





Please type or print all information.

Please check, \_\_\_\_\_, I have completed at least 60 hours of academic coursework obtained through completion of a college program accredited by the Council of Chiropractic Education, as part of the Doctor of Chiropractic program, including the following minimum requirements:

(i) Foundations; (ii) Basic Sciences; (iii) Clinical Sciences; and (iv) Professional practice.

**20 HOURS OF INSTRUCTIONAL COURSEWORK IN DRY NEEDLING IN A HANDS-ON CLASSROOM SETTING**

If you have more than one course, please make copies of this page and include them with the application. You must provide a detailed description of the course to be reviewed by the Board. The description MUST include all information pertinent to COMAR 10.43.16 .04 Minimum Education and Training Required. You must have completed three (3) hours of this education during the current renewal cycle. If you are petitioning for credit for clinical practice, please explain and document your clinical experience on a separate sheet of paper.

This section is not necessary if you have a certificate of completion for a 20-hours course and attach it

Course: \_\_\_\_\_ Hours or CEUs: \_\_\_\_\_

Dates: \_\_\_\_\_ Location: \_\_\_\_\_

(City/State): \_\_\_\_\_

Sponsor: \_\_\_\_\_

Description: (Use a separate sheet of paper if needed):

**20 HOURS HANDS ON TRAINING SELF-CERTIFICATION**

All applicants for dry needling registration must self-certify they took a 20-hour course or a course in substantially similar form, sponsored by a provider approved by the Board.

Applicant: \_\_\_\_\_ License #: \_\_\_\_\_  
(Print Name as it appears on License)

I do hereby attest and certify that I have completed a 20-hour course, or a course in substantially similar form, sponsored by a provider approved by the Board, in performing dry needling as required under the dry needling regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby submit the Dry Needling Registration Application to the Maryland State Board of Chiropractic Examiners and, I HEREBY DECLARE AND AFFIRM under the penalties of perjury that **all** information contained in this application are true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_