

Current Position: _____

Chiropractor's Name: _____

Clinic Name: _____

Clinic Address: _____

Office Telephone: _____

High School Attended: _____

High School Address: _____

Home Address: _____

City	State	Zip Code
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Year of Graduation: _____ *OR* **Year of High School Equivalency (GED):** _____

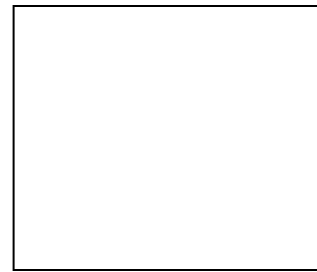
GED Given By: _____

Please write "yes" or "no" to each question. Any "yes" responses must be fully explained in detail on a separate sheet. ALL questions must be answered or the application will not be processed.

- _____ 1. Have you ever been addicted to or dependent on alcohol, or any drug or illegal substance?
- _____ 2. Has any state licensing, certification or disciplinary board or comparable body in any federal, state, municipality, or military branch taken any action against any of your licenses, certifications or registrations?
- _____ 3. Are there outstanding complaints, investigations, charges or allegations pending against any of your licenses, certifications or registrations?
- _____ 4. Do you have a physical or mental illness or disability that impairs your ability to practice?
- _____ 5. Have you ever been arrested or pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI?
- _____ 6. Has any hospital, clinic, HMO, managed care organization, other care entity or employer denied you privileges or employment or denied application for employment, or did not renew your contract due to incompetence, unprofessional conduct, impairment, drug or alcohol abuse, or addiction?
- _____ 7. Have you ever applied for and been denied any license, certificate, or diploma to be issued by a professional or government agency or board?
- _____ 8. Have you ever held a license, certification or registration to practice as a chiropractic assistant in any other state?
- _____ 9. Has a malpractice civil suit or action ever been filed against you, or has a claim been made against you, or a settlement or award been made against you?

You must provide two (2) passport-size head and shoulders photographs, at least 2" x 2" to 2" x 3". **Full body photographs are NOT acceptable.**

Firmly paste one photograph (no. 1) to this box and endorse your signature across the front of the other photograph (no. 2).



YOU MUST PROVIDE AN INKED PRINT OF THE RIGHT THUMB IN THE ABOVE BOX

CERTIFICATE OF APPLICANT

I HEREBY CERTIFY that I am the applicant cited in the foregoing application. I further certify that the photographs herein attached are a true likeness of me, taken on or about the _____ day of _____, _____. I further attest to the following:

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

OTHER PHYSICAL IDENTIFYING MARKS: _____

Applicant's Signature in Full: _____

State of: _____

County of: _____

I, _____, being duly sworn states that he/she is the person referred to in the foregoing Maryland Chiropractic Assistant Application for Registration, and that he/she has carefully read and fully understands this Affidavit, and the statements herein are true in every respect.

Signed and sworn to before me this _____ day of _____, _____

Notary Public Signature: _____

SEAL

My Commission Expires: _____, _____

CERTIFICATE OF MORAL CHARACTER

List the name and address of one licensed chiropractor who can attest to your moral character. The chiropractor listed must complete, sign, and return to you the moral character form. You must submit the completed form with this application, along with all applicable fees.

Name: _____

Address: _____

DOCUMENTATION OF IN-SERVICE TRAINING HOURS

The information below is being requested regarding your employment history with the chiropractor you are currently employed by. If you are in need of additional forms to meet the minimum six months in-service training requirement, please contact the Chiropractic Board Office and we will forward additional forms for you to forward to your previous employer.

To Be Completed by Applicant

Date clinical training began: _____

Date clinical training ended: _____

Names of Supervising Chiropractor(s) involved in my training: _____

To Be Completed by Chiropractor

- I certify that I have supervised the above applicant/trainee in accordance with Board laws and regulations;

- I further certify that I have personally completed the applicant training log and attest that the entries are true and correct and that I witnessed the training recorded in the log;

- I hereby certify that the information regarding the applicant's employment history, under my supervision, is accurate to the best of my knowledge and belief.

Signature: _____ Date: _____



FOR BOARD USE ONLY

In-Service Training Approved: _____

Educational Requirements Met: _____

Approved for Examination: _____

