



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

STAGE 3

CHIROPRACTIC ASSISTANT
REGISTRATION & EXAMINATION APPLICATION

INSTRUCTIONS AND CHECKLIST

Please type or print all information. This application must include the following:

- 300 (\$200 application fee + \$100 exam fee) made payable by check or money order to the Maryland State Board of Chiropractic Examiners (Cash and credit cards are not accepted);
Completed clinical training log (520 Hours) signed by Supervising Chiropractor(s);
Copy of Certificate of Completion of 103 Hours CA Course(s) of instruction;
Certificate of Moral Character signed by a licensed Maryland chiropractor;
2 (2x2) passport style photos on white background; and
Copy of fingerprinting receipt.

Applications and all supporting documents must be received by the Board at least 30 days before the scheduled examination date.

APPLICATION

Name: Last First M.I.

Address: Street City State Zip

Phone: Email:

SSN: DOB:

High School: Year Graduated/GED:

School Address:

Current Position: Name of Supervising Chiropractor(s):

Chiropractic Office Address:

Chiropractic Office Phone: Fax:

BOARD USE ONLY

Date Rec'd Check # Check Amt.



CHARACTER AND FITNESS QUESTIONS

Please answer each of the following questions. All responses marked "YES" must be explained in detail on a separate sheet.

YES NO

- 1. YES NO Have you ever held a license, certification, or registration to practice as a chiropractic assistant in any other state?
- 2. YES NO Have you ever been employed by a chiropractor or chiropractic office in Maryland, in any capacity, and was terminated for cause?
- 3. YES NO Have you **ever** been arrested or pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI?
- 4. YES NO Has **any** state licensing, certification or disciplinary board or comparable body in **any** federal, state, municipality, or military brand taken **any** action against **any** of your licenses, certifications or registrations?
- 5. YES NO Have you ever applied for and been denied **any** license, certificate, or diploma to be issued by a professional or government agency or board?
- 6. YES NO Are there outstanding complaints, investigations, charges, or allegations pending against **any** of your licenses, certifications, or registrations in this state or any state?
- 7. YES NO Do you have a physical or mental illness or disability that impairs your ability to practice?
- 8. YES NO Have you ever been addicted to or dependent on alcohol or any drug or illegal substance?
- 9. YES NO Has any hospital, clinic, HMO, managed care organization, other care entity or employer denied you privileges or employment or denied application for employment, or did not renew your contract due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse or addiction?
- 10. YES NO Has a malpractice civil suit or action ever been filed against your license, certification, or registration, or has a claim been made against you, or a settlement or award was made against you?



List the name, address and phone number of a licensed chiropractor who can attest to your moral character. The chiropractor listed here must complete, sign, and return the Certificate of Moral Character (form on website) directly to the Board.

Chiropractor's Name: _____

Address: _____

Email: _____ Phone: _____ Fax: _____

Please provide 2, passport style (2"x2" or 2"x3"), color, head and shoulder photos on a white background. Full body shots are not acceptable. Affix one photo here and attach the other to the upper right corner of the first page of this application.

This form must be signed in the presence of a notary public.

I hereby certify that I am the individual cited in this application and that the photographs attached hereto are a true likeness of me. I attest that my answers provided to the Character and Fitness questions are true and correct to the best of my knowledge and belief.

Signature, Applicant

Date

Signature, Notary Public

NOTARY SEAL (required below)

My commission expires on _____



CERTIFICATE OF MORAL CHARACTER

(To be completed by a licensed Maryland Chiropractor in good standing)

Name of Applicant: _____

I hereby certify that I am personally and/or professionally acquainted with the applicant and I am able to attest to his/her moral character and ability to professionally serve and protect the health care of the citizens of Maryland

Please describe the manner in which you are familiar with the Applicant, including the length of time you have known him/her.

Are you aware of any facts relating to misconduct, administrative, criminal, or civil action against the Applicant that may affect the Applicant’s abilities as a chiropractic assistant?
No _____ Yes _____ **If yes, please attach a detailed explanation to this page.**

(Check One) I ___ recommend ___ do not recommend ___
for registration by the Maryland State Board of Chiropractic Examiners.

I attest that the information provided is true and correct to the best of my knowledge and belief.

Print Name and Credentials

Signature *Date*

License Number

Issue Date *Expiration Date*

Street Address

City *State* *Zip*

Contact Phone Number(s)

Email



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

CRIMINAL HISTORY RECORDS CHECK

A full Criminal History Records Check (CHRC) is a requirement for registration from the Maryland State Board of Chiropractic Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 0500119222**
- **FBI ORI #: MD 920519Z**
- **REASON FINGERPRINTED:** Chiropractic License, Chiropractic Assistant Registration
- **TYPE OF CHECK:** Governmental Licensing/Certification

The cost is \$55.00 (\$31.25 for background check and \$23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

In order to not delay the issuance of a registration, applicants must adhere to the following directions:

MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**
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. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting.** For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

Continued on next page



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

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

www.health.maryland.gov/chiropractic

OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an “Out of State Application for Criminal History Record Check” card.

Note: If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached “Livescan Pre registration Form”. Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial Maryland fingerprint providers near you. Take the “Livescan Pre-registration Form” to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.
3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for \$31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

Mail To:

CJIS Central Repository

P.O. Box 32708

Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

Maryland State Board of Chiropractic Examiners

Attention: Licensing Coordinator

4201 Patterson Avenue, Suite 301

Baltimore, Maryland 21215

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

FINGERPRINT CARD DIRECTIONS

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS where to send the results.

Do not sign the form until you are in the presence of the individual taking your fingerprints.



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: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>		
Height:	ft.	inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>	
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? LICENSURE / REGISTRATION
Position Applied for: MDH - MD STATE BOARD OF CHIROPRACTIC EXAMINERS	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: <hr/>
Address: <hr/>
City, State, Zip code: <hr/>