

CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST
CERTIFICATE RENEWAL NOTICE

ALL MISSISSIPPI CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST CERTIFICATE HOLDERS:

THIS LETTER WILL SUPERSEDE ALL PREVIOUS INSTRUCTIONS ISSUED BY THE MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS WHICH PERTAINS TO THE CONTINUING EDUCATION REQUIREMENTS AND RENEWAL FEES NECESSARY FOR RENEWING YOUR MISSISSIPPI CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST CERTIFICATE.

RESPONSIBILITY OF ALL CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST CERTIFICATE HOLDERS:

- 1-----SECTION 73-6-5(2) MISSISSIPPI CODE OF 1972, AS AMENDED IN 2001, REQUIRES YOU TO FORWARD TO THE OFFICE OF THE SECRETARY OF THE BOARD OF CHIROPRACTIC EXAMINERS CERTIFICATION VERIFYING **12 HOURS** OF CONTINUING EDUCATION YOU HAVE RECEIVED BETWEEN **JULY 1 AND JUNE 30, BIENNIALLY ON EVEN YEARS.**

- 2-----SEND **CERTIFIED, CASHIER'S CHECK, OR MONEY ORDER FOR \$50.00.** MAKE THE CASHIER'S CHECK OR MONEY ORDER OUT TO: **MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS. PERSONAL CHECK WILL BE RETURNED.**

- 3-----COMPLETE THE FORM AT THE BOTTOM OF THIS PAGE AND RETURN ALONG WITH YOUR HOURS AND/OR MONEY TO: **BOARD OF CHIROPRACTIC EXAMINERS, P.O. DRAWER 775, LOUISVILLE, MS 39339.**

- 4-----THIS **MUST** BE DONE BEFORE **JUNE 30, biennially on even years.** **THERE WILL BE AN ADDITIONAL CHARGE OF \$100.00 DELINQUENT FEE AFTER JUNE 30.**

PLEASE CLIP AND RETURN WITH YOUR CASHIER'S CHECK OR MONEY ORDER AND/OR HOURS.

PLEASE PRINT LEGIBLY

NAME _____

CLINIC MAILING ADDRESS _____

CITY & STATE _____ ZIP _____

CERTIFICATE NUMBER _____