

**CLAIM REVIEWER**  
**CERTIFICATE RENEWAL NOTICE**

**ALL MISSISSIPPI CLAIM REVIEWER 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 CLAIM REVIEWER CERTIFICATE.

**RESPONSIBILITY OF ALL CLAIM REVIEWER CERTIFICATE HOLDERS:**

1----- SECTION 73-6-34 MISSISSIPPI CODE OF 1972, AS AMENDED IN 1999, REQUIRES YOU TO FORWARD TO THE OFFICE OF THE SECRETARY OF THE BOARD OF CHIROPRACTIC EXAMINERS CERTIFICATION VERIFYING **10 HOURS** OF CONTINUING EDUCATION YOU HAVE RECEIVED BETWEEN **JULY 1 AND JUNE 30**.

ONLY CERTIFICATES ISSUED BY A CCE-APPROVED COLLEGE, STATE CHIROPRACTIC ASSOCIATION, OR STATE CHIROPRACTIC BOARD CAN BE ACCEPTED.

2----- SEND **CERTIFIED, CASHIER'S CHECK, OR MONEY ORDER** FOR \$25.00. MAKE THE CASHIER'S CHECK OR MONEY ORDER OUT TO: **MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS.** **PERSONAL CHECKS WILL BE RETURNED.**

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

4----- THIS **MUST** BE DONE BEFORE **JUNE 30**.

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

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**PLEASE PRINT LEGIBLY**

NAME \_\_\_\_\_

CLINIC MAILING ADDRESS \_\_\_\_\_

CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_