STATE OF MARYLAND
BOARD OF CHIROPRACTIC EXAMINERS
4201 Patterson Avenue, Baltimore, MD 21215-2299
(410) 764-4726 www.mdchiro.org

CHIROPRACTIC ASSISTANT APPLICATION FOR RE-EXAMINATION

Please submit this form with the re-examination fee of $400.00. If you have previously failed this examination 2 times or more, also attach a signed certification of satisfactory completion of a 10-hour CA refresher course from a Board approved instructor.

NAME_____

ADDRESS_____

PHONE_____ **FAX**_____ **EMAIL**_____

NAME OF SUPERVISING CHIROPRACTOR_____

NAME/ADDRESS OF CHIROPRACTIC OFFICE WHERE WORKING:

I HEREBY MAKE APPLICATION **for re-examination of the Board Chiropractic Assistant Proficiency and Jurisprudence Examination.**

I previously took the examination on (list all dates taken and scores, if you can recall):

Month/Year	**Score**
_____	_____
_____	_____

Make money order or bank check for $400.00 payable to: "*MD Board of Chiropractic Examiners*" And submit with this form. (No cash, personal check or credit card payment is accepted). You will be contacted regarding a re-examination time/date.

I attest that the above information is true and correct to the best of my knowledge and belief:

_____ _____

Applicant printed name **Signature** **date**

Feb/2008