



**NOTIFICATION OF HIRING AN ACTIVE REGISTERED CHIROPRACTIC ASSISTANT**

*This notification may be faxed to the attention of the Board's Licensing Coordinator.*

Date: \_\_\_\_\_

To: Maryland State Board of Chiropractic Examiners  
4201 Patterson Avenue, Suite 301  
Baltimore, MD 21215  
Attention: Chiropractic Licensing Coordinator  
Fax Number: 410-358-1879

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am pleased to announce that Chiropractic Assistant \_\_\_\_\_,  
*Full Name*

**RC** \_\_\_\_\_ will join \_\_\_\_\_  
*Registration No. Office/Practice Name*

\_\_\_\_\_  
*Office/Practice Address*

\_\_\_\_\_  
*Phone Fax Email*

on \_\_\_\_\_ (date).

Attached are copies of his/her current CPR card, **and** active CA Registration. The registration will be conspicuously displayed in the office(s) where he/she will be employed.

Thank you,

\_\_\_\_\_  
Print Name of Supervising Chiropractor      Signature of Supervising Chiropractor      **S** \_\_\_\_\_  
License No.

cc: Employment File

Enclosure(s): (1) Valid CPR card  
(2) Copy of Board issued Active Registration