

MARYLAND BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Ave., Baltimore, MD 21215-2299

410.764-4726 FAX 410.358-1879

Web: [www.mdchiro.org](http://www.mdchiro.org)

**NOTICE OF EMPLOYMENT OF CA APPLICANT  
& CHANGE OF CA STATUS FORMS**

(Forms revised to conform to regulatory revision enacted 10/22/07)

**In order to employ, train or sponsor a CA or a CA applicant/trainee, the chiropractor/licensee must be an actively licensed chiropractor with a PT endorsement and must hold a certification as a Supervising Chiropractor from the Board.** If you have these requirements, continue. If not, you may not hire/train/sponsor an individual for a CA position. If you are not a Supervising Chiropractor, to achieve certification, under the revised regulations requires an application, fee of \$300.00, passing an examination and Board interview. This process takes approximately 60-90 days.

As the prospective employer and supervisor of a CA applicant or Registered CA, you are required to observe and scrupulously follow all regulatory procedures and protocols. Recent regulatory changes, effective October 22, 2007, provide very detailed and exacting requirements to be met by the Supervising Chiropractor. A copy of the pertinent provisions of the regulations is herein attached. You must read, understand and adhere to all provisions of these regulations. The safety of the General Public, the reputation of the chiropractic profession and your license are at stake.

The enclosed forms must be legibly completed, signed and submitted as indicated. These forms track the hiring, training, termination and transfer of a CA through his/her apprenticeship and employment with your practice. Failure to complete and submit any of these required forms as required in a timely manner may result in disciplinary action against your license.

Any questions regarding the CA or Supervising Chiropractor programs should be addressed directly to me at 410-764-5985 or at [vallonej@dnhm.state.md.us](mailto:vallonej@dnhm.state.md.us).

Regards,

J. J. Vallone, J.D.  
Executive Director

enclosed: Forms & copy of pertinent regulations

10/2007

**NOTICE OF EMPLOYMENT OF  
CHIROPRACTIC ASSISTANT (CA) APPLICANT**

(To be submitted immediately upon hiring/sponsoring a CA applicant)

From: Dr. \_\_\_\_\_ Date \_\_\_\_\_

To: Maryland Board of Chiropractic Examiners

Please be advised that I am hiring/sponsoring \_\_\_\_\_ as a chiropractic assistant applicant. It is anticipated that he/she will work \_\_\_\_\_ day(s) per week in my practice under the direct supervisions of the undersigned Supervising Chiropractor. I verify and attest that:

- I am licensed in good standing with the Board and hold both PT privileges and am certified as a Supervising Chiropractor and that I have read and understand all provisions of the pertinent regulations regarding CAs. I agree to complete and submit in a timely manner all required forms and reports.
- I understand and agree that the maximum number of individuals I may train/supervise are: 2 CA Applicants and 3 CAs.
- I understand that all provisions of the training curriculum (didactic and clinical must be completed by the applicant within one (1) year); I agree to contact the Board at the end of the 1-year period to verify that the applicant has met all requirements and is prepared to take the Board Examination or has not met such requirements.
- I understand that the clinical, in-service curriculum of 520 hours consists of 40 hours of observation of procedures and 480 hours of direct supervision in procedures and modalities. I agree to maintain a legible, written log/report reflecting all aspects of the in-service training. I understand and agree that upon completion of the in-service training, I will submit the written log/report reflecting the satisfactory completion of this training or at any time upon Board request .
- I understand and agree to contact the Board in writing within ten (10) working days if/when the employee/applicant leaves my practice (using the attached form).
- I agree never to inquire, petition or demand of a CA applicant or registrant to engage in any improper, illegal, unethical procedure or policy or to violate any law, regulation or guideline of the Board or the State of Maryland.

\_\_\_\_\_  
Printed name of Supervising D.C.

\_\_\_\_\_  
Printed name of CA Applicant

\_\_\_\_\_  
Signature of Supervising D.C.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
D.C. Mailing Address

\_\_\_\_\_  
Applicant Mailing Address

# CHANGE OF STATUS REPORT FORM

(Must be submitted to the Board within 10 days of the termination, transfer or departure of a CA or CA applicant/trainee)

Supervising Chiropractor Name & Address:

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CA or CA Applicant Name & Address:

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Date on which employment/training began and terminated: \_\_\_\_\_ / \_\_\_\_\_

## COMPLETE THE FOLLOWING:

I, Dr. \_\_\_\_\_, Supervising Chiropractor, hereby attest to the change in status of the abovementioned employee/trainee.

The employee/trainee (check one below):

1. \_\_\_ was terminated for cause on \_\_\_\_\_ for the following reason(s)

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2. \_\_\_ departed on his/her own volition on \_\_\_\_\_

3. \_\_\_ transferred to the following chiropractic practice:

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The forwarding address of the employee/applicant is:

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I would/would not (circle one) recommend this individual for continuation in the CA program because: \_\_\_\_\_

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\_\_\_\_\_  
Signature of Supervising Chiropractor

\_\_\_\_\_  
Date



