

Maryland Jurisprudence Examination Registration Form

Requested Exam Date: _____

All exam fees must be paid by Certified Check or Money Order. All fees must be payable to the Maryland Board of Chiropractic & Massage Therapy Examiners.

Return the Application and Jurisprudence Registration Form to:

Maryland DHMH – Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue
Baltimore, MD 21215-2299

Please print:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Driver's License Number: _____

Home Phone: _____ Alternate Phone: _____

E-Mail Address: _____

I, (print name) _____, swear or affirm that all previous information provided to the Board of Chiropractic & Massage Therapy Examiners regarding my application is true and correct to the best of my knowledge. I have been advised and fully understand that I may not practice massage for compensation in Maryland until licensed or registered by the Board.

Signature

Date