BOARD WITHIN 10 DAYS OF THE DATE ON THIS CORRESPONDENCE. Mail to: MD BD of Chiropractic & Massage Therapy Examiners, 4201 Patterson Avenue, Suite 301, Baltimore, MD 21215.

- MY ADDRESS **HAS NOT** CHANGED FROM THE ADDRESS LISTED ON MY CURRENT LICENSE/REGISTRATION.
- MY ADDRESS **HAS CHANGED** FROM THE ADDRESS LISTED ON MY CURRENT LICENSE/REGISTRATION. **THE CHANGE WAS EFFECTIVE** ____/____/____.
MO. DAY YR.
- I AM REQUESTING TO PETITION THE BOARD TO WAIVE THE ADMINISTRATIVE FINE **BECAUSE:**
 - **Attach your 'PETITION LETTER' outlining why the Board should waive the administrative penalty. Include details and supporting documentation.**
- I AM SUBMITTING THE ADMINISTRATIVE FINE (\$100) FOR FAILURE TO NOTIFY THE BOARD IN WRITING AS OUTLINED IN THE MESSAGE THERAPY REGULATION OF MY ADDRESS CHANGE WITHIN 60 DAYS FROM THE EFFECTIVE DATE OF MOVE. /

Regards,

Adrienne Congo, MS,

Deputy Director & Massage Therapy Program Mgr., Executive Director • Adrienne B. Congo, M.S., Deputy Director

Chiropractic website: www.dhmm.maryland.gov/chiro • Massage Therapy website: www.dhmm.maryland.gov/massage

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

