



# Maryland 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)

## CHIROPRACTIC PRECEPTORSHIP APPLICATION

(CHIROPRACTIC STUDENTS ONLY)

Please type or print all information.

Check the applicable box:

- I plan to practice chiropractic in the State of Maryland. Please forward this Preceptor Application to the Licensing Coordinator.
- I do not plan to practice chiropractic in the State of Maryland.

Applicant must submit the following:

- Criminal History Records Check Fingerprint Receipt (**Out of state residents must contact the Board to obtain the appropriate fingerprinting form**);
- Letter of good standing from Chiropractic College;
- Official Chiropractic College Transcript;
- CPR Certification at Provider Level;
- Three (3) letters of recommendation, sent directly to the Board, from chiropractic college clinical science professors attesting to the applicant's good moral character and clinical abilities;
- Two (2) passport type photos on white background; and
- Check or money order in the amount of **\$50 payable** to the Maryland State Board of Chiropractic Examiners.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Home No.: \_\_\_\_\_ Cell #: \_\_\_\_\_ SSN: \_\_\_\_\_

Email Address: \_\_\_\_\_

Undergraduate School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Chiropractic College: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Preceptorship Start Date: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_\_

### Board-Approved Preceptor Sponsor's Chiropractic Office Information:

Chiropractor's Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Office/Clinic Address: \_\_\_\_\_  
\_\_\_\_\_

#### BOARD USE ONLY

Check #: \_\_\_\_\_ Check Amt.: \_\_\_\_\_ Check Date: \_\_\_\_\_



CHIROPRACTIC PRECEPTORSHIP APPLICATION  
(CHIROPRACTIC STUDENTS ONLY)

CHARACTER AND FITNESS QUESTIONS

Please answer Yes or No to each question. If you answer "Yes" to any question, attach a separate page with a complete explanation of each occurrence include date, time, location, disposition, etc., and a copy of the disciplinary/court document from the issuing agency.

- YES NO
1. Have you ever been expelled, suspended, or formally disciplined during your educational training?
2. Have you ever applied for and been denied any license, certificate, or diploma by a professional or government agency or licensing board in any state?
3. Has any license, registration, certificate, diploma been granted to you and subsequently suspended, revoked, withdrawn, or terminated for any reason in any state?
4. Have you ever been arrested or pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act (felony or misdemeanor), including DWI or DUI?
5. Have you ever had any disciplinary action taken against you by any agency for any reason relating to treating the healthcare public or relating to the practice of healthcare services?
6. Are you now or have you ever been reliant on any drug, alcohol, prescription substance or controlled substance or medication?
7. Do you have a physical or mental illness or disability that impairs your ability to practice?
8. 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?
9. 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. Are there outstanding complaints, investigations, charges, or allegations pending against any of your licenses, certifications, or registrations in this state or any state?

I attest the facts and statements contained herein are true and accurate.

Applicant's Signature

Date

NOTARY CERTIFICATION:

State: County/City:

The undersigned notary public attests that the above-signed individual has signed the above attestation in my presence.

Signed and sworn this day of , .

Print Name

Signature

SEAL

My Commission Expires:



CHIROPRACTIC PRECEPTORSHIP APPLICATION  
EXPLANATION OF CHARACTER AND FITNESS QUESTIONS

Applicant's Name:

A large, empty rectangular box with a black border, intended for the applicant to provide their name and answer the character and fitness questions.



## MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

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### CRIMINAL HISTORY RECORDS CHECK INSTRUCTIONS & FORM

A full Criminal History Records Check (CHRC) is a requirement for a license or 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](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml).

In order to not delay the issuance of a license or 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](http://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](http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml)



## 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](http://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 were 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:	
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 checked="" type="checkbox"/> Government Licensing or Certification
<input type="checkbox"/> Attorney/Client	<input type="checkbox"/> Immigration/VISA
<input type="checkbox"/> Child care	<input type="checkbox"/> Individual Challenge
<input type="checkbox"/> Criminal Justice	<input type="checkbox"/> Individual Review
<input type="checkbox"/> Gold Seal/ Adoption	<input type="checkbox"/> MSP Licensing
<input type="checkbox"/> Gold Seal/Letter/VISA	<input type="checkbox"/> Private Party Petition
<input type="checkbox"/> Government Employment	<input type="checkbox"/> Public Housing

**Mail Response to:**

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

Name:	_____
Address:	_____
City, State, Zip code:	_____