



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

Office (410) 764-4726; Fax (410) 358-1879

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

STAGE 2

SUPERVISING CHIROPRACTOR FORM  
CHIROPRACTIC ASSISTANT TRAINEE PROGRAM

4 MONTH REVIEW

*This form is to be completed and mailed to the Board by the Supervising Chiropractor within four (4) months of date of the Board's letter authorizing training. Please type or print all information.*

Please include the following:

- Copy of Provider-level CPR card/certification; and
- Proof of enrollment in a Board-approved CA instruction course (i.e., copy of enrollment letter from course provider, copy of enrollment receipt, or letter from Supervising Chiropractor confirming Trainee's enrollment and course details, etc.).

\*\*\* Please note that failure to include all required documents will result in the entire package being returned and may affect applicable deadlines. The CA trainee will also be immediately suspended from the CA trainee program. Please contact the Board with any questions.

I attest that \_\_\_\_\_ has completed a provider-level CPR course.  
CA Trainee Applicant

The trainee enrolled in a Board-approved CA 103- hour course of instruction on \_\_\_\_\_.

I understand that failure to submit this form and required documents in a timely manner may result in the Trainee's suspension from the program.

\_\_\_\_\_  
Print Name of Supervising Chiropractor

\_\_\_\_\_  
Signature of Supervising Chiropractor

\_\_\_\_\_  
Date

Retain a copy of this form for your records.