



Maryland State Board of Chiropractic Examiners
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
www.health.maryland.gov/chiropractic

APPLICATION FOR INITIAL CHIROPRACTIC LICENSURE

Please print or type all information

IMPORTANT

Are you a veteran or active duty member of the U.S. military? Yes ___ No ___
Are you the spouse of a veteran or active duty military member? Yes ___ No ___

Branch: ___ Duty Station: ___

Name: ___ (Last) (First) (Middle)

SSN: ___ Date of Birth: ___

Address: ___ (Street) (City) (State) (Zip)

Home Phone: ___ Cell: ___ Work: ___

Email (required): ___

Have you previously, or do you currently, hold any professional license in this or any other jurisdiction?

Yes ___ No ___ If yes, please list the jurisdiction(s) and request a verification of "Good Standing" to be sent to the MD Board.

State ___ License # ___ Date Issued ___ Expiration Date ___
State ___ License # ___ Date Issued ___ Expiration Date ___
State ___ License # ___ Date Issued ___ Expiration Date ___

EDUCATION

Undergraduate School: ___ Dates Attended: ___ Degree: ___

Chiropractic College(s) ___ Dates Attended ___ Degree ___

(List other graduate and/or chiropractic schools attended using a separate sheet if necessary.)

To further its commitment to equal opportunity, the Board of Chiropractic Examiners requests applicants to voluntarily provide the following information.

Race/ethnic identification (please check all that apply):

___ Hispanic/Latino ___ Asian ___ White ___ Black/African American
___ Native Hawaiian/Pacific Islander ___ American Indian/Alaska Native ___ Other ___ (please state)

Gender: ___ Male ___ Female ___ Other (please state) ___ Preferred Pronoun ___

BOARD USE ONLY

Check Date: ___ Check # ___ Check Amt.: ___ Initials ___



Applicant's Last Name & Last 4 digits of Social Security

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?
3. Has **any** license, registration, certificate, diploma been granted to you and subsequently suspended, revoked, withdrawn, or terminated for **any** reason?
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?



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MORAL CHARACTER REFERENCES

I refer you to the following licensed chiropractors, in good standing (non-relatives,) who have known me for at least two (2) years and are able to attest to my character and reputation. These individuals shall each complete and submit Certificates of Moral Character directly to the Board.

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____
Email: _____	Email: _____

FEES: INITIAL APPLICATION AND EXAMINATION

- | | |
|--|------------------------|
| 1. Application \$200.00 + Jurisprudence Examination (required) \$300.00 | Total = \$500.00 |
| 2. Add On – Supervising Chiropractic Exam (optional) \$100.00 | BOTH = \$600.00 |

I hereby make application for licensure as (Check all that applies):

- A Chiropractor (\$500 Fee)
- Supervising Chiropractor (\$600 Fee)

REQUIRED DOCUMENTS I HAVE SUBMITTED WITH THIS APPLICATION

Please check all that apply

- | | |
|--|---|
| <input type="checkbox"/> Notarized Application and Application Fee payable to MD Board of Chiropractic Examiners | <input type="checkbox"/> Two (2) passport size photos |
| <input type="checkbox"/> Copy of valid driver's license or state issued ID | <input type="checkbox"/> Copy of Undergraduate College Transcript |
| <input type="checkbox"/> Copy of Chiropractic School Transcript | <input type="checkbox"/> Copy of Fingerprint receipt |
| <input type="checkbox"/> Copy of National Exam Score Report (NCBE) | |
| <input type="checkbox"/> Copy of unexpired CPR Card (Healthcare Provider Level) | |

Veteran or Spouse of Veteran

- Copy of Military ID with application.
- Spouse of Veteran, provide Military ID of spouse and Copy of Marriage Certificate.

DOCUMENTS I HAVE REQUESTED TO BE SENT DIRECTLY TO THE MD BOARD

- | | |
|--|---|
| <input type="checkbox"/> Official Chiropractic School Transcript | <input type="checkbox"/> Official Undergraduate College Transcript |
| <input type="checkbox"/> Official National Board Score (NCBE) | <input type="checkbox"/> Verification of Good Standing from out of state Board(s) |
| <input type="checkbox"/> Two (2) Moral Character References | |

OFFICIAL TRANSCRIPTS, NATIONAL BOARD SCORE AND CHRC RESULTS MUST BE RECEIVED BY THE BOARD BEFORE APPLICANTS MAY BE SCHEDULED FOR THE MD JURISPRUDENCE EXAMINATION.



Applicant's Last Name & Last 4 digits of Social Security

JURISPRUDENCE EXAMINATION, NO-SHOW AND FAILURE POLICY

The following policy pertains to applicants for licensure. There are no waivers or exceptions to the following:

- Completed application package must be **postmarked at least 45 days prior** to the scheduled examination date.
- All applicants shall successfully take and pass the Board's Jurisprudence Examination to qualify for licensure.
- All applicants must appear for the examination at the time/date specified in the Admittance Letter.
- Applicants who fail to appear without prior notification to the Board must wait at least sixty (60) days from the date of the unexcused absence to retest. **Unexcused absences count as a failure. There are no refunds for unexcused absences.**
- An applicant failing the examination the first time may retest on the next available examination date.
- An applicant failing the examination a second time may retest again only after waiting at least sixty (60) days from the date of the second failure.
- An applicant failing the examination a third time may retest only after waiting at least ninety (90) days from the date of the third failure, meeting with the Board at its request, and recommended approval of the Board. Final approval regarding retesting availability will be made by the Board upon written request of the applicant.
- **An applicant's file shall be closed/terminated one (1) year from the original application date regardless of the status of the applicant in the examination process.** At such occurrence, the applicant may reapply for qualification and submit all required fees, documentation, and an application form as a new applicant. Any/all previous failures will be applied to the new application. For example, an applicant failing the examination three (3) times under the first application and then reapplying after a lapse of one year, will still have three (3) failures credited to the application and will require approval of the Board to retest.

ACKNOWLEDGEMENT

I have read and understand fully the provisions of the above stated policy.

Signature

Date



Applicant's Last Name & Last 4 digits of Social Security

ATTESTATION

I agree to abide by the laws and regulations governing the practice of chiropractic found in Maryland Code Annotated, Health Occupations Article §§3-101 *et seq.* and in the **Code of Maryland Regulations 10.43.01 et seq.** and to take all examinations necessary for the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics.

I have read the Chiropractic statute and regulations. I acknowledge and agree that the burden is solely on me to produce all adequate and acceptable proof of educational, professional and character qualifications sufficient to meet the requirements for licensure.

I agree to hold the Maryland State Board of Chiropractic Examiners, its members, officers, staff, agents and examiners free from any damage or claim for damage or complaints by reason of any action they or any one of them take in connection with this application, the examination proctor, the grades, with respect to any examination, and/or failure of the Board to issue me a license. I hereby grant permission to the Board to seek any and all information or references it deems fit in securing my credentials pertinent to this application. I further agree that if issued a license to practice chiropractic, upon suspension, revocation, or cancellation of such license, I shall return the official license back to the Board.

The information provided in this application is truthful and correct to the best of my knowledge and belief. I understand that providing false information of any kind or omitting information known to me may result in the voiding of this application. I agree that all documents and fees submitted with this application are the property of the Board and are non-refundable.

Print Name

Applicant's Signature

Date

NOTARY CERTIFICATION:

State: _____ City/County: _____

The undersigned notary public attests that the above-signed individual/applicant has presented photo identification and has signed the above under oath/affirmation.

Signed and sworn before me this _____ day of _____, _____.

Name and signature

Date My Commission Expires

NOTARY SEAL

Please provide two (2) passport type, color, head and shoulder photos on a solid background.
Photos must be 2"x2" or 2"x3". Full body photos are not acceptable.
Affix one photo to this box and paperclip the other photo to this page.



Applicant's Last Name & Last 4 digits of Social Security

**EXPLANATION-CRIMINAL HISTORY RECORDS CHECK
BACKGROUND, CHARACTER & FITNESS QUESTIONS**



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

CERTIFICATE OF MORAL CHARACTER

(To be completed by a licensed 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 as a chiropractor and protect the healthcare 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 chiropractor?

No _____ Yes _____ If yes, please attach a detailed explanation to this page.

(Check One) _____ Applicant is of good moral character and I recommend him/her for licensure as a chiropractor by the Maryland State Board of Chiropractic Examiners.

_____ I do not recommend Applicant for licensure as a chiropractor 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 beliefs.

Print Name and Credentials Signature Date

License Number Issuing State Issue Date Expiration Date

Street Address City State Zip

Contact Phone Number(s) Email

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD. DO NOT GIVE TO THE APPLICANT FOR SUBMISSION WITH THE APPLICATION PACKAGE.



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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.

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 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



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 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 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
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Mail Response to:
(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____