

# MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

## APPLICATION FOR REINSTATEMENT

ALL ITEMS IN BLUE INDICATE REQUIRED FIELDS

**THIS RECORD WILL SERVE AS THE PERMANENT RECORD SO COMPLETE THIS APPLICATION IN ITS ENTIRETY. MANY SECTIONS ARE REQUIRED FIELDS AND WILL NOT ALLOW FOR YOU TO GO FORWARD WITHOUT COMPLETING THE SECTION**

Photo  
Un-retouched  
Showing  
Head – Shoulders  
Front View

2 X 2

### FOR CHIROPRACTORS ONLY

- LICENSURE FEE \_\_\_\_ YEAR(S) EXPIRED X \$200 = \$ \_\_\_\_\_ + \$300 LATE FEE = \$ \_\_\_\_\_
- 12 HRS OF CE'S (9 IN LATEST DEVELOPMENTS/3 IN RISK MGMT) FOR EACH YEAR EXPIRED [MUST ATTACHED]
- EXAMINATION FEE (\$200) REQUIRED ONLY AFTER EXPIRED FOR TWO YEARS OR MORE

### FOR CHIROPRACTIC ASSISTANTS ONLY

- RE-HIRE DURING PERIOD JULY 1 OF PRIOR YEAR TO JUNE 30 OF CURRENT YEAR  
\$50 FEE PLUS 6 HRS OF CE'S WITHIN FIRST 6 MONTHS OF REHIRE
- RE-HIRE JULY 1 TO DECEMBER 31 OF CURRENT YEAR  
\$50 FEE PLUS 6 HRS OF CE'S WITHIN FIRST 6 MONTHS OF REHIRE
- HAVE WORKED CONTINUOUSLY; HOWEVER FAILED TO RENEW  
\$50 PER YEAR = \_\_\_\_ YEAR(S) + \$50 LATE FEE = \$ \_\_\_\_\_ PLUS 6 HRS OF CE'S PER EACH YEAR YOU FAILED TO RENEW

### FOR CHIROPRACTIC CLAIMS REVIEWERS ONLY

- LICENSURE FEE (\$25 PER YEAR EXPIRED) \_\_\_\_ YEAR(S) + \$25 LATE FEE = \$ \_\_\_\_\_ PLUS 10 HRS OF CE'S PER EACH YEAR YOU FAILED TO RENEW

### FOR RADIOLOGIC TECHNOLOGIST ONLY

- RE-HIRE DURING PERIOD JULY 1 OF PRIOR YEAR TO JUNE 30 OF CURRENT YEAR  
\$50 FEE PLUS 12 HOURS OF CONTINUOUS EDUCATION BIENNALLY
- HAVE WORKED CONTINUOUSLY; HOWEVER, FAILED TO RENEW  
\$50 PER YEAR = \_\_\_\_ YEAR(S) + \$50 LATE FEE = \$ \_\_\_\_\_ PLUS 12 HOURS OF CE BIENNALLY YOU FAILED TO RENEW

\$ \_\_\_\_\_ TOTAL PAID BY MONEY ORDER/CASHIER'S CHECK # \_\_\_\_\_

Full Name				
Mailing Address		City	State	Zip
Email Address				
Phone – Office		Phone – Cell	Other	
Print Name as You Wish It To Appear On License				
Date of Birth		Social Security Number	NPI, IF APPLICABLE (National Provider Identification #). The NPI is a unique number for covered health care providers.	
<b>FOR CHIROPRACTORS ONLY: Do You Hold a Chiropractic License in Any State?</b>				
State:	License #	Date Licensed	Date of Loss of License	Current License Status
State:	License #	Date Licensed	Date of Loss of License	Current License Status
State:	License #	Date Licensed	Date of Loss of License	Current License Status
<b>FOR CHIROPRACTIC ASSISTANTS, RADIOLOGIC TECHNOLOGIST ONLY: Work History</b>				
State:	Clinic Name	Date of Employment	Date Left Employment	License Number
State:	Clinic Name	Date of Employment	Date Left Employment	License Number
State:	Clinic Name	Date of Employment	Date Left Employment	License Number
<b>FOR CLAIMS REVIEWERS ONLY: Do You Hold a Claims Reviewer License in Any Other State?</b>				
State:	License #	Date Licensed	Date of Loss of License	Current License Status
State:	License #	Date Licensed	Date of Loss of License	Current License Status
State:	License #	Date Licensed	Date of Loss of License	Current License Status
Are you a citizen of the United States? If NO, attach copy of passport including work permit.			Yes	No

Have you been convicted or found guilty of a crime in any state or jurisdiction, regardless of adjudication?		Yes	No
Is there any criminal charge now pending against you? (Do not include parking or speeding violations)		Yes	No
Have you ever been a defendant in a court-martial?		Yes	No
Have you ever been declared legally incompetent?		Yes	No
Have you ever undergone treatment for the use of drugs, narcotics or intoxicating liquors?		Yes	No
Have you ever received treatment for any emotional disturbances, mental disorder or insanity that could impair your ability to perform chiropractic or any other licensed profession?		Yes	No
Has a regulatory authority in any state or jurisdiction (including Mississippi) denied you a license or other credential to practice chiropractic or to practice any other licensed profession? If YES, YOU MUST provide a copy of the denial letter from the regulatory authority AND a letter of explanation.		Yes	No
Has a regulatory authority in any state or jurisdiction (including Mississippi) granted you a license or other credential to practice chiropractic or to practice any other licensed profession?		Yes	No
Have you ever held a license issued by the Mississippi State Board of Chiropractic Examiners?		Yes	No
If yes, what was your license #:		When did your license expire?	
I have practiced chiropractic for compensation in Mississippi during the term that my license was expired.		Yes	No
Why did you allow your license to expire?			
Has a regulatory authority in any state or jurisdiction (including Mississippi) disciplined you related to the practice of chiropractic or to the practice of any other licensed profession? (Such disciplinary outcomes include, but are not limited to, license restrictions, probation, fine, or reprimand.)		Yes	No
Has a regulatory authority in any state or jurisdiction (including Mississippi) suspended, revoked, denied the renewal of, or required you to surrender your Chiropractic License or other credential, or your license to practice any other profession?		Yes	No
Have you ever voluntarily surrendered a license or credential in connection with or to avoid a disciplinary action by a regulatory authority?		Yes	No
As a chiropractor or other licensed professional, are you now or have you ever been a defendant in civil litigation in which the basis of complaint was for negligence, malpractice, or lack of professional competence?		Yes	No
Is there currently pending against you in any jurisdiction a complaint against your professional conduct or competence as a chiropractor?		Yes	No
<p><b>If you answered no to question 1 or yes to any of the remaining questions, please provide additional relevant information, dates, jurisdiction (state, county), offense, disposition, circumstances, medical practitioners who treated you or who were consulted (names &amp; addresses). It will be necessary to direct each practitioner or facility who treated you to furnish the board with any information the board requests with respect to any such treatment. Attach to this application.</b></p>			

**NOTE: Attach a copy of all Mississippi approved continuing education required. Your reapplication cannot be considered for approval without these certificates.**

## **AFFIDAVIT OF APPLICATION**

I \_\_\_\_\_ solemnly swear under oath and affirm that if this application is accepted and I am granted a license to practice as a doctor of chiropractic, chiropractic assistant, radiologic technologist or claims reviewer in the State of Mississippi, I will obey the laws of this state and the rules and regulations of the Mississippi State Board of Chiropractic Examiners (Board), and I will maintain the honor and dignity of the profession. I also understand that Board approved CE hours for each year that I have not been in active status is required.

It is understood and agreed that if I should fail to keep the above agreement or if I have made any false statements in this application, that:

- a) My license may be suspended or revoked by the Board at any time.
- b) I have read and understand the law and rules and regulations pertaining to chiropractic in the State of Mississippi.
- c) I further understand that it is my responsibility to keep my license current and stay informed of any changes in the law, rules and regulations, and/or policy relative to the profession of chiropractic in this state.

I further affirm that all statements in this application are true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chiropractor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
MS License Number

\_\_\_\_\_  
Clinic Name and Address