



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 AND/OR SUPERVISING DC 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 (check all applicable fields):

- the Maryland Chiropractic Jurisprudence Examination.
the Supervising DC Examination
the Maryland Chiropractic Jurisprudence and Supervising DC Examinations

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 # Chiro Only: Sup Chiro: Both
Date of prior exam(s): Score on prior exam(s):
Date Approved: Initials: Re-Test Date Score