

**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**

4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299

OFFICE: 410.764.4726 FAX: 410.358.1879

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

Date: Original Program Revision- May 15, 2013, Updated March 31, 2014  
To: All Maryland Licensed Supervising Chiropractors  
From: Board of Chiropractic & Massage Therapy Examiners  
Re: **GUIDELINES TO BOARD CHIROPRACTIC ASSISTANT TRAINING PROGRAM FOR HIRING  
A CA APPLICANT/TRAINEE**

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The following information consists of the documentation and procedures required to hire new CA Applicant/Trainees and CA Applicant/Trainees transferred to your practice from another practice. The forms are self-explanatory and explicit. Failure to submit the documentation as required will result in the entire submission being returned to the Supervising Chiropractor and a delay in the authorization to commence with hiring the CA Applicant/Trainee

- **To hire a NEW CA Applicant/Trainee for training**, the enclosed **Request to Employ CA Applicant/Trainee Form** is used.  
Upon receipt, the Board will conduct a background check as well as insuring that all paperwork is fully and legibly completed with required documents. Upon approval, a **Board authorization letter** will be sent back to the requesting Supervising Chiropractor approving the hire. **NO CA applicant/ trainee duties may commence until the Supervising Chiropractor receives the Board's letter.**
- **To report a fired, laid off CA Applicant/Trainee OR transferred CA Applicant/Trainee**, use the **Change of Status Form** on page 9 (*Submit to the Board by mail no later than 10 days from action date*).
- **To hire a CA Applicant/ Trainee whose initial approval is from a different practice**, the enclosed **CA Applicant/Trainee Transfer Change of Status Form** is used.

Supervising Chiropractors with questions or issues should always personally contact the Board and not have his/her CA Applicant/Trainee make the contact. **Remember; the Supervising Chiropractor is the individual responsible for the training.** The Board will **NOT ACCEPT** piecemeal applications to hire a CA Applicant/Trainee. ALL information requested in the attached forms must be submitted with any **Request to Employ CA Applicant/Trainee** forms. **Illegible or incomplete forms will not be processed and will be returned to the Supervising Chiropractor.**

In addition, the Board will not accept piecemeal applications for the CA examination. The examination application must be fully completed and submitted with the examination fee and supporting documentation in one mailing, at least 45 days prior to the examination date.

**THE CA/TRAINEE EXAMINATION DATES  
AND APPLICATION POSTMARK DEADLINES  
ARE LOCATED ON THE BOARD'S WEBSITE: [www.mdchiro.org](http://www.mdchiro.org)  
in the left menu under tab titled, "Examinations".**

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**DIRECTIONS FOR:**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE or**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE TRANSFER**  
**& CHANGE OF CA STATUS FORMS**

NOTE: THESE ARE REGULATORY REQUIREMENTS; ALL CA REPORTING REQUIREMENTS ARE EXCLUSIVELY THE RESPONSIBILITY OF THE SUPERVISING CHIROPRACTOR PURSUANT TO COMAR 10.43.07.03.

In order to employ, train and sponsor a CA Applicant/Trainee, the chiropractor must:

- Be actively licensed to practice chiropractic in Maryland
- Hold a Physical Therapy Endorsement on his/her license
- Hold a Board issued Supervising Chiropractor designation on his/her license (*as indicated by the letter (S) before the license number*).

**(STAGE 1)**

**BEFORE a Supervising Chiropractor may undertake the hiring/training of a CA Applicant/Trainee, the Supervising Chiropractor and CA Applicant/Trainee must:**

- Read and understand COMAR 10.43.07, regulating CA practice and training;
- Legibly complete and submit the *Request to Employ Form* to the Board;
- Produce evidence of CA Applicant/Trainee's enrollment in a Provider Level CPR course; Produce evidence of graduation from High School (e.g. diploma, GED or transcripts);
- Produce evidence of being 18 years old (e.g. driver's license or birth certificate/passport);
- Produce evidence of U.S. citizenship or legal status (e.g. naturalization papers, passport or visa if foreign born);
- Wait for a Board authorization letter, authorizing the doctor to proceed – you may NOT hire (to commence CA training) unless/until you receive this authorization; (personnel hired solely as clerical assists may be hired without any board acknowledgement or authorization);
- Understand and agree that FAILURE to meet any requirements, requirements at the 4 month interval (STAGE 2) deadline, AND requirements at the 12 month (STAGE 3) deadline when making application for the CA Examination for Registration to become a CA including maintaining current CPR certification and meeting all deadlines will RESULT IN IMMEDIATE SUSPENSION FROM THE CA PROGRAM.

**(STAGE 2)**

**WITHIN FOUR (4) MONTHS AFTER hiring a CA Applicant/Trainee (as determined by the date of the 'Board Response to Request To Hire & Sponsor');** the Supervising Chiropractor MUST:

- **Submit a copy of CA Applicant/Trainee's CPR Card** (from a Healthcare Provider Level CPR Course (i.e. BLS for Healthcare Providers-American Heart Assoc. or equivalent) **within four (4) months of date of hire: CA Applicant shall be suspended from the program for non-compliance with deadline;**
- **Submit proof of enrollment in a Board approved CA instruction course within four (4) month of date of hire. CA Applicant shall be suspended from the program for non-compliance with deadline.**

**(STAGE 3)**

**WITHIN TWELVE (12) MONTHS AFTER DATE OF HIRE,** the CA Applicant/Trainee must complete ALL training components and register for the Board CA examination. Applicant shall be suspended from the program for non-compliance with deadlines (Exam Deadlines located on the Board's website). Note that we have added an additional exam date for the benefit of Applicant with extraordinary issues. Reminder, exam dates will be posted online at [www.mdchiro.org](http://www.mdchiro.org) and you may contact the Board for details.

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

(STAGE 1)

**SUPERVISING CHIROPRACTOR**  
**REQUEST TO EMPLOY CA**  
**APPLICANT/TRAINEE**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

I, Dr. \_\_\_\_\_, license No: \_\_\_\_\_ REQUEST TO EMPLOY, SPONSOR AND TRAIN \_\_\_\_\_ as a C.A. Applicant/Trainee.

As the Supervising Chiropractor, I agree/attest to the following BY CHECKING THE APPROPRIATE BOXES REGARDING THIS C.A. APPLICANT/TRAINEE and PROVIDING MY SIGNATURE ON PAGE 4.

- APPLICANT IS A HIGH SCHOOL GRADUATE. ATTACHED IS A COPY OF H.S. OR COLLEGE DIPLOMA OR TRANSCRIPTS VERIFYING H.S. GRADUATION:
- APPLICANT IS AT LEAST 18 YEARS OLD. ATTACHED IS A COPY OF HIS/HER DRIVER'S LICENSE; (COPY OF CURRENT PASSPORT OR BIRTH CERTIFICATE IS ACCEPTABLE ONLY IF THEY DO NOT HAVE A DRIVER'S LICENSE);
- APPLICANT IS A U.S. CITIZEN AND/OR IS LEGALLY RESIDING IN THE U.S., OR ON A LEGAL WORK VISA WITH THE RIGHT TO WORK IN THE U.S.
- APPLICANT IS FOREIGN BORN, ATTACHED ARE DOCUMENTS PROVING LEGAL CITIZEN OR ALIEN STATUS WITH THE RIGHT TO WORK.
- APPLICANT HAS A SUFFICIENT COMMAND (WRITTEN AND VERBAL) OF THE ENGLISH LANGUAGE TO EFFECTIVELY AND PROFESSIONALLY COMMUNICATE WITH PATIENTS, AND CAN SATISFACTORILY COMPLETE TRAINING INCLUDING PASSING THE BOARD CA EXAMINATION (*note: this is not an guarantee that the CA applicant/trainee will pass*).
- **APPLICANT WILL BE ENROLLED IN THE FOLLOWING BOARD APPROVED CPR COURSE:** \_\_\_\_\_, **THE COURSE CONTACT PHONE NUMBER IS:** \_\_\_\_\_. **I AGREE TO SUBMIT PROOF OF COMPLETION OF SAID COURSE AND A COPY OF THE ISSUED CPR CARD, NOT LATER THAN FOUR (4) MONTHS FROM DATE OF HIRE.**
- APPLICANT MUST ENROLL IN A BOARD APPROVED CA INSTRUCTION COURSE WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE ENROLLMENT PAPERS TO THE BOARD WHEN THIS OCCURS. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT MUST HAVE COMPLETED THE REQUIRED CPR TRAINING WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE CPR CARD OR CERTIFICATE OF COMPLETION. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT MUST COMPLETE ALL HANDS ON CLINICAL AND DIDACTIC TRAINING AND APPLY FOR THE CA EXAMINATION WITHIN ONE (1) CALENDAR YEAR OF AUTHORIZATION TO EMPLOY SAID CA APPLICANT/TRAINEE. FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM.
- I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR CA APPLICANT/TRAINEES IN ANY COMBINATION. I UNDERSTAND AND AGREE THAT THE CLINICAL IN- SERVICE CURRICULUM OF 520 HOURS CONSISTS OF 40 HOURS OF OBSERVATION AND 480 HOURS OF DIRECT SUPERVISION IN MODALITIES AND PROCEDURES. I WILL MAINTAIN A LEGIBLE LOG OF ALL TRAINING HOURS.

The following forms (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**  
**SUPERVISING CHIROPRACTOR**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE**  
**(cont.)**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

- **I AGREE TO SUBMIT THE ENCLOSED CHANGE-OF-STATUS FORM WITHIN 10 DAYS OF A CA APPLICANT/TRAINEE DEPARTING MY PRACTICE REGARDLESS OF REASON FOR DEPARTURE.**

I AM CURRENTLY EMPLOYING THE FOLLOWING CA APPLICANT AND REGISTERED CA's AT MY CHIROPRACTIC OFFICE

NAME	Date of Hire	Date enrolled in CA Course	Completed (yes/no)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note:** If any of the above-listed current employees have been employed for at least 4 months but have not yet enrolled in a Board Approved CA Course of Instruction, they are now **SUSPENDED** from the CA Training Program and may no longer engage with patients. You may petition the Board for an extension; however, they are suspended unless granted an extension or waiver by the full Board.

**ATTESTATION OF STATEMENTS AND INFORMATION**  
**THE FOREGOING STATEMENTS AND ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF:**

Supervising Chiropractor Printed Name	CA Applicant/Trainee Printed Name
Signature/date	Signature/date
Office Address	Home Address
EMAIL	EMAIL
Phone                  Cell                  FAX	Phone                  Cell

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

**(STAGE 1)**

**CA APPLICANT/TRAINEE PERSONAL DATA**

(THIS FORM MUST BE LEGIBLY PRINTED OR TYPED IN FULL – NOTE, A LEGIBLE COPY OF DRIVER LICENSE, H.S. DIPLOMA AND/OR H.S. TRANSCRIPTS MUST BE ATTACHED FOR THIS FORM TO BE ACCEPTABLE. NON-COMPLIANT FORMS WILL NOT BE PROCESSED)

- **APPLICANT'S NAME** \_\_\_\_\_  
(copy of photo ID must be attached; e.g.: driver's license or passport)
- **HOME ADDRESS** \_\_\_\_\_
- **HOME/CELL PHONE/EMAIL** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- **DATE OF BIRTH** \_\_\_\_\_ (copy of driver's license. or birth cert. must be attached)
- **PLACE OF BIRTH** \_\_\_\_\_
- **SOCIAL SEC. NO** \_\_\_\_\_
- **HIGH SCHOOL** \_\_\_\_\_
- **YEAR GRADUATED** \_\_\_\_\_ (copy of HS or college diploma or transcript must be attached)
- YES ○ NO      **DO YOU HAVE COMMAND OF THE ENGLISH LANGUAGE AND HAVE THE ABILITY TO TAKE AND PASS THE BOARD CA EXAMINATION?**  
(IF "NO", PLEASE EXPLAIN ON A SEPARATE SHEET HOW YOU CAN SUCCEED IN THIS PROFESSION AND COURSE OF TRAINING).
- YES ○ NO      **HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIME? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)**
- YES ○ NO      **HAVE YOU EVER BEEN EMPLOYED IN THE HEALTHCARE PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)**
- YES ○ NO      **HAVE YOU EVER BEEN LICENSED OR REGISTERED IN ANY PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)**
- YES ○ NO      **HAVE YOU EVER HAD A LICENSE (including driver's license), REGISTRATION, OR CERTIFICATION SUSPENDED, REVOKED OR OTHERWISE SANCTIONED?**  
(IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO      **HAVE YOU EVER BEEN HIRED BY A CHIROPRACTOR OR CHIROPRACTIC OFFICE IN MARYLAND IN ANY CAPACITY AND/OR TERMINATED FOR CAUSE?**  
(IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO      **HAVE YOU EVER BEEN AN ABUSER OF OR DEPENDENT ON ALCOHOL, PRESCRIPTION MEDICATION OR ILLEGAL CONTROLLED SUBSTANCES? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)**
- YES ○ NO      **ARE YOU A U.S. CITIZEN?**
- YES ○ NO      **WERE YOU BORN IN U.S.?**  
(IF NOT BORN IN U.S. EXPLAIN IN DETAIL HOW YOU ACQUIRED CITIZENSHIP AND/OR THE RIGHT TO WORK IN THE U.S. AND ATTACH RELATED DOCUMENTATION).
- YES ○ NO      **ARE YOU A VETERAN (OR SPOUSE OF A VETERAN) OF THE U.S. ARMED SERVICES?**  
(IF "YES", PLEASE STATE THE DATE OF DISCHARGE): \_\_\_\_\_).

The following forms for Request to Employ CA Applicant > (pages 3 through 6) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

(STAGE 1)

## CA APPLICANT/TRAINEE ATTESTATION

**THE FOLLOWING ATTESTATION MUST BE EXECUTED BY TRAINEE BEFORE A MARYLAND NOTARY PUBLIC WHOSE SIGNATURE AND SEAL MUST APPEAR BELOW**

**I SWEAR AND AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF UNDER PENALTY OF LAW.**

\_\_\_\_\_  
CA Applicant/Trainee Printed Name

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
CA Applicant/Trainee Signature Date

\_\_\_\_\_  
Notary Signature Date

(NOTARY SEAL HERE)

## CA APPLICANT/TRAINEE DOCUMENT CHECK OFF LIST

THIS APPLICATION FOR HIRING AS A C.A. APPLICANT/TRAINEE CANNOT BE PROCESSED WITHOUT LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS. THE LEGIBLE COPIES MUST ACCOMPANY THE 'REQUEST TO HIRE' FORM.

**READ, CHECK OFF AND ANSWER EACH STATEMENT/QUESTION(S) BELOW. ATTACH REQUIRED COPIES OF DOCUMENTS AND CHECK 'N/A' (not applicable where appropriate).**

- APPLICANT'S PROOF OF IDENTITY: (ONE OF THESE IS REQUIRED) [ ] COPY OF DRIVERS LICENSE; [ ] COPY OF PASSPORT.
- APPLICANT'S PROOF OF AGE: (ONE OF THESE IS REQUIRED) [ ] COPY OF BIRTH CERTIFICATE; [ ] COPY OF PASSPORT OR [ ] COPY OF DRIVERS LICENSE.
- APPLICANT'S PROOF OF HIGH SCHOOL GRADUATION: (ONE OF THESE IS REQUIRED) [ ] COPY OF HIGH SCHOOL DIPLOMA; [ ] COPY OF FINAL TRANSCRIPT; [ ] COPY OF COLLEGE DEGREE/DIPLOMA OR TRANSCRIPT. (Note – if foreign school, documents must have official translation attached).
- APPLICANT IS FOREIGN BORN? [ ] N/A OR [ ] YES  
(COPY OF NATURALIZATION PAPERS, PASSPORT OR VISA MUST BE ATTACHED OR OTHER OFFICIAL DOCUMENTATION SHOWING LEGAL AUTHORIZATION TO RESIDE AND WORK IN U.S.)
- HAS APPLICANT EVER BEEN CHARGED OR CONVICTED OF CRIME(S) OR ACTION(S) AGAINST A LICENSE OR REGISTRATION? [ ] N/A OR [ ] YES. **IF YES > PROVIDE A COPY OF ALL COURT OR ADMINISTRATION DISPOSITION DOCUMENTS AND STATEMENT OF EXPLANATION WITH DETAILS.**
- HAS APPLICANT EVER BEEN LICENSED, REGISTERED OR CERTIFIED IN ANOTHER STATE OR JURISDICTION? [ ] N/A OR [ ] YES. **IF YES > ATTACH COPY OF LICENSE, REGISTRATION OR CERTIFICATION WITH THIS REQUEST TO HIRE.**

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(STAGE 1 – TRANSFEREE)

**SUPERVISING CHIROPRACTOR**

**REQUEST TO EMPLOY CA APPLICANT/TRAINEE TRANSFER FROM ANOTHER PRACTICE**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

I, Dr. \_\_\_\_\_, license No: \_\_\_\_\_ REQUEST TO EMPLOY, SPONSOR AND TRAIN \_\_\_\_\_ as a C.A. Applicant/Trainee.

THIS APPLICANT IS A TRANSFER FROM \_\_\_\_\_

OFFICE NAME, ADDRESS & PHONE NUMBER

UNDER THE SUPERVISION OF Dr. \_\_\_\_\_, D.C. THIS C.A. APPLICANT/TRAINEE

OFFICIAL DATE OF SEPARATION FROM PREVIOUS EMPLOYER WAS: \_\_\_\_\_.

As the Supervising Chiropractor, I agree/attest to the following BY CHECKING THE APPROPRIATE BOXES REGARDING THIS C.A. APPLICANT TRANSFER and PROVIDING MY SIGNATURE ON PAGE 4.

- APPLICANT IS A HIGH SCHOOL GRADUATE. ATTACHED IS A COPY OF H.S. OR COLLEGE DIPLOMA OR TRANSCRIPTS VERIFYING H.S. GRADUATION:
- APPLICANT IS AT LEAST 18 YEARS OLD. ATTACHED IS A COPY OF HIS/HER DRIVER'S LICENSE; (COPY OF CURRENT PASSPORT OR BIRTH CERTIFICATE IS ACCEPTABLE ONLY IF THEY DO NOT HAVE A DRIVER'S LICENSE);
- APPLICANT IS A U.S. CITIZEN AND/OR IS LEGALLY RESIDING IN THE U.S., OR ON A LEGAL WORK VISA WITH THE RIGHT TO WORK IN THE U.S.
- APPLICANT IS FOREIGN BORN, ATTACHED ARE DOCUMENTS PROVING LEGAL CITIZEN OR ALIEN STATUS WITH THE RIGHT TO WORK.
- APPLICANT HAS A SUFFICIENT COMMAND (WRITTEN AND VERBAL) OF THE ENGLISH LANGUAGE TO EFFECTIVELY AND PROFESSIONALLY COMMUNICATE WITH PATIENTS, AND CAN SATISFACTORILY COMPLETE TRAINING INCLUDING PASSING THE BOARD CA EXAMINATION (*note: this is not an guarantee that the applicant will pass*).
- APPLICANT IS NOW ENROLLED IN THE FOLLOWING BOARD APPROVED CPR COURSE: \_\_\_\_\_, THE COURSE CONTACT PHONE NUMBER IS: \_\_\_\_\_.** I AGREE TO SUBMIT PROOF OF COMPLETION OF SAID COURSE AND A COPY OF THE ISSUED CPR CARD, NOT LATER THAN FOUR (4) MONTHS FROM DATE OF HIRE.
- APPLICANT MUST ENROLL IN A BOARD APPROVED CA INSTRUCTION COURSE WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE ENROLLMENT PAPERS TO THE BOARD WHEN THIS OCCURS. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT MUST HAVE COMPLETED THE REQUIRED CPR TRAINING WITHIN 4 MONTHS OF COMMENCING EMPLOYMENT; I AGREE TO FORWARD A COPY OF THE CPR CARD OR CERTIFICATE OF COMPLETION. I FURTHER AGREE THAT HIS/HER FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM THE CA TRAINING PROGRAM(UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
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**(STAGE 1)**  
**SUPERVISING CHIROPRACTOR**  
**REQUEST TO EMPLOY CA APPLICANT/TRAINEE TRANSFER FROM**  
**ANOTHER PRACTICE**  
**(cont.)**

(HIRING & TRAINING MAY NOT PROCEED UNLESS/UNTIL A 'BOARD RESPONSE TO REQUEST...' AUTHORIZING TRAINING IS RECEIVED.)

- I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR CA APPLICANT/TRAINEES IN ANY COMBINATION. I UNDERSTAND AND AGREE THAT THE CLINICAL IN- SERVICE CURRICULUM OF 520 HOURS CONSISTS OF 40 HOURS OF OBSERVATION AND 480 HOURS OF DIRECT SUPERVISION IN MODALITIES AND PROCEDURES. I WILL MAINTAIN A LEGIBLE LOG OF ALL TRAINING HOUR.
- I AGREE TO SUBMIT THE ENCLOSED CHANGE-OF-STATUS FORM WITHIN 10 DAYS OF A CA APPLICANT/TRAINEE DEPARTING MY PRACTICE REGARDLESS OF REASON FOR DEPARTURE.

I AM CURRENTLY EMPLOYING THE FOLLOWING CA APPLICANTS AND REGISTERED CA's AT MY CHIROPRACTIC OFFICE:

NAME	Date of Hire	Date enrolled in CA Course	Completed (yes/no)

**Note:** If any of the above-listed current employees have been employed for at least 4 months but have not yet enrolled in a Board Approved CA Course of Instruction, they are now **SUSPENDED** from the CA Training Program and may no longer engage with patients. You may petition the Board for an extension; however, they are suspended unless granted an extension or waiver by the full Board.

**ATTESTATION OF STATEMENTS AND INFORMATION**  
**THE FOREGOING STATEMENTS AND ATTESTATIONS ARE TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF:**

Supervising Chiropractor Printed Name	CA Applicant/Trainee Printed Name
Signature/date	Signature/Date
Office Address	Home Address
EMAIL	EMAIL
Phone                      Cell                      FAX	Phone                      Cell



The following forms for Request to Employ CA Applicant > (pages 7 through 10) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

(STAGE 1)

## CA APPLICANT/TRAINEE **TRANSFER** PERSONAL DATA

(THIS FORM MUST BE LEGIBLY PRINTED OR TYPED IN FULL – NOTE, A LEGIBLE COPY OF DRIVER LICENSE, H.S. DIPLOMA AND/OR H.S. TRANSCRIPTS MUST BE ATTACHED FOR THIS FORM TO BE ACCEPTABLE. NON-COMPLIANT FORMS WILL NOT BE PROCESSED)

- APPLICANT'S NAME \_\_\_\_\_  
(copy of photo ID must be attached; e.g.: driver's license or passport)
- HOME ADDRESS \_\_\_\_\_
- HOME/CELL PHONE/EMAIL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
- DATE OF BIRTH \_\_\_\_\_ (copy of driver's license. or birth cert. must be attached)
- PLACE OF BIRTH \_\_\_\_\_
- SOCIAL SEC. NO \_\_\_\_\_
- HIGH SCHOOL \_\_\_\_\_
- YEAR GRADUATED \_\_\_\_\_ (copy of HS or college diploma or transcript must be attached)
  
- YES ○ NO DO YOU HAVE COMMAND OF THE ENGLISH LANGUAGE AND HAVE THE ABILITY TO TAKE AND PASS THE BOARD CA EXAMINATION?  
(IF "NO", PLEASE EXPLAIN ON A SEPARATE SHEET HOW YOU CAN SUCCEED IN THIS PROFESSION AND COURSE OF TRAINING).
- YES ○ NO HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIME? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO HAVE YOU EVER BEEN EMPLOYED IN THE HEALTHCARE PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO HAVE YOU EVER BEEN LICENSED OR REGISTERED IN ANY PROFESSION? (IF "YES", PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO HAVE YOU EVER HAD A LICENSE (including driver's license), REGISTRATION, OR CERTIFICATION SUSPENDED, REVOKED OR OTHERWISE SANCTIONED?  
(IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO HAVE YOU EVER BEEN HIRED BY A CHIROPRACTOR OR CHIROPRACTIC OFFICE IN MARYLAND IN ANY CAPACITY AND/OR TERMINATED FOR CAUSE?  
(IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO HAVE YOU EVER BEEN AN ABUSER OF OR DEPENDENT ON ALCOHOL, PRESCRIPTION MEDICATION OR ILLEGAL CONTROLLED SUBSTANCES? (IF "YES", PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAILS)
- YES ○ NO ARE YOU A U.S. CITIZEN?
- YES ○ NO WERE YOU BORN IN U.S.?  
(IF NOT BORN IN U.S. EXPLAIN IN DETAIL HOW YOU ACQUIRED CITIZENSHIP AND/OR THE RIGHT TO WORK IN THE U.S. AND ATTACH RELATED DOCUMENTATION).
- YES ○ NO ARE YOU A VETERAN (OR SPOUSE OF A VETERAN) OF THE U.S. ARMED SERVICES? (IF "YES", PLEASE STATE THE DATE OF DISCHARGE): \_\_\_\_\_).

The following forms for Request to Employ CA Applicant > (pages 7 through 10) must be legibly printed or typed in full and all required documents must be attached. Incomplete forms are not accepted and will not be processed. ALL FORMS MUST BE SUBMITTED IN ONE PACKAGE MAILING - ORIGINALS ONLY ARE ACCEPTABLE; NO FAXES, EMAILS OR PIECEMEAL SUBMISSIONS WILL BE ACCEPTED

(STAGE 1 – Transferee)

## CA APPLICANT/TRAINEE TRANSFER ATTESTATION

THE FOLLOWING ATTESTATION MUST BE EXECUTED BY TRAINEE BEFORE A MARYLAND NOTARY PUBLIC WHOSE SIGNATURE AND SEAL MUST APPEAR BELOW

I SWEAR AND AFFIRM THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF UNDER PENALTY OF LAW.

\_\_\_\_\_  
CA Applicant/Trainee Printed Name

\_\_\_\_\_  
Notary Name

\_\_\_\_\_  
CA Applicant/Trainee Signature Date

\_\_\_\_\_  
Notary Signature Date

(NOTARY SEAL HERE)

## CA APPLICANT/TRAINEE DOCUMENT CHECK OFF LIST

THIS APPLICATION FOR HIRING AS A C.A. APPLICANT/TRAINEE CANNOT BE PROCESSED WITHOUT LEGIBLE COPIES OF THE FOLLOWING DOCUMENTS. THE LEGIBLE COPIES MUST ACCOMPANY THE 'REQUEST TO HIRE' FORM.

READ, CHECK OFF AND ANSWER EACH STATEMENT/QUESTION(S) BELOW. ATTACH REQUIRED COPIES OF DOCUMENTS AND CHECK 'N/A' (not applicable where appropriate).

- APPLICANT'S PROOF OF IDENTITY: (ONE OF THESE IS REQUIRED) [ ] COPY OF DRIVERS LICENSE; [ ] COPY OF PASSPORT.
- APPLICANT'S PROOF OF AGE: (ONE OF THESE IS REQUIRED) [ ] COPY OF BIRTH CERTIFICATE; [ ] COPY OF PASSPORT OR [ ] COPY OF DRIVERS LICENSE.
- APPLICANT'S PROOF OF HIGH SCHOOL GRADUATION: (ONE OF THESE IS REQUIRED) [ ] COPY OF HIGH SCHOOL DIPLOMA; [ ] COPY OF FINAL TRANSCRIPT; [ ] COPY OF COLLEGE DEGREE/DIPLOMA OR TRANSCRIPT. (Note – if foreign school, documents must have official translation attached).
- APPLICANT IS FOREIGN BORN? [ ] N/A OR [ ] YES  
(COPY OF NATURALIZATION PAPERS, PASSPORT OR VISA MUST BE ATTACHED OR OTHER OFFICIAL DOCUMENTATION SHOWING LEGAL AUTHORIZATION TO RESIDE AND WORK IN U.S.)
- HAS APPLICANT EVER BEEN CHARGED OR CONVICTED OF CRIME(S) OR ACTION(S) AGAINST A LICENSE OR REGISTRATION? [ ] N/A OR [ ] YES. IF YES > PROVIDE A COPY OF ALL COURT OR ADMINISTRATION DISPOSITION DOCUMENTS AND STATEMENT OF EXPLANATION WITH DETAILS.
- HAS APPLICANT EVER BEEN LICENSED, REGISTERED OR CERTIFIED IN ANOTHER STATE OR JURISDICTION? [ ] N/A OR [ ] YES. IF YES > ATTACH COPY OF LICENSE, REGISTRATION OR CERTIFICATION WITH THIS REQUEST TO HIRE.

**MARYLAND BOARD OF CHIROPRACTIC  
& MASSAGE THERAPY EXAMINERS**

4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215-2299

OFFICE: 410.764.4726 FAX: 410.358.1879

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

**(STAGE 2)**

**4 MONTH REVIEW –**

**MUST BE COMPLETED BY SUPERVISING CHIROPRACTOR**

**4 MONTH SUBMISSION OF REQUIRED DOCUMENTATION TO BE MAILED DIRECTLY TO THE BOARD BY THE SUPERVISING CHIROPRACTOR**

**WITHIN FOUR (4) MONTHS AFTER hiring a CA Applicant/Trainee (as determined by the date of the ‘Board Response to Request To Hire & Sponsor’ letter) authorizing the commencement of training; the Supervising Chiropractor MUST:**

- **Submit a copy of CA Applicant’s CPR Card** (from a Healthcare Provider Level CPR Course (i.e. BLS for Healthcare Providers-American Heart Assoc. or equivalent) within four (4) months of date of hire; Trainee shall be suspended from the program for non-compliance with deadline;
- **Submit proof of enrollment in a Board approved CA instruction course within four (4) month of date of hire** (Course Enrollment Letter by Provider or Course Enrollment Receipt, etc.) **C.A. Applicant shall be suspended from the program for non-compliance with deadline.**

**CA APPLICANT/TRAINEE 4 MONTH REPORTED UPDATE**

**(Supervising D.C. Must Complete the Statement & Checklist)**

I, Dr. \_\_\_\_\_, license No: \_\_\_\_\_ is the Supervising Chiropractor for the C.A Applicant named \_\_\_\_\_. As the Supervising Chiropractor, I agree/attest to the following by checking the appropriate boxes and method of documentation pertaining to this C.A. Applicant/Trainee’s 4 Month Review:

- PROOF OF CPR COURSE COMPLETION: [ ] COPY OF CPR CARD OR [ ] CPR CERTIFICATE
- PROOF OF ENROLLMENT IN A BOARD APPROVED CA INSTRUCTION COURSE: [ ] Letter of confirmed enrollment from Provider; OR [ ] Supervising Chiropractor’s formal letter on letterhead indicating the Applicant’s enrollment details and/or [ ] Enrollment receipt (which indicates C.A. Applicant/Trainee’s information).
- I have MAILED this original form AND the required documents to the address below. I have retained a copy for my files.

**SUBMIT THIS FORM WITH THE REQUIRED DOCUMENTS AND MAIL DIRECTLY TO: MD BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS, 4201 PATTERSON AVE., SUITE 301, BALTIMORE, MD 21215;  
Attn: Michelle Czarnecki Verdis , JD, Compliance**

**CA APPLICANT/TRAINEE; CA APPLICANT TRANSFERS OR BD REGISTERED CA'S  
CHANGE OF STATUS REPORT FORM**

To be printed/typed legibly and completed in full to be in compliance with this requirement  
**MUST BE SUBMITTED BY SUPERVISING CHIROPRACTOR WITHIN 10 DAYS OF TERMINATION,  
TRANSFER, DEATH, OR VOLUNTARY DEPARTURE OF A CA TRAINEE**

CA APPLIC. Name: \_\_\_\_\_ Office Name & Address \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Date training was authorized :( see copy of your Bd Letter): \_\_\_\_\_ Date employment/training ended: \_\_\_\_\_ CA Phone No. \_\_\_\_\_  
 Reason: (check one)  Fired  Laid-off  Voluntary Quit  Other: >  
 Transferred to another Supv. D.C (complete box 2)  Transferred to another Office & Supv. D.C. (complete box 2)  
 Transferred to another Office site w/ same Supv. D.C. (provide Office Name/Address): \_\_\_\_\_  
 \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*If fired provide detail information at the bottom of this form.

**TRANSFERRED CA APPLIC.** Name: \_\_\_\_\_ **NEW** Office Name & Address \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax \_\_\_\_\_  
 No: \_\_\_\_\_ **NEW** Supv. D.C.: \_\_\_\_\_ **(New Supv. D.C. must be advised to submit a "Request to Employ..."  
 to receive authorization)**

Original Supv. D.C.: \_\_\_\_\_ Original Date training was authorized for the above:( see copy of your Bd Letter): \_\_\_\_\_  
 C.A. Applicant/Trainee **has completed** what Stage(s) of the CA Program (Check All that apply) with copies of documents from your records:  CPR  
 40 Hours of Observ.  480 Hours Hands On Logged **OR**  ONLY \_\_\_\_\_ Logged Hours  100 Hour Course COMPLETED **OR**  Enrolled in 100 Hr. Course  
 Other: \_\_\_\_\_

By signature here, I \_\_\_\_\_, D.C, attest to the checked items above and provided copies of documents to the new Supervising D.C. listed above.

STATUS CHANGE INFORMATION FROM ORIGINAL NOTIFICATION OF HIRING AN ACTIVE REGISTERED CHIROPRACTIC ASSISTANTS

REGISTERED C.A. (PRINT) Name: \_\_\_\_\_ C.A. Registration Number: R C \_\_\_\_\_  
 Office Name & Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_  
 Number of C.A.s and/or C.A. Trainees being supervised by you: \_\_\_\_\_

Supv. D.C. Print Name: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**As the Supervising Chiropractor, I terminated \_\_\_\_\_ from employment and/or the CA training program for the  
 (print name)**  
**following reason(s) (List all termination reasons below and if Applicant or CA was eligible for unemployment compensation): \_\_\_\_\_**  
**Supervising Chiropractor Name (PRINTED): \_\_\_\_\_ Lic. No. \_\_\_\_\_**  
**Office Name & Address: \_\_\_\_\_ Phone No. \_\_\_\_\_**

**NOTE: THIS SECTION MUST BE COMPLETED FOR ALL CATEGORIES:**

I  would /  would not recommend this individual as a CA Applicant or Registered CA at another practice. If you would NOT recommend this individual, state your reasons: \_\_\_\_\_

**ATTESTATION: The foregoing is true to the best of my knowledge and belief:**  
 Printed Name and Signature of Supervising Chiropractor: \_\_\_\_\_

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

**THIS COURTESY NOTIFICATION IS THE ONLY DOCUMENT THAT CAN BE FAXED TO THE BOARD.**

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

To: Bernice Berger, Chiropractic Licensing Coordinator  
MD Board of Chiropractic & Massage Therapy Examiners  
4201 Patterson Avenue, Suite 301  
Baltimore, MD 21215-2299

I'm very pleased to announce that an Active Registered CA \_\_\_\_\_,  
Name

**RC** \_\_\_\_\_; will join \_\_\_\_\_  
Active Registration No. Office/Practice Name, Address, Phone, Fax, Email

on \_\_\_\_\_ Date. **Attached is a copy of the CPR card and CA Registration** which is conspicuously

displayed in the office to where he/she works.

Thank you,

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

Enclosure

**(Stage 3)**

<b>SAMPLE C.A. APPLICANT/TRAINEE IN-SERVICE TRAINING LOG-RECORD</b>
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(Required to be maintained and submitted to Board following completion of 520 hours (40 HOURS OF OBSERVATION + 480 HOURS OF DIRECT SUPERVISION IN PROCEDURES AND MODALITIES) of in-service training. The LOG must be legible and accurate. It may be audited at any time by the Board. An applicant will not be approved to take the examination without a legible, completed, signed LOG submitted at time of application for examination)

SUPERVISING CHIROPRACTOR'S PRINTED NAME: \_\_\_\_\_ C.A. APPLICANT \_\_\_\_\_

DATE	OBSERVATIONS AND/OR MODALITIES ATTEMPTED/PERFORMED BY TRAINEE	S = Satisfactory U = Unsatisfactory	HOURS for each	Supervising Chiro. Signature

\_\_\_ page of \_\_\_

total \_\_\_ for this page

SUPERVISING CHIROPRACTOR'S NAME (PRINT): \_\_\_\_\_

CA APPLICANT'S PRINTED NAME: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

DATE	OBSERVATIONS AND/OR MODALITIES ATTEMPTED/PERFORMED BY TRAINEE	S Satisfactory	=	HOURS for each	Supervising Chiro. Signature


\_\_\_\_ of \_\_\_\_

total \_\_\_\_\_ for this page

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Date: Original Program Revision- May 15, 2013, Updated January 21, 2014  
To: All Maryland Licensed Supervising Chiropractors  
From: Board of Chiropractic & Massage Therapy Examiners  
Re: **GUIDELINES FOR COMPLETION OF CA APPLICATION FOR REGISTRATION PROCESS**

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The following information consists of the documentation and procedures required for submittal of an application for CA Registration. Failure to submit the documentation as required will result in the entire submission being returned to the Supervising Chiropractor and a delay in the authorization to commence with hiring the CA Trainee

- Upon completion of the CA training requirements, including completion of (1) **Board-approved CA Course**; (2) **520 Logged Hours of In-Service Training** and (3) **CPR Certification**, the Supervising Chiropractor and CA Trainee may begin the CA Application process by completing the **“CHIROPRACTIC ASSISTANT APPLICATION FOR REGISTRATION AND EXAMINATION”** found on the Board’s website ([www.mdchiro.org](http://www.mdchiro.org)) under the “Forms” tab.
- Upon completion, the Supervising Chiropractor **must MAIL the entire CA Application along with required documents and fees** to the Board at the address above. No faxes or walk-in deliveries will be accepted. **Please be advised that incomplete or illegible applications will be returned to the Supervising Chiropractor for re-submittal**, which may impact the CA/Supervising Chiropractor meeting the postmark deadline for the exam. Piecemeal applications will NOT be accepted.
- **Completed applications must be postmarked no later than 45 DAYS BEFORE THE SCHEDULED EXAM. Failure to meet this deadline will result in suspension from the CA Training Program and will greatly delay the CA Application process.** Deadlines for each CA Exam are as follows:

<b>CA EXAM DATES</b>	<b>POSTMARK DEADLINE</b>
April 22, 2014	March 8, 2014
August 26, 2014	July 12, 2014
November 18, 2014	October 4, 2014

- **Any emergency/exigent circumstances that may prevent a CA Trainee from attending the exam must be reported to the Board(with any supporting documentation) by the Supervising Chiropractor as soon as possible.** Petitions for a CA Applicant/Trainee to take a later exam must be submitted by the Supervising Chiropractor in writing via mail, and must detail the circumstances causing delay and why the CA Applicant/Trainee should be granted an extension.

Supervising Chiropractors with questions or issues should always personally contact the Board and not have his/her CA Applicant/Trainee make the contact. **Remember; the Supervising Chiropractor is the individual responsible for the training.**