



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

CHIROPRACTIC ASSISTANT / CA TRAINEE

NOTICE OF TRANSFER WITHIN THE SAME OFFICE, SAME ORGANIZATION

This form is to be completed and submitted by the Supervising Chiropractor if the CA Trainee is currently enrolled in the one-year CA training program. Please type or print all information.

CA Registrant / Trainee Name: Registration No.:

Current Supervising Chiropractor's Name: License No.:

Office Address:

Phone: Fax: Email:

Transfer within the same office or organization. Check all that apply:

- CA / Trainee is transferring to another Supervising DC within the same office.
Effective date of transfer:
I have provided the new Supervising DC with the CA's / Trainee's documents/file.
Current Supervising DC (initials):
Name of New Supervising DC(s):
I have received a copy of all pertinent documents regarding this CA / Trainee.
New Supervising DC (initials): License No.:
CA / Trainee will be alternating between 2 or more Supervising DCs within the same office.
Effective date:
Name of New Supervising DC(s):
I/We have received a copy of all pertinent documents regarding this CA / Trainee.
Alternate Supervising DC(s) initials:
CA / Trainee will be alternating between 2 or more offices within our organization.
Effective date:
Address and Phone of additional office(s):

Submit a Change of Status form to the Board within 10 days of the transfer.

Signature, Current Supervising DC/Date

Signature, New Supervising DC1/Date

Signature, New Supervising DC2 (if applicable)/Date

Signature, New Supervising DC3 (if applicable)/Date



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CHIROPRACTIC ASSISTANT / CA TRAINEE

NOTICE OF TRANSFER TO ANOTHER OFFICE, ANOTHER ORGANIZATION

This form is to be completed and submitted by the Supervising Chiropractor if the CA Trainee is currently enrolled in the one-year CA training program. Please type or print all information.

CA Registrant / Trainee Name: _____ Registration No.: _____

Current Supervising Chiropractor Name: _____ License No.: _____

Office Address: _____

Phone: _____ Fax: _____ Email: _____

Transfer to another Supervising DC's office or an external organization.

- CA / Trainee is transferring to another Supervising DC not within our organization.
Effective date of transfer: _____
I will submit a Change of Status form within 10 days of CA's / Trainee's departure from my office. Current Supervising DC (initials): _____
I have provided the new Supervising DC with the CA's documents/file. Current Supervising DC (initials): _____
Name of New Supervising DC(s): _____
I have received a copy of all pertinent documents regarding this CA / Trainee and will submit a "Request to Employ" application to the Board. New Supervising DC (initials): _____ License No.: _____

The foregoing statements are true to the best of my knowledge and belief.

Initial Supervising DC Signature/Date

CA / Trainee Signature/Date

New Supervising DC Signature/Date

CA / Trainee Home Street Address

New Office Street Address

City State Zip Code

City State Zip Code

CA / Trainee Email

Email

CA / Trainee Phone/Cell

Phone/Cell/Fax