



STATE OF MARYLAND

DHMH Board of Chiropractic & Massage Therapy Examiners

Verification of License / Registration Status Request

Board of Chiropractic & Massage Therapy Examiners
Licensees who wish to have a verification letter sent to a regulatory entity, employer, or agency should complete this form.

FEE \$35 per verification

Name: _____

Address: _____

City: _____

State: _____ ZIP: _____ Country: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Date of Birth: _____

Social Sec. No: _____

License / Registration No.: _____

List the state/jurisdiction(s) to which a verification should be sent

1. _____

2. _____

List the agency / entity to which a verification should be sent

ATTN: _____

Agency/Co. Name: _____

Address: _____

City: _____

State: _____ Postal Code / ZIP _____

Has your name changed since your last license or registration?

Yes No

Has your address changed to the information above? Yes

If yes, please print your former name below and submit with this form a copy of one of the following current valid government-issued IDs or document that records your current legal name: Driver's license, state-issued ID, passport or court documents of name change.

Name: _____

Number of letters: ____ x fee per letter: \$35 = payment: \$ ____

Personal Check Money Order / Cashier Check

BELOW THIS LINE FOR BOARD USE ONLY

Check / M.O. Number: _____

Check / M.O. Date: _____

Check / M.O. Amount: _____

ATTN: _____

Agency/Co. Name: _____

Address: _____

City: _____

State: _____ Postal Code / ZIP _____

Please sign: I hereby authorize the MD Board of Chiropractic & Massage Therapy Examiners to send verification letter(s) as indicated on this form.

Signature: _____

Date: _____

PLEASE NOTE: Verification fees are non-refundable. Please allow 10-15 business days for processing.

SUBMIT FORM OF PAYMENT...

by mail: Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215-2299
Attn: Denise Harris, Office Secretary II

**Questions? Contact Denise Harris, Office Secretary II
(410) 764-4738 (e-mail) harrisd@dnhm.state.md.us**