

## MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301 Baltimore, MD 21215 (410)764-4726 www.health.maryland.gov/chiropractic

## DRY NEEDLING REGISTRATION APPLICATION

To practice dry needling in the State of Maryland applicants must meet certain education and training requirements under COMAR 10.43.16 and be registered prior to practicing. It is the responsibility of the applicant to read and understand the regulations prior to applying for registration.

## There is a one-time \$100.00 registration fee due with this application.

Send the application with copies of the certificates of completion for each course to the address above. If you do not have a certificate of completion for an educational course you MUST complete the course description section of the application.

After the Board reviews the completed registration application and attached documents you will be notified if the minimum education and training requirements have been met. You may not practice dry needling until you have received written approval from the Board. If your application is denied you will receive a written notice stating why either by email or a written correspondence. Incomplete registration applications will not be reviewed by the Board.

## Please type or print all information.

Applicant's Name:							
Address:							
Stre	et C	lity		State		Zip	
Home/Cell Phone:	(	Office No:					
License No.:	Email:						
Name of Chiropractic Office:							
Address of Chiropractic Office:							
	Street		City		State	Zip	
Are you an active duty me	mber of the U.S. Military?	Yes		No			
Are you the spouse of an active duty military mem		? Yes_		No			
Branch:							
Duty Station:							
Are you trained in and currently practicing Dry Needling? Yes No If yes, attach evidence of training to the application form.							
Estimated total hours of hands-on experience in Dry Needling:							
BOARD USE ONLY							
Date Rec'd	App Fee Rec'd	Check #			Cert. Rec'd		
Credentials verified	Date Approved	Initials					



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 pag application. You must provide a detailed description of the course description MUST include all information pertinent to COMAR Training Required. You must have completed three (3) hours of renewal cycle. If you are petitioning for credit for clinical practic clinical experience on a separate sheet of paper.	e to be reviewed by the Board. The 10.43.16 .04 Minimum Education and this education during the current				
This section is not necessary if you have a certificate of completion	on for a 20-hours course and attach it				
Course:	Hours or CEUs:				
es: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 substantially similar form, sponsored by a provider approved by t					
Applicant: (Print Name as it appears on License)	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 Mary Examiners and, I HEREBY DECLARE AND AFFIRM under the penalt contained in this application are true and correct to the best of my known	ies of perjury that <u>all</u> information				
gnature: Date:					