



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 PATTERSON AVENUE, SUITE 301

BALTIMORE, MD 21215

(410) 764-4726

www.health.maryland.gov/chiropractic

CHIROPRACTIC ASSISTANT
2021 LATE RENEWAL/LATE INACTIVE STATUS APPLICATION
(Do not use this form to Reinstate or Reactivate your registration)

PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY. PAYMENT MUST BE MAILED BY CHECK OR MONEY ORDER, PAYABLE TO: MD STATE BOARD OF CHIROPRACTIC EXAMINERS.

NAME: _____ REGISTRATION # _____

DOB: _____ SSN: _____

CURRENT MAILING ADDRESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ HOME PHONE: _____ CELL: _____

EMAIL: _____

SELECT ONE STATUS:

LATE RENEWAL _____

LATE INACTIVE _____

FEES:

Table with 4 columns: Fee Name, Amount, Fee Name, Amount. Rows include LATE RENEWAL FEE (\$250.00), LATE INACTIVE FEE (\$50.00), LATE FEE (\$200.00), and Total Due (\$450.00).

CONTINUING EDUCATION REQUIREMENTS

- Continuing Education: Attach documented proof of satisfactory completion of at least 10 hours for CAs; of Board approved CEUs within the past 2 calendar years.
CPR Certification: Attach documented proof of CPR certification at Healthcare Provider Level from a recognized accredited source.

BOARD USE ONLY

Check Date: _____ Check #: _____ Check Amt.: _____ Initials _____
10 Hours CEUs Rec'd: Yes No CPR Rec'd: Yes No Referred for Audit: Yes No
Date to Investigator for CHRC: _____ Date CHRC Reviewed: _____ Cleared: Yes No
Approved for Renewal: Yes No Signature: _____ Date: _____

CA 2021 LATE RENEWAL APPLICATION

Applicant: _____

COMPLETE ALL REMAINING SECTIONS OF THIS APPLICATION

PROFESSIONAL COMPETENCY & MORAL CHARACTER AND FITNESS QUESTIONS

Please write “yes” or “no” for each question. Affirmative response(s) requires a detailed explanation on a separate sheet and must be included with this application.

Within the past 2 years:

1. _____ Have you been addicted or are currently dependent on alcohol, any drugs (prescription or non-prescription) or any controlled substance?
2. _____ Has any State Licensing or Disciplinary Board in **any** jurisdiction denied your application for licensure/certification/registration reinstatement or renewal, or taken **any** action against your license/certification/registration including but not limited to reprimand, suspension, or revocation?
3. _____ Are there any current complaints, investigations, charges, or allegations pending against you in **any** State by **any** Licensing or Disciplinary Board or Federal, State or Local jurisdictions, including **this** Board?
4. _____ Have you surrendered or allowed your license/certificate/registration to expire while under investigation by a licensing or disciplinary board in **any** jurisdiction?
5. _____ Have you had or do you have a physical or mental health condition, injury or disability that impaired or impairs your ability to practice?
6. _____ Have you **ever** pled guilty, no contest, nolo contendere, or been arrested or convicted or received probation before judgment for **any** criminal act, including DWI or DUI of alcohol, drugs or controlled substances?
7. _____ Has any hospital or related health care institution, insurer or employer denied you privileges or employment, denied any application for privileges or employment, failed to renew your privileges or contract or limited, restricted, suspended, revoked, or terminated your privileges or contract for any reason related to your practice?
8. _____ Has a malpractice suit ever been filed against you, or has a claim for damages been settled or awarded against you?

CONTINUING EDUCATION CERTIFICATION (Initial below):

_____ I certify that I have earned the required _____ hours of CEUs in the past 2 years and that copies of course completion certificates are attached. I understand the Board may verify this information with the provider.

_____ I hold a current healthcare provider level CPR certification. A copy is attached.

ATTESTATION:

I affirm and attest that all information provided on this application is true and correct to the best of my knowledge and belief:

PRINTED NAME

SIGNATURE

DATE

An incomplete application package will delay the processing of your application.