

Maryland Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue, Suite 301, Baltimore, MD 21215-2299
410- 764-4726 FAX 410- 358-1879

CONTINUING EDUCATION GUIDELINES & APPLICATION

Submission Guidelines
(Application on pages 2 & 3)

The regulations for CEU review and approval procedures are found in Maryland COMAR 10.43.11(for Chiropractors and Chiropractic Assistants) and in 10.43.20 for Massage Therapists and Practitioners. These are summarized below:

Please note that applications for course approval will **NOT** be reviewed/approved unless **ALL** of the following regulatory requirements are met (No exceptions/waivers).

- Individuals, companies, schools or contractors seeking course approval shall submit the following in hard copy, original (no faxes or electronic copies accepted) **AT LEAST NINETY (90) DAYS BEFORE THE STARTING DATE OF THE COURSE/PROGRAM:** (1) Title, location, date of course; (2) If electronic, the website, database or system used; (3) Number of credit hours requested; (4) Names & professional and educational qualifications of instructors; (5) Name of attendance certifying officer and method of certification; (6) Summary of required texts or course notes used; (7) A detailed syllabus and schedule of the classes & courses; and (8) List of any sponsor of the program or course.
- **A regulatory review/processing fee of \$25.00 must accompany each submission.** The check or money order shall be payable to: "MD Board of Chiropractic & Massage Therapy Examiners."
- Course completion certificates must be sent to the licensee/registrant; the Board does not accept or file certificates. Individual certificate, license or registration holders shall maintain their own CEU records – the Board checks compliance via audits during renewal periods.

**MARYLAND BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS
MARYLAND CONTINUING EDUCATION APPLICATION**

Course Name: _____

Course Sponsor's Name & Address: _____

Course Sponsor Point of Contact: _____

Phone Number: _____

Email: _____

Date(s) Course will be conducted: _____

Course Location(s): _____

Course fee per licensee/registrant: _____ **Additional fees:** _____

Mode of delivery (check one) **Home Study** **Online** **Live Lecture**

Exact hours for which course is scheduled: _____

Total number of CE hours requested for approval: _____

Is there an examination required for course completion? _____

Name of Instructor(s): _____

*(Instructor(s) Professional Resume Must Be Attached)

Name of certifying officer and method used to ensure attendance/completion:

**MARYLAND BOARD OF CHIROPRACTIC & MASSAGE THERAPY EXAMINERS
MARYLAND CONTINUING EDUCATION APPLICATION**

TOPICS AND HOURS REQUESTED FOR APPROVAL

TOPIC(S)	No. Hrs Requested
Scope of Practice. philosophy, general practice, etc	_____
Specific modalities/procedures (describe): _____ _____	_____
Examination Procedures	_____
Physical Therapy	_____
Ethics/Boundaries	_____
Patient relations/diversity/cultural competency	_____
Risk Management/Jurisprudence	_____
Insurance/Coding/Billing	_____
General Practice Management including supervision	_____
Disease control including AIDS/HIV, infectious diseases	_____
Radiography	_____
Research	_____
Wellness/Nutrition/Exercise	_____
Other (describe): _____ _____	_____
Total No. of Hours Requested For Approval	_____

I certify that all information listed above is correct to the best of my knowledge and belief, that the above information is correct.

TYPE/PRINT NAME OF LICENSE/REGISTRATION HOLDER

SIGNATURE OF LICENSE/REGISTRATION HOLDER

DATE

Check List: *Did you remember to include the following with this application?

- ___ \$25.00 application fee
- ___ Instructor CV/Resume
- ___ Course syllabus
- ___ Sample completion certificate
- ___ Sponsor verification (if applicable)