

**MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS  
P. O. DRAWER 775  
LOUISVILLE, MS 39339**

**Phone: 662.773.4478**

**Fax: 662.773.4433**

**Extern/Associate Application**

**No Refunds**

This is a permanent record, write plainly or type.

Name of doctor with whom you are working:

\_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

PHOTO  
UN-RETOUCHED  
SHOWING  
HEAD-SHOULDERS  
FRONT VIEW

(2" X 2")

I hereby apply for license to practice chiropractic in the state of Mississippi as an extern or associate.

1. Full Name: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Phone: Office \_\_\_\_\_ Residence \_\_\_\_\_

4. Nationality: \_\_\_\_\_ Birthplace: \_\_\_\_\_

5. Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

6. Account for all time and residence since graduation: \_\_\_\_\_

\_\_\_\_\_

7. What undergraduate college(s) have you attended? \_\_\_\_\_

\_\_\_\_\_

8. From which chiropractic college did you graduate? \_\_\_\_\_

Date of graduation: \_\_\_\_\_

9. Do you hold a chiropractic license in any state? Yes No

10. Have you had 40 clock hours in x-ray operation and 40 hours in interpretation? Yes No

11. Have you ever been refused a license by any Examining Board? Yes No

12. Has a license to practice chiropractic in any other state been revoked?    Yes    No
13. Have you ever been arrested?    Yes    No
14. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs, or charged with same?    Yes    No
15. Have you ever been treated for mental or emotional illness, drug addiction, or inebriety?  
Yes    No
16. If answers to any questions numbered 11 through 15 are **Yes**, explain fully on a separate affidavit, and furnish documentation.

I solemnly swear and attest that the statements made herein are true to the best of my knowledge, and further that if granted an Extern/Associate license by the Mississippi State Board of Chiropractic Examiners, I agree to keep the Board fully advised as to my address. I AM FULLY AWARE of the fact that if I should violate the Mississippi Chiropractic Laws my Extern/Associate license can be revoked.

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

Signed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Seal

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

### **IMPORTANT NOTICE**

This application must be accompanied by:

1. Enclosed money order, cashier's check, or certified check (**No Personal Checks**) in the amount of \$100.
2. Attached photo.
3. Certified copy of chiropractic college diploma.
4. Official chiropractic college transcript (must be sent by college).
5. Transcript of 60 or more pre-chiropractic hours (must be sent by college).
6. Transcript of any and all National Board scores (must be sent by National Board).