

**MARYLAND BOARD OF CHIROPRACTIC
& MASSAGE THERAPY EXAMINERS**
SUITE 301 4201 PATTERSON AVE., BALTIMORE, MD 21215-2299
410.764-4726; FAX 410.358-1879
WWW.MDCHIRO.ORG

May 15, 2013

To: All Maryland Licensed Chiropractors & Approved CA Instructors
From: Board of Chiropractic & Massage Therapy Examiners
Re: **MAJOR REVISIONS TO ADMINISTRATION OF CA PROGRAM**

The CA Program is over 20 years old and was thoughtfully crafted to insure a cadre of well-trained, professional assistance for doctors to expand PT modalities. For the past several years, the Board and DHMH have endeavored to tactfully encourage consistent compliance among Supervising Chiropractors regarding the regulations and administrative policies governing the hiring, training, and termination of CA Applicant Trainees. We have expended considerable funds, time, planning, and energy in pro-active, constant reminders. At the suggestion of licensees, we expanded the time frame to complete CA applicant training from 6 to 12 months. Disturbingly, to date, problems within the program administration have become worse, with many licensees illegally using the program as a cheap source of temporary, untrained labor and "hiring & firing" individuals knowing they will not qualify for CA registration. Many licensees do not take the training responsibilities seriously, hiring incompetent, unprofessional and uneducated personnel, many of whom do not even have a basic command of English. Not surprisingly, the number of trainees dropping out of the program and/or failing the examination multiple times has risen dramatically.

Currently, the Board expends more time, funds, and management on the CA Program than ever before, with diminishing results. It is now an 8-hour per day task and is currently the most costly program to manage. The funds derive from licensee fees and directly impact whether chiropractor and CA license/registration fees remain stable, can be reduced, or must be increased. The efficacy and continuation of this program in its current state is tenuous and is squarely in the hands of Supervising Chiropractors who must take the initiative to hire only intelligent, competent individuals, scrupulously train the applicant and maintain all logs, and insure that all documentation deadlines are met. Accordingly, **NO FURTHER WAIVERS, EXCEPTIONS OR EXEMPTIONS WILL BE GRANTED EXCEPT IN DOCUMENTED EMERGENCY SITUATIONS BY VOTE OF THE FULL BOARD.**

To address these issues and to insure a level of competency, proficiency, quality of personnel and (most importantly) to safeguard the patient public, the Board implements new administrative procedures and policies pursuant to the enclosures. These in-house administrative revisions are in consonance with the MD Code of Regulations, 10.43.07 *et seq* and **take full effect on May 15, 2013.** All previous forms are superseded by the enclosures and the new forms are in this packet. Questions on these changes should be addressed to the Executive Director, Mr. J. J. Vallone, at 410-764-5985.

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To: All Maryland Licensed Chiropractors & Approved CA Instructors
From: Board Executive Director, J. J. Vallone, JD, CFE, by direction of the Board of Examiners

Re: **REVISIONS TO ADMINISTRATION OF CA TRAINING PROGRAM**

Effective May 15, 2013, the CA Training Program Administration is revised in accordance with the attached new SUPERVISING CHIROPRACTOR REQUEST TO EMPLOY CA APPLICANT. This revised administration puts substantial new requirements on any Supervising Chiropractor seeking to employ an individual as a CA Applicant.

The reasons for these changes are the multitude of negligent and intentional errors made by doctors; many of whom not only fail to comply with the requirements, but merely hire and fire individuals who are not qualified to participate as healthcare providers in this program. This is a costly and time-consuming compliance program for Board staff. We have endeavored to gently, tactfully, and consistently remind the doctors of these problems to no avail; now the administration and procedures are tightened to put the BURDEN ON THE SUPERVISING CHIROPRACTOR.

Some of the new administrative procedures include the requirement that the following must be submitted with any request to hire a CA Applicant:

- Proof of high school diploma or GED
- Proof of age (18 years or older)
- Proof of enrollment in a Board Approved CPR course (at time of application for hire); and completion of the course and submission of proof of course completion and copy of the the CPR Card within 4 months of date of hire
- Proof of commencement of formal didactic coursework within 4 months of date of hire
- Certification that the individual is fluent and competent in English Language
- Certification that the individual has reviewed all regulations and can pass the examination
- Certification of citizenship and/or legal alien/work status
- Completion of biographical information sheet and pass Board background check

The Board will NOT ACCEPT piecemeal applications to hire a CA Applicant. ALL information requested in the attached forms must be submitted with any request to hire a CA Applicant. Illegible or incomplete forms will not be processed. In addition, the Board will NO LONGER 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 30 days prior to the examination date. NO FURTHER WAIVERS OR EXTENSIONS SHALL BE GRANTED. Board approved course providers MUST ADJUST THEIR PROGRAM TIME FRAMES TO COMPLY WITH THE BOARD EXAMINATION APPLICATION SUBMISSION DATES TO REMAIN AS ACCEPTABLE, COMPLIANT COURSE PROVIDERS. WE ARE ADDING AN ADDITIONAL EXAM DATE TO HELP APPLICANTS WHO COMMENCE COURSES MIDWAY THROUGH THE COURSEWORK PROGRAM:

THE REMAINING EXAM DATES FOR 2013 and 2014 ARE:
2013: November 12th 2014: April 22nd, August 26th, November 18th

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**REQUEST TO EMPLOY CA APPLICANT
& CHANGE OF CA STATUS FORMS**

(conforms to COMAR 10.43.07.03.B through C)

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, 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 Certification

As the employer and supervisor of a CA Applicant or a registered CA, you have been entrusted with the certification as Supervising Chiropractor. This is not a right or an entitlement; IT IS A PRIVILEGE WHICH CAN BE TERMINATED FOR NON-COMPLIANCE OR ABUSE. IN ADDITION, YOUR LICENSE IS SUBJECT TO DISCIPLINARY ACTION FOR ANY NON-COMPLIANCE. Remember, your license, reputation, and the safety of your patients are all at stake.

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

- Read and understand COMAR 10.43.07, regulating CA practice and training;
- Legibly complete and submit this *request to hire form* to the Board;
- Produce evidence of CA Applicant's enrollment in a Provider Level CPR course (American Red Cross or American Heart Association)
- Produce evidence of graduation from High School (e.g. diploma, GED or transcripts)
- Produce evidence of being 18 years old (e.g. driver 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 apply for the CA Exam or failure to meet any requirements, including CPR certification and meeting deadlines will RESULT IN IMMEDIATE SUSPENSION FROM THE CA PROGRAM.

WITHIN FOUR (4) MONTHS AFTER hiring a CA Applicant, the Supervising Chiropractor must:

- Submit a copy of CA Applicant's CPR Card (from American Red Cross or American Heart Assn Course) within four (4) months of date of hire; 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. Applicant shall be suspended from the program for non-compliance with deadline.

WITHIN TWELVE (12) MONTHS AFTER DATE OF HIRE, the Applicant must complete ALL training components and register for the Board examination. Applicant shall be suspended from the program for non compliance with deadline. (Exam Dates for 2013 – 2014 are listed at the bottom of page 2). Note that we have added an additional exam date for the benefit of applicants with extraordinary issues. After 2014, exam dates will be posted online and you may contact the Board for details.

The following forms (pages 4 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

SUPERVISING CHIROPRACTOR
REQUEST TO EMPLOY CA APPLICANT

(Hiring & training may not proceed unless/until a Board authorization letter is received)

I, Dr. _____, license No. _____ REQUEST TO EMPLOY,
SPONSOR AND TRAIN _____ as a

Chiropractic Assistant applicant trainee. I agree/attest to the following:

- 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 LICENSE; (COPY OF CURRENT PASSPORT OR BIRTH CERTIFICATE IS ACCEPTABLE ONLY IF THEY DO NOT HAVE A DRIVER 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. IF FOREIGN BORN, ATTACHED ARE DOCUMENTS PROVING LEGAL CITIZEN OR ALIEN STATUS WITH THE RIGHT TO WORK.
- APPLICANT HAS A FULL COMMAND (WRITTEN AND VERBAL) OF THE ENGLISH LANGUAGE, IS ABLE TO EFFECTIVELY AND PROFESSIONALLY COMMUNICATE WITH PATIENTS, AND CAN SATISFACTORILY COMPLETE TRAINING AND HAS THE PROBABILITY OF 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 TRAINEE 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 TERMINATION FROM EMPLOYMENT AS A CA APPLICANT TRAINEE (UNLESS SPECIFICALLY WAIVED OR EXEMPTED BY FULL BOARD FOR EMERGENCY REASONS).
- APPLICANT TRAINEE 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 APPLICANT TRAINEE. FAILURE TO DO SO WILL RESULT IN IMMEDIATE SUSPENSION FROM EMPLOYMENT AS A CA APPLICANT TRAINEE.

- I UNDERSTAND AND AGREE THAT THE MAXIMUM NUMBER OF INDIVIDUALS I MAY TRAIN OR SUPERVISE ARE FIVE (5) CA'S OR 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 OR APPLICANT DEPARTING MY PRACTICE REGARDLESS OF REASON FOR DEPARTURE.

I AM CURRENTLY EMPLOYING THE FOLLOWING CA APPLICANTS 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

continue to next page

CA APPLICANT 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 NAME** _____
(copy of photo ID must be attached; eg: driver license or passport)
- **HOME ADDRESS** _____
- **HOME/CELL PHONE/EMAIL** _____ / _____ / _____
- **DATE OF BIRTH** _____ (copy of driver 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)
- **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.
- **HAVE YOU EVER BEEN ARRESTED OR CHARGED WITH A CRIME?** _____
IF "YES" PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAIL
- **HAVE YOU EVER BEEN EMPLOYED IN THE HEALTHCARE PROFESSION?** _____
IF "YES" PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAIL
- **HAVE YOU EVER BEEN LICENSED OR REGISTERED IN ANY PROFESSION?** _____
IF "YES" PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAIL
- **HAVE YOU EVER HAD A LICENSE, REGISTRATION, OR CERTIFICATION SUSPENDED OR REVOKED OR OTHERWISE SANCTIONED?** _____
IF "YES" PLEASE EXPLAIN ON A SEPARATE SHEET IN FULL DETAIL.
- **HAVE YOU EVER BEEN HIRED BY A CHIROPRACTOR OR CHIROPRACTIC OFFICE IN MARYLAND IN ANY CAPACITY AND TERMINATED FOR CAUSE?** _____
IF "YES" PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAIL.
- **HAVE YOU EVER BEEN AN ABUSER OF OR DEPENDENT ON ALCOHOL, PRESCRIPTION MEDICATION OR ILLEGAL CONTROLLED SUBSTANCES?** _____
IF "YES" PLEASE DESCRIBE ON A SEPARATE SHEET IN FULL DETAIL.
- **ARE YOU A U.S. CITIZEN? _____ 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.**

THE FOLLOWING ATTESTATION MUST BE EXECUTED BY APPLICANT 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 Printed Name	Notary Name, Signature	Date
_____	_____	_____
CA Applicant Signature	Date	Notary Seal Here

CA APPLICANT DOCUMENT CHECK OFF LIST

This application for hiring, cannot be processed without legible copies of the following documents. LEGIBLE COPIES MUST ACCOMPANY THIS APPLICATION. Check off below as applicable and attach applicable copies of documents:

- **Proof of Identity (one of these required)**
Copy of Driver License _____; Copy of Passport _____

- **Proof of current enrollment in a Board Approved CPR Course (provide name of course, instructor, phone number):** _____

- **Proof of Age (one of these required)**
Copy of Driver License _____; Copy of Passport _____; Copy of Birth Certificate _____

- **Proof of High School Graduation (one of these required)**
Copy of Diploma _____; Copy of Final Transcript _____
Copy of College Degree/Diploma or Transcript _____
(Note – if foreign school, documents must have official translation attached)

- **If Foreign Born:**
Copy of naturalization papers, passport or visa _____
(or other official documents showing legal authorization to reside and work in U.S.)

- **If ever charged or convicted of crime(s) or action against a license or registration:**
Copy of all court or administration disposition documents and statement of explanation and details _____

- **If ever licensed, registered or certified in another state or jurisdiction:**
Copy of license, registration or certification _____

CA & CA APPLICANT 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 OR APPLICANT

Supervising chiropractor name, address, office/cell phone/FAX number & email:

CA or CA Applicant Name _____

Address _____

Phone _____ FAX _____ Email _____ Cell Phone _____

CA or CA Applicant new practice address. Phone & FAX (if known)

Date on which employment or training began _____

Date on which employment or training ended _____

Reason: (check one) fired ___ laid-off ___ voluntarily quit ___ transferred ___ Death ___

If fired, please complete the following:

As the Supervising Chiropractor, I terminated _____
from employment and/or the CA training program for the following reason(s) (List all termination
reasons below and if Applicant or CA was eligible for unemployment compensation):

I would/would not recommend this individual as a CA or CA Applicant at another practice.
(circle one) If you would NOT recommend this individual, state your reasons on a separate attached sheet.

ATTESTATION:

The foregoing is true to the best of my knowledge and belief:

Signature of Supervising Chiropractor

Date

Witness

Date

Reminder Summary:

Holding a Supervising Chiropractor Certificate is a privilege and NOT a right or entitlement. Failure to comply with existing regulations and policies may directly jeopardize your ability to retain your Certificate and employ Chiropractic Assistants.

REMEMBER – YOU CANNOT HIRE OR COMMENCE TRAINING AN INDIVIDUAL IN THE CAPACITY OF A CA APPLICANT UNLESS/UNTIL YOU RECEIVE A WRITTEN AUTHORIZATION LETTER FROM THE BOARD EXECUTIVE DIRECTOR.

Check off list:

Review your application forms before submission and insure that:

- They are printed or typed (script submissions not permitted) _____;
- They are legible _____;
- They are completed in full/all questions answered _____;
- Additional explanation sheets are attached (if needed) _____;
- Copies of all identity, school, citizenship documents are attached _____;
- They are submitted in original format with signatures (no copies/faxes permitted) _____;
- They are submitted in one mailed packet; (no piecemeal packets permitted) _____.

Questions should be addressed directly to the Board Executive Director 410 764-5985 before submission. Flawed submissions will not be processed and will substantially delay the processing of your request.

Always read your newsletters and frequently check the Board website at www.mdchiro.org for new information and developments.