



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

CHIROPRACTIC ASSISTANT TRAINING PROGRAM

GUIDE AND REQUIREMENTS

STAGE 1 REQUEST TO EMPLOY CA TRAINEE

- Supervising Chiropractor submits the Request to Employ Application for CA Training Program (Pages 1 & 2) & The CA Trainee's Application (Pages 3 & 4 with a copy of the Fingerprint Receipt) in one packet to the Board via mail or facsimile. Ensure the photo ID is legible.
- Supervising Chiropractor's Office receives the Board Authorization Letter to commence with training. Potential CA Trainee may commence the 20 hours of observation while waiting for the Board's authorization to employ. Barring any criminal history background check issues, the Board's authorization response time is within 48 hours after receipt of the criminal history records check results. **Fingerprint results may take up to four weeks. Therefore, it is recommend that CA trainee applicants present for fingerprints at least five (5) days before submitting the Request to Employ application.**

STAGE 2 4 MONTH REVIEW

- Supervising Chiropractor submits the 4 Month Review Form, located on the website under the Applications and Forms link <https://health.maryland.gov/chiropractic/Documents/4monthr.pdf>, within four (4) months of date of the Board Authorization Letter to commence with training.

STAGE 3 CA APPLICATION FOR REGISTRATION/EXAMINATION

- Submit the CA Application for Registration/Examination package at the completion of the CA training program. The application package must be postmarked by the deadline dates posted on the Board's website <https://health.maryland.gov/chiropractic/Documents/schedule.pdf>

Application Package includes:

- ◆ Completed "Application for Registration and Jurisprudence Examination" form – Stage 3
- ◆ Photos – Two (2x2) passport style pictures on white background which can be obtained at any CVS, Walgreens, Walmart, etc.
- ◆ Fee – Business Check, Money Order or Bank cashier's check
- ◆ Notarized Criminal History Attestation of truthful information – Signed in presence of a notary and containing notary seal or stamp.
- ◆ Official Certificate of Completion of 103-hour Coursework signed by the instructor
- ◆ Copy of completed clinical Logs totaling 520 hours and signed by the supervising chiropractor(s) who trained on the listed modalities/techniques
- ◆ Certificate of Moral Character by individual attesting to the CA's moral character.

Make a copy of the package for the office and/or Supervising Chiropractor before mailing.



MARYLAND STATE BOARD OF CHIROPRACTIC EXAMINERS

4201 Patterson Avenue, Suite 301
Baltimore, MD 21215
Office (410) 764-4726; Fax (410) 358-1879
www.health.maryland.gov/chiropractic

STAGE 1

SUPERVISING CHIROPRACTOR
"REQUEST TO EMPLOY"
CHIROPRACTIC ASSISTANT TRAINEE

APPLICATION FOR CA TRAINING PROGRAM
[This form is to be completed by the Supervising Chiropractor(s)]

Please type or print all information requested.

I/We, _____ / _____,
Supervising Chiropractor(s), License No.: _____ / _____ request to employ/sponsor
_____, CA Trainee Applicant.

I / We hereby attest that (each box must be checked):

- Applicant is a high school graduate.
Applicant is at least 18 years of age.
Applicant is a U.S. citizen, resident alien, or is legally residing and authorized to work in the U.S.
Applicant is sufficiently proficient in the English language to effectively communicate with patients.
I/We understand that Applicant must complete a Board-approved, provider-level, CPR course. I/We will submit proof of completion along with a copy of the issued CPR card or certification no later than four (4) months from the Applicant's date of hire.
I/We understand that Applicant must enroll in a Board-approved, CA 103-hour course of instruction within four (4) months of Applicant's date of hire. I/We will submit proof of enrollment to the Board once the Applicant becomes enrolled, or no later than four (4) months from the Applicant's date of hire.
I/We understand that Applicant must complete all hands-on, clinical and didactic training and apply to take the CA examination within one (1) calendar year from the Applicant's date of hire determined by the Board's, "Authorization Letter to Commence with Training".
I/We understand that I/We may train/supervise no more than five (5) CAs or CA trainee applicants.
I/We understand and agree that the clinical in-service curriculum of 520 hours consists of 20 hours of observation and 500 hours of direct supervision in modalities and procedures. I/We agree to maintain accurate and legible records of all training hours during the training period.

BOARD USE ONLY
Date of CHRC _____ Initials _____
Approval Date _____ Initials _____



- I/We agree to complete and forward the "**4 Month Review Form**" and related documents to the Board, four (4) months from the authorization to commence with training.
- I/We understand that I/We may not begin training the Applicant until I/We receive the authorization letter to do so from the Board.
- I/We agree to submit a Change of Status form to the Board within ten (10) days of the trainee applicant's departure from my/our practice regardless of the reason for the departure.

I/We currently employ the following CA Trainees and registered CAs:

Name	Date of Hire	Location	Status (Trainee or Reg. CA)

I/We understand that Applicant's failure to comply with any section of the training program, within the time prescribed, will result in immediate suspension from the CA training program. While suspended the Trainee may not engage with patients.

You may petition the Board for an extension or waiver to complete the program requirements. However, the CA Trainee remains suspended unless/until the Board grants an extension or waiver in writing.

I/We have read and understand my/our duties and obligations as the Supervising Chiropractor(s) as set forth in this "Request to Employ" and with all applicable Maryland statutes and regulations.

The above information is true and correct to the best of my/our knowledge and belief(s).

Primary Supervising D.C. (Print Name Legibly)

Signature *Date*

Practice Address

Phone Number

Fax Number

Email

Email

Secondary Supervising D.C. (Print Name Legibly)

Signature *Date*



**THE FOLLOWING FORMS ARE TO BE COMPLETED BY
THE CA TRAINEE APPLICANT**



CHIROPRACTIC ASSISTANT TRAINEE
"REQUEST TO EMPLOY"

APPLICATION FOR CA TRAINING PROGRAM

[This form is to be completed by the CA Trainee Applicant and must be notarized.]

Please type or print all information requested. Incomplete applications will not be processed by the Board.

This application must include the following at time of submission to the Board:

- Proof of Identity - (either copy of driver's license, valid State ID or unexpired passport);
Proof of Age - (either copy of birth certificate, driver's license, valid State ID or passport);
Proof of High School Graduation/GED - (Copy of high school diploma, college diploma or final transcript indicating graduation). If foreign school, documents must have official translation attached and documentation of ability to work in the U.S;
Copy of Criminal History Record Check - Fingerprinting Receipt must be attached to this application.

*An applicant may start the 20 hours of observation while waiting for the Board's authorization letter to commence with training. However, a CA Trainee Applicant may not commence working or training with patients until/unless the Supervising D.C. has received the written authorization letter from the Board. Approval is contingent upon receipt of the Criminal History Record Check Report.

Name of Applicant: _____

Address: _____
Street City State Zip

Phone Number(s): _____ Email: _____

Date of Birth: _____ Place of Birth: _____ SSN: _____

High School: _____ Year Graduated/GED: _____

CHIROPRACTIC OFFICE INFORMATION

Supervising Chiropractor's Name: _____

Office Address: _____

Office Phone: _____ Office Fax No.: _____

Will the Trainee be working with more than one Supervising D.C.? Yes or No (circle one)

List Secondary D.C.: _____



Please truthfully answer each of the following questions. If you answer yes to any question , please describe the circumstances surrounding each incident in detail on a separate sheet.

YES NO

- 1. [] [] Are you proficient in the English language such that you are able to communicate effectively with patients?
2. [] [] Have you ever been arrested, charged with a crime, or pled guilty, nolo contendere, no contest, or been convicted or received probation before judgment for any criminal act, including DWI or DUI in this or any other state?

If "Yes" (regardless of the timeframe), attach a copy of the court records related to each incident. You must also submit a detailed letter with this application explaining the circumstances involved in each incident.

- 3. [] [] Have you ever been employed in the healthcare profession?
4. [] [] Have you ever been licensed or registered in any profession?
5. [] [] Have you ever had a license, registration, or certification suspended, revoked or otherwise sanctioned in this or any other state?
6. [] [] Have you ever been employed by a chiropractor or chiropractic office in Maryland, in any capacity, and was terminated for cause?
7. [] [] Have you ever been an abuser of or dependent on alcohol, illegal drugs, prescription medication or controlled substances?
8. [] [] Are you a United States citizen or resident alien? If No, attach a copy of your authorization to work in the U.S. If resident alien, include copy of your Permanent Resident Card.
9. [] [] Are you a veteran or the spouse of a veteran of the U.S. Armed Forces? If so, please provide the branch of service and date of discharge (if applicable) and a copy of your military ID.

I attest that my answers are true and correct to the best of my knowledge and beliefs. I have attached a copy of my fingerprinting receipt to this application.

Print Applicant's Full Name Applicant's Signature Date

Notary's Printed Name

Notary's Signature:

My Commission expires on

Application must be signed in the presence of a notary and seal affixed.



**THIS PAGE IS FOR THE ATTACHMENT
OF YOUR CRIMINAL HISTORY
RECORDS CHECK
FINGERPRINT RECEIPT**



CRIMINAL HISTORY RECORDS CHECK

A full Criminal History Records Check (CHRC) is a requirement for registration from the Maryland State Board of Chiropractic Examiners. This background check includes a search of both a State and FBI database. The Department of Public Safety and Correctional Services' Criminal Justice Information System (CJIS) oversees Criminal History Record Checks. Fingerprints are used to complete the Criminal History Records Check.

Information you will need to complete the fingerprint form for the background check is provided below:

- **CJIS AUTHORIZATION #: 0500119222**
- **FBI ORI #: MD 920519Z**
- **REASON FINGERPRINTED:** Chiropractic License, Chiropractic Assistant Registration
- **TYPE OF CHECK:** Governmental Licensing/Certification

The cost is \$55.00 (\$31.25 for background check and \$23.75 for fingerprinting service). The background check fee is paid to CJIS. The fingerprinting service fee must be paid directly to the provider. The cost of fingerprinting services from private providers may vary. Check with the provider to determine what forms of payment are accepted. For additional information contact CJIS at 410-764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml.

In order to not delay the issuance of a registration, applicants must adhere to the following directions:

MARYLAND RESIDENT

1. Print and fill out a copy of the attached "Livescan Pre-registration Form". Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial fingerprint providers near you. Take the "Livescan Pre-registration Form" to the commercial fingerprint provider with you. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**
2. When you have your fingerprints taken you will be given a receipt for payment. Include a copy of the receipt when filing your initial application.
3. Your application package is complete only after the Board receives the results of the background check. **The results can take up to four weeks after initial fingerprinting.** For additional information contact CJIS at 410 764-4501 or visit www.dpscs.maryland.gov/publicservs/fingerprint.shtml

Continued on next page.



OUT OF STATE RESIDENT

1. Before submitting a completed application, contact the Board at 410 764-4738 to request an “Out of State Application for Criminal History Record Check” card.

Note: If you are in, or work close to Maryland you may elect to print out and complete a copy of the attached “Livescan Pre registration Form”. Go to www.dpscs.maryland.gov/publicservs/fingerprint.shtml for a list of commercial Maryland fingerprint providers near you. Take the “Livescan Pre-registration Form” to the commercial fingerprint provider with you to be fingerprinted. **Do not sign the form until you are in the presence of the individual taking your fingerprints.**

2. Have your fingerprints taken at a law enforcement agency near you.
3. Once you have your prints taken, mail the fingerprint cards to the address below with a check for \$31.25 made out to the "CJIS Central Repository". **No cash or money orders.**

Mail To:
CJIS Central Repository
P.O. Box 32708
Pikesville, Maryland 21282-2708

4. Include a copy of the receipt for the fingerprinting with your application package and mail to:

Maryland State Board of Chiropractic Examiners
Attention: Licensing Coordinator
4201 Patterson Avenue, Suite 301
Baltimore, Maryland 21215

5. Once the results of the background check are received by the Board, **which can take up to four weeks**, the application package will be complete.

Fingerprint Card Directions

The State of Maryland will not accept fingerprints done on the card from another state. The preprinted information on the card sent to you will direct CJIS were to send the results.

Do not sign the form until you are in the presence of the individual taking your fingerprints.



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:						
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>		
Height:	ft.	inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>	
Place of Birth:				Citizenship:		
Current address:						
City:			State:		ZIP Code: -	
Daytime Phone:		Evening Phone:			Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 0500119222	
ORI # (if required): MD 920519Z	Reason fingerprinted? LICENSURE / REGISTRATION
Position Applied for: MDH - MD STATE BOARD OF CHIROPRACTIC EXAMINERS	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: _____

Address: _____

City, State, Zip code: _____