MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS
4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
(410)764-4726
www.health.maryland.gov/chiropractic

CHIROPRACTIC APPLICATION TO RETAKE JURISPRUDENCE EXAMINATION

Please print or type all information. The retake examination fee of $400 is due with this form, payable to the Maryland State Board of Chiropractic Examiners, by check or money order. Cash and credit cards are not accepted. The Board will contact you regarding the date and time and of the retake examination.

Name: _____
(Last) *(First)* *(Middle)*

SSN: _____ Date of Birth: _____ Place of Birth: _____

Address: _____
(Street) *(City)* *(State)* *(Zip)*

Phone: _____ Cell: _____ Email: _____

I hereby apply to retake the Maryland Chiropractic Jurisprudence examination. The required fee of $400, payable to the Maryland State Board of Chiropractic Examiners by check or money order, is enclosed with this application.

_____ _____
Applicant's Signature *Date*

Board Use Only

Fee Rec'd: _____ Check #_____ Check Date: _____

JP Only: _____ Supervising Chiro only: _____ Both:_____

Date of prior exam(s): _____ Score on prior exam(s): _____

Date Approved._____ Initials: _____ Re-Test Date_____