Go to the home page for the web site: <u>https://www.msbce.ms.gov</u> Click the "Licensee Portal" link at the top of the page.



Chiropractor Renewal Online - Step 2

If you are a Chiropractor, login using your email and password. If you have forgotten your password, click "I don't remember my password" underneath the login area.

<u>If this is your first time to login</u>, click the "I don't remember my password" link then enter your email address and your temporary password will be emailed to you. Once you login you should change your temporary password.

If you don't know your email, you will need to contact the board office either by phone or email to update your initial email address. Once you have logged in you will be able to update your email address and password as well as other contact information.

If you are a Licensed Chiropractor you can login to your profile and make updates to your information. You can also renew your license online through this profile.		
To login as a Chiropractor Assistance, Claims Reviewers, Radiological Technologist or either an Extern/Preceptor <u>Click Here</u>		
Please read before beginning renewal.		
Email: © Password: © Submit		
I don't remember my password.		

To login as a Chiropractor Assistant, Claims Reviewer, Radiological Technologist or Extern/Preceptor, click the link as shown.



The first time you login there are several steps that you will need to complete:

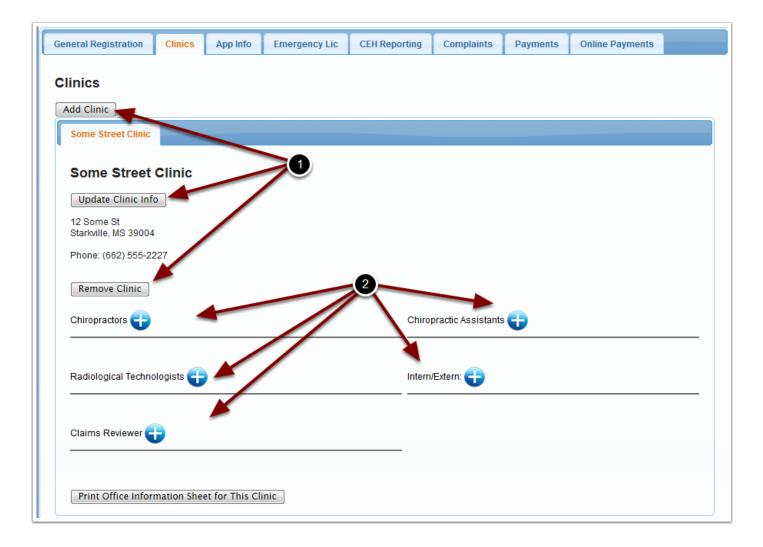
- 1. Upload a current picture of yourself. See the Photo Requirements for instructions.
- 2. Select how you would like for the board to share (or not share) your information.
- 3. Verify that your contact information is correct. Update any incorrect data.
- 4. Note that there are several tabs in the middle of the screens.

Once you have uploaded your picture and verified your information Click on the "Clinics" tab to prepare your Office Information Sheet.

			C	hiropractor			
			Save Changes		Logout		
		Mr.	John Atest		License No	. 1355	
		SSN:	XXX-XX-4666		DOB:	:	
			Renev	wal Instruction	<u>15</u>		
		(4)You have either r	not reported ye	our CE hours	or	
Photo Requirements		yo	u do not have enc	ugh CE hours t	to renew onli	ine.	
File Types Allowed: GIF, JPG, JPEG, BMR	PNG	All c	ourses must be ta	ken <u>before the</u>	<u>: Jun 30</u> dead	lline!	
Select your picture then		You may report	your CE hours in t	the CEH Repo	rting Tab bel	ow by clicking on	
click the Save Changes Button.			View/Upda	te Current CE	Hours		
Choose File No file chosen		lf you	have question, pl Phone	ease contact th :: 662-773-447		iscuss.	
General Registration Clinics	Ap	Emergency Lic	CEH Reporting	Complaints	Payments	Online Payments	
General Registration							
Required PUBLISHED ADDRESS (Public): O HOME O BUSINESS O DO NOT PUBLISH							
Required PUBLISHED PHONE NUMBER: HOME OBUSINESS OCELL ODO NOT PUBLISH							
Req	Required BOARD CORRESPONDENCE (Mailing Address): O HOME O BUSINESS						
List email on Board website: O Yes 💿 No							
Re	elease publishe	ed address and em	ail to State and Nati	onal organizatio	ons: 🔿 Yes 🏾 💿	No	

Inside the Clinic tab you will see a tab for each Clinic that is associated with you.

- 1. You can add, update or remove clinics in this tab. If you have more than one clinic you will probably need to add the additional clinics.
- 2. You may need to add employees and other doctors that work at each clinic. The process is the same for adding each employee type.
- 3. For our example, let's add a Chiropractic Assistant. Click the Blue + button next to the type.



Adding an Employee - Step 1

When you click the blue + button next to the employee type you will be taken to a screen to select the employee.

- 1. You may enter all or part of the first or last name of the employee and click the Search button. This will bring up a list of people that match what was entered.
- 2. Find the person you want to add and click the "Add To Clinic" button.
- 3. If the person you want to add is not in the list, you may add them to the database by clicking the "Add Chiropractic Assistant" to Database button.

Select	the Chiropractic	Assistant to add to Dr. Jo	ohn Atest at Ates	t Clinic #1
	(Cancel and Return to Do	ctor	
If the CA you'r		in the list below you may fill hiropractic Assistant to D		Registration Form.
Enter First or Last Name	:	Viewing Records 1 to 25 of 4	12	
Certificate #	Name	I I I I I	Phone	2
9:	S(Add To Clinic
2	Eľ.			Add To Clinic

Adding an Employee - Step 2

The first step is to verify that the CAdoesn't have any existing profile.

Enter the CA's SSN, the security code and the click Check to search the database for the CA. If an existing CA is found a screen will display a message telling you there is an existing CA profile with the SSN. For security reasons we can't tell you the name of the CA. If you believe there is an error please contact the Board Office.

If there is not an existing profile with that SSN, you will be taken to the CARegistration Form.

Check for Existing Chiropractic Assistant Profile
Enter the CA's SSN
Enter this security code in the box below: 42712
Enter the CA's SSN

Adding an Employee - Step 3

When you submit the form below the CA's profile will be created and the CAwill be added to the clinic. If a fee is required, you will be taken to the shopping cart screen to pay the fee online.

Use these same steps for Radiological Technologist.

ailing Address:	mit this form within 7 day	
Mailing Address: City: State: Select Zip: Phone Number w/area code: Date Of Birth: SSN: XXX-XX-0587 You will use your email address and a password to log into your online profile to manage your contact informa and report CE hours. Email: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	· -	
Mailing Address: City: State: Select Zip: Phone Number w/area code: Date Of Birth: SSN: XXX-XX-0587 You will use your email address and a password to log into your online profile to manage your contact informa and report CE hours. Email: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.		
Phone Number w/area code: Date Of Birth: SSN: XXX-0587 You will use your email address and a password to log into your online profile to manage your contact informa and report CE hours. Email: Password: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	First Name:	Last Name:
Phone Number w/area code: Date Of Birth: SSN: XXX-XX-0587 You will use your email address and a password to log into your online profile to manage your contact informa and report CE hours. Email: Password: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	Mailing Address:	
Date Of Birth: SSN: XXX-XX-0587 You will use your email address and a password to log into your online profile to manage your contact informs and report CE hours. Email: Password: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	City:	State: Select 🗸 Zip:
You will use your email address and a password to log into your online profile to manage your contact informa and report CE hours. Email: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	Phone Number w/area code	
and report CE hours. Email: Password: Password: Password: Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	Date Of Birth:	SSN: XXX-XX-0587
Pasport style picture is required.(Maximum 500Kb) Choose File No file chosen Name of chiropractic clinic where employed. Please use the clinic's mailing address.	-	ess and a password to log into your online profile to manage your contact informa
Name of chiropractic clinic where employed. Please use the clinic's mailing address.	Email:	Password:
	-	
	Pasport style picture is requ	ired.(Maximum 500Kb) Choose File No file chosen
Name of chiropractic clinic where employed. Please use the clinic's mailing address.		
	Name of chiropractic cli	nic where employed. Please use the clinic's mailing address.

Adding an Employee - Step 4

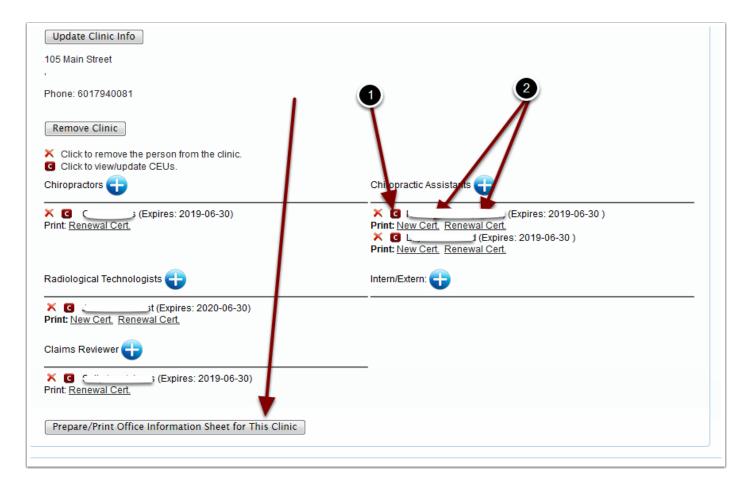
Check the box to the left of the fee and then click "Next" to be taken to the online payment system.

Today is: Tuesday, June 0 Online Payment	2, 2020		
	Payment from John Atest		
Receipt Number: Check the box next to y	OL-925 our license amount		
	Payment includes:	Amount	
	\$50.00 - New Licensee Application Fee for through 2021-06-30	\$0.00	
	Total	\$0.00	
	Previous Reset Selection Next		

Once all the employees for a clinic have been added, you may review and prepare your Office Information Sheet for the clinic by clicking the Prepare/Print button below the employees.

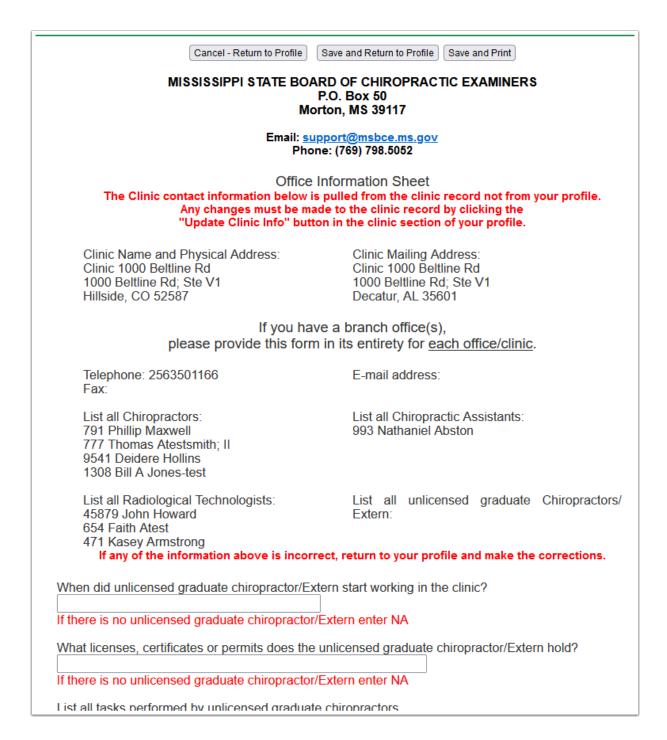
(1) To verify or post the CE courses taken by an employee click the C in the red box. Your employees may also report their own CE once they have an email address on file in the database.

(2) Certificates for employees may be printed from this screen also.



Chiropractor Renewal Online - Office Information Sheet -Step 1

Before the Office Information Sheet may be submitted there are questions that must be answered.



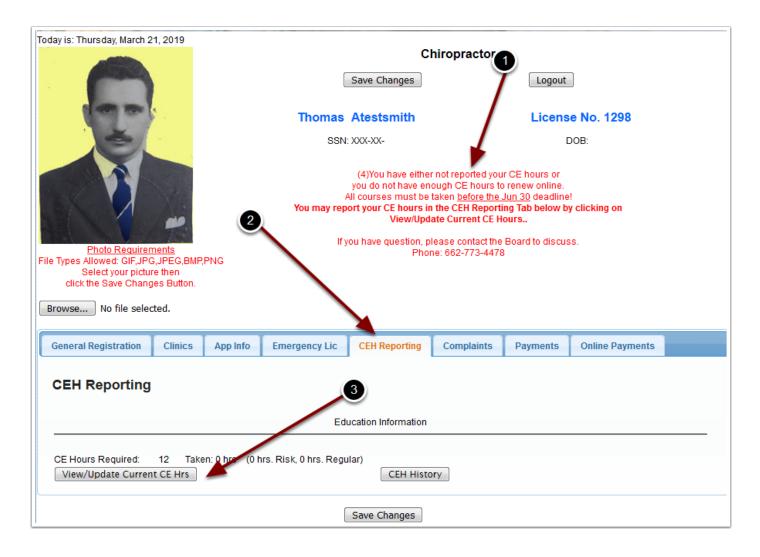
Chiropractor Renewal Online - Office Information Sheet -Step 2

Once you have answered all questions and you are ready to submit this to the Board for review, check the box that indicates the sheet is ready and then click one of the Save buttons.

Do you have any advertising ads? OYes ONo
If yes, list all avenues of advertising, i.e. Facebook, Instagram or Yellow Pages.
Are you, as a Mississippi licensed chiropractor, acting under the direct supervision of a Mississippi licensed veterinarian to manipulate and/or adjust animals? OYes ONo
If yes, upload a current certificate of training from the American Veterinary Chiropractic Association, International Veterinary Chiropractic Association or equivalent course of study approved by the Mississippi Board of Veterinary Medicine. Browse No file selected.
Please identify the Mississippi Licensed Veterinarian:
Enter your full name as your electronic signature:
f you are ready to submit this Office Information Sheet for approval check the box helow and then click one of the SAVE buttons This Office Information Sheet is ready to be reviewed by the Board. Note: Once you have submitted this to the Board you can't make any other changes. Save and Return to Profile Save and Print Cancel - Return to Profile

To be able to renew online you must enter your CE hours.

- (1) See notice
- (2) Click the CEH Reporting tab
- (3) Click the View/Update Current CE Hrs button



Chiropractor Renewal Online - Step 8

At the top of the CE reporting screen is a list the courses you have reported. Below that is the input form to add courses. You may enter a course at any time. If you enter them as soon as you complete the course you won't have to keep up with the information until renewal time. If a

course has both regular and risk hours enter the correct amount for each Credit Type. The total of regular and risk **must not** exceed the total for the course.

Courses are verified by random audit. It is required that you upload your course certificate so that if you are selected to be audited all of the required information is available. This will save you time in the future.

Once you have completed the required hours (both total and risk) you will be able to proceed to the next step in the renewal process.

Cont	inuing E	ducation H	ours (C	EH)	
Repo	Reporting Form				
	You are rec	Notice: CEH are checked by random au quired to upload your course cer			
	EH for current renewal da n between 7/1/2021 and		ofile		
Course Date	Title of CE Activity	Name of Sponsor(s)	Contact Credit Hours Type	Provider & Number	
		Total Hours Risk	0 0		
	By using this online form to enter my CE information I, <u>John Atest</u> certify that this information is correct and meets acceptable requirements of the Rules and Regulations of the Board.				
	gular and Risk hours <u>mus</u>	ours, enter the appropriate hours <u>it not</u> exceed the total hours for t			
Course Date 2022-02-28	Title of CE Activity	Name of Sponsor(s)	Contact Credit HoursType Reg. Hr Risk Hr	Number s. Provider:	
Upload Cert. Choose File No file chosen Maxium file size is 1 Mb.					
Certificate will only be retained for 2 years per MS Department of Archives Record Retention Schedule #5844					

Once you have submitted your Office Information Sheet and have reported your CEs, you will see the notice that your information is being reviewed. When the review is complete and approved this notice will be replaced with the "Renew License" button. (See Step 10)

NOTE: <u>Once your Office Information Sheet has been submitted you can't make any changes to</u> <u>it</u>. The renewal fees required will be based on the Office information Sheet so be sure that all information is correct before submitting it for approval.

	Chiropr	ractor
	Save Changes	Logout
and some a	Thomas Atestsmith	License No. 1298
	SSN: XXX-XX-	DOB:
	Renewal Ins	structions
	The Office Info Sheets fo have not beer	
Photo Requirements	Atest Cli	inic #1
File Types Allowed: GIF,JPG,JPEG,BMP,PNG Select your picture then click the Save Changes Button.	Be sure you have completed Yellow Pages ad (if required	
Browse No file selected.		

When you have met all the renewal requirements, the Renew License button will be displayed. Click this button to pay your renewal fees. The renewal fees are based on the Office Information Sheet so be sure that it is correct before you submit it to the Board for approval.

6	Save Changes	Chiropractor	/
E	Thomas Atestsmith SSN: XXX-XX-		se No. 1298 DOB:
Photo Requirements File Types Allowed: GIF,JPG,JPEG,BMP,PP	٩G	Renew License	
Select your picture then click the Save Changes Button.			
Browse No file selected.			
General Registration Clinics	App Info Emergency Lic CEH Reportin	Complaints Payments	Online Payments
General Registration			

If the information in the shopping cart is correct, click the check box by each license to be renewed. The items will be automatically totaled and then you may click the "Next" button.

Online Payment			
	Payment from Thomas Atestsmith	\sum_{i}	
Receipt Number: Check the license renewa	OL-103 al fee and then any other items that you would like to order.		
	Payment includes:	Amount	
	\$ 200 - Licensee renewal amount through 2020-6-30	\$0.00	
	Additional Doctors		
	Chiropractic Assistants		
	\$50.00 - Renewal Judy abtest thru 2020-6-30	\$0.00	
	Radiological Technologist		
	Claim Reviewers		
	\$25.00 - Renewal Susan adtest thru 2020-6-30	\$0.00	
	Misc Fees Shown Below		
	\$ 25 - Duplicate License Fee Number? 1	\$0.00	
	\$ 25 - Out-of-state Verification Number? 1	\$0.00	
	\$ 25 - Replacement of Law Book Number? 1	\$0.00	
	\$ 10 - Replacement of Renewal Card Number? 1	\$0.00	
	Other: \$ 1 Desc:	\$0.00	
	Total	\$0.00	
	Previous Reset Selection Next		

Chiropractor Renewal Online - Step 12

When you click the "Next" button in the shopping cart you will be taken to the Checkout screen. This will give you the total of the shopping cart and notify you that you will be taken to the State of Mississippi's online payment system. When you click the "Continue with Payment" button, you will be taken to the secure site to enter your payment information. Once you have entered your payment information you will be returned to the MSBCE site to print your receipt.

Today is: Thursday, Ma	arch 21, 2019
Checkout	At this time you will be taken to the State of Mississippi's Online Payment System to complete your license request. Please click the button below to make your payment of <u>\$275.00</u> . A convenience fee will also be added to the online payment. You will see the amount of this fee before you complete the payment. Back Continue with Payment

Common Checkout Payment Entry - Screen 1

Payment types accepted: Credit Card or Electronic Check

ms.s					Contact
OC)				\searrow
Payment T	ype 2 Customer Info 3 Pa	yment Info	4 Subr	nit Payment	Transaction Summary
Transaction Detail					This payment includes; Renewal Fee Chiropractic
sкu	Description	Unit Price	Quantity	Amount	Assistant; Renewal Fee \$275.00 Claims Reviewer; License Renewal
000000001	This payment includes; Renewal Fee Chiropractic Assistant; Renewal Fee Claims Reviewer; License Renewal	\$275.00	1	\$275.00	ms.gov Order Total 🍘 \$275.00
Total				\$275.00	
					Need Help?
Paymei	nt				Select Payment Method and Continue to proceed with payment. You will receive a printable receipt at the end of your successful payment transaction.
Payment	t Туре				
	Payment Type *				
	Select One	•			
			Nex	d 🔊	

Common Checkout Payment Entry - Screen 2

On this screen you will enter your contact information for the payment type you selected.

You can also see the total charge including the convenience fee.

SSS V		Contact
Customer Information		
Country	Comprete all required fields [*]	Transaction Summary
United States	•	This payment includes; Renewal Fee Chiropractic
First Name *	Last Name *	Assistant Renewal Fee \$275.0 Claims Reviewer: License Renewal
Thomas	Atestsmith	ms.gov Order Total @ \$282.0
Address *		
12 Some St		
Address 2		Need Help?
		Please complete the Customer Information Section
City *	State *	
	MS - Mississippi	
ZIP/Postal Code *		
Phone	Email * 🕐	

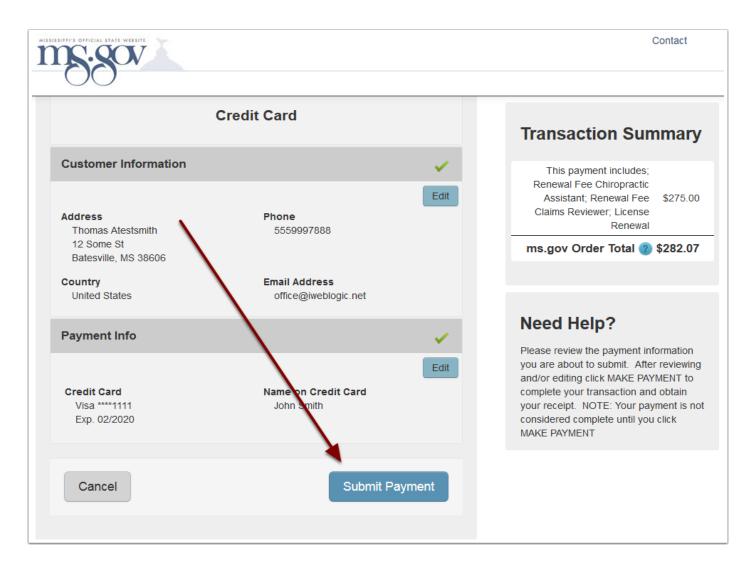
Common Checkout Payment Entry - Screen 3

Enter your payment information.

Credit Card Number *	Complete all required fields [*]
?	Transaction Summa
Credit Card Type	This payment includes; Renewal Fee Chiropractic Assistant; Renewal Fee \$275 Claims Reviewer; License Renewal
(SALEELESS) (ESPELIESS)	ms.gov Order Total (2) \$282
Expiration Month *	
Select a Month	Need Help?
Expiration Year * Select a Year	You have selected to pay by credit of Complete Customer Billing Information and enter Credit Card Information.
Security Code *	
Name on Credit Card *	

Common Checkout Payment Entry - Screen 4

On the final screen you will review your information. If everything is correct, click the "Submit Payment" button.



You will then be taken back to the MSBCE site to print your receipt. After you have printed your receipt, click the "Return to Your Information" button.

Receipt						
Thank you for your online renewal. Below is your receipt. Please print this for your records. <u>Print Receipt</u> or click {Ctrl}{P}						
Receipt Number: OL-103 Thomas Atestsmith 1298						
License renewal amount through 2020-6-30 License renewal for Judy abtest (2020-6-30) License renewal for Susan adtest (2020-6-30)	\$200.00 \$50.00 \$25.00					
Subtotal Transaction Fee Total	\$275.00 \$7.07 \$282.07					

Under the "General Registration" tab you will notice that your expiration date has been updated. Here you can print your renewal certificate if needed.

General Registration			
Required PUBLISHED ADDRESS	6 (Public): O H		
	MBER: HOM	IE OBUSINES	
Required BOARD CORRESPO	ONDENCE (M	ailing Address)): O HOME O BUSINESS
List email on	Board websi	te: 🔿 Yes 🍥 N	lo
Release published address and ema	il to State an	d National orga	anizations:) Yes 💿 No
Home Address (Permanent not P.O. Box)			Business Address
Address 88 High lane	Emp	loyer	
Address 2		ress	
City, St Zip Mississippi 🗸	Add	ress	
Phone Cell Phone	City Zip		Mississippi
Email amy@home.com (Re for login)	quired Pho	ne:	FAX:
County Select V	Bus	iness Email:	
Married: Single			
Password:			
Registratio	on Information		
Status Active			
Original Issue Date Expiration Date 2022-06-30			
Print Renewal Cert.			

Click the "Clinics" tab to see that your employees' expiration dates have been updated.

	T						1
General Registration Clinics	App Info	Emergency Lic	CEH Reporting	Complaints	Payments	Online Payments	
							
Clinics							
Add Clinic							
Atest Clinic #1							
Atest Clinic #1							
(Primary Clinic)							
Update Clinic Info							
12 Some St							
Birmingham, AL 654987							
Phone: (888) 989-6646							
Remove Clinic							
Remove chine							
Chiropractors 🕂			Chiropra	actic Assistants	D 🖌		
			🗙 Judy	abtest (Expires:	2020-06-30)		
De dista si sel Teche ele si sta			1-t (T-				
Radiological Technologists 🛟 Intern/Extern: 🛟							
× Bill actest (Expires: 2020-06-30)							
X Susan adtest (Expires: 2020-06-30)							
Print Office Information Sh	eet for This Cl	inic					

Click the "Payments" tab to see your payment history.

General Regist	ration Clinic	App Info Notes - Comm - Doc - Supv	CEH Reporting	Complaints	Payments
Payments	;				
Add Paymen	t				
Receipt No.	Date	Description			Amount
OL-1006	6/14/2021	License renewal amount through 2022	-6-30		\$200.00 IR
OL-1006	6/14/2021	License renewal for	(2022-6-30)		\$50.00 IR
OL-941	6/9/2021	New Licensee Application Fee for	through 20	22-06-30	\$50.00 IR
		Refresh after refund is issued, updated or removed	to see current information.	Refresh	
		Save Save and Close	Return to List		