



Maryland State Board of Chiropractic Examiners

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

www.health.maryland.gov/chiropractic

CA REGISTRANT/ TRAINEE CHANGE OF STATUS

The form may be scanned and emailed to mdh.chiropractic@maryland.gov

This form is to be completed by the Supervising DC within 10 days of termination, transfer, death, or voluntary departure of the CA Registrant/Trainee. Please type or print.

Name: _____ Phone No.: _____

Check One: CA Registrant [] Registration Number: _____ CA Trainee []

Home Address _____ City _____ State _____ Zip _____

Office Name _____ Street Address _____ City _____ State _____ Zip _____

Office Phone _____ Fax _____ CA/Trainee Email _____

Dates of Employment: ____/____/____ to ____/____/____

Reason for change of status (check one):

- Voluntary departure [] Lay-off [] Termination ** (complete section below) []
Transferred to a different supervising DC in the same office on ____/____/____ []
Transferred to a different supervising DC and office on ____/____/____ []
Transferred to a different office with same supervising DC on ____/____/____ []
Began working with 2 or more supervising DCs in same or different office(s) within our organization on ____/____/____. []

I, _____, [] recommend [] would not recommend the above CA Registrant/Trainee to another practice. If you would not, please state your reason(s):

**I terminated the above CA Registrant/ Trainee from employment/the training program for the following reasons: _____

I attest that the foregoing is true to the best of my knowledge and belief.

Print Name of Supervising DC _____ Signature of Supervising DC _____ Date _____