



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301

Baltimore, MD 21215

(410)764-4726

www.health.maryland.gov/chiropractic

APPLICATION FOR SUPERVISING CHIROPRACTOR DESIGNATION

To qualify for certification as a Supervising Chiropractor, applicants must meet the following requirements:

- *Hold an active license in good standing, with physical therapy privileges;*
- *Remit a non-refundable application fee of \$100 by check or money order payable to the Maryland State Board of Chiropractic Examiners.*
- *Pass the Supervising Chiropractor examination (See Board website for dates/times of the exam and applicable statutes and regulations); and*
- *Possess high moral and professional standards (a history of disciplinary actions in this or other jurisdictions may affect your application).*

Please type or print all information.

Applicant's Name: _____

Address: _____
Street City State Zip

Home/Cell Phone: _____ Office No: _____

License No.: _____ Email: _____

Name of Chiropractic Office: _____

Address of Chiropractic Office: _____
Street City State Zip

Number of Chiropractors in Office: _____ Number of CAs in Office: _____

Number CA Trainees in Office: _____

I agree to comply with all applicable statutes and regulations regarding the supervision of Chiropractors, Chiropractic Assistants and Chiropractic Assistant Trainees.

Signature

Date

BOARD USE ONLY

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

Exam Date _____ Date Admit Letter Sent _____ Initials _____

Score _____ Date Datasheet Sent _____ Initials _____