

**MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS**

P.O. Box 775  
Louisville, MS 39339  
(662) 773-4478

**Office Information Sheet**

Clinic Name and Physical Address:

Clinic Mailing Address:

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If you have a branch office(s), please copy this form in its  
entirety for each office/clinic.

Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Fax: \_\_\_\_\_

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List all Chiropractors:

List all Chiropractic Assistants:

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List all Radiological Technologists:

List all unlicensed graduate  
Chiropractors/Extern:

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When did unlicensed graduate chiropractor/Extern start working in the  
clinic?

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What licenses, certificates or permits does the unlicensed graduate chiropractor/Extern hold?

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Are all licensed chiropractors in the clinic familiar with and in compliance with the advertising restrictions of State law cited as Mississippi Code Ann. Section 73-6-25 (1)(b) and Board rule 5.1? \_\_\_\_\_  
If not, please explain. \_\_\_\_\_

Are all licensed chiropractors current with their annual 12 hours of continuing education? (Must include 3 hours of risk management) \_\_\_\_\_  
If not, please explain. \_\_\_\_\_

Are all Radiological Technologists current with their annual 6 hours of continuing education? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

Are all Chiropractic Assistants current with their annual 6 hours of continuing education? \_\_\_\_\_ If not, please explain. \_\_\_\_\_

**PLEASE SEND COPY OF CURRENT YELLOW PAGE AD.**

\_\_\_\_\_  
Signature of Owner of Clinic

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of other staff

\_\_\_\_\_  
Title & Date

\_\_\_\_\_  
Signature of other staff

\_\_\_\_\_  
Title & Date

\_\_\_\_\_  
Signature of other staff

\_\_\_\_\_  
Title & Date

\_\_\_\_\_  
Signature of other staff

\_\_\_\_\_  
Title & Date

**Please have any other staff sign and date on the back of this page.**