

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

Phone: 662.773.4478

Fax: 662.773.4433

Emergency Doctor Application

PHOTO
UN-RETOUCHED
SHOWING
HEAD-SHOULDERS
FRONT VIEW

(2" X 2")

Name of doctor for whom you are substituting:

Start Date: _____

1. Full Name: _____ Married _____ Single _____
2. Mailing Address: _____
3. Phone: Office _____ Residence _____
4. Date of Birth: _____ Age: _____ SSN: _____
5. From which chiropractic college did you graduate? _____
Date of graduation: _____
6. In which state(s) do you hold a chiropractic license? (1) _____ (2) _____
License Number: (1) _____ (2) _____
7. Give length of time in practice: _____ Location: _____
8. Have you ever been refused a license by any Examining Board? Yes No
9. Has a license to practice chiropractic in any other state been revoked? Yes No
10. Have you ever been arrested? Yes No
11. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs, or charged with same? Yes No
12. Have you ever been treated for mental or emotional illness, drug addiction, or inebriety?
Yes No

13. If answers to any questions numbered 8 through 12 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 Emergency 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 Emergency 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.