

MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

REQUEST FOR DETERMINATION: CRIMINAL HISTORY DISCLOSURE

Section 73-77-1 et seq., Miss. Code Annotated, 2019, allows a person with a criminal record to petition at any time for a determination of whether the person's criminal history disqualifies the person from obtaining a license or provisional permit. Complete this form for a determination from the Mississippi State Board of Chiropractic Examiners

IMPORTANT:

- 1. This is not an application for professional licensure or provisional permit. Rather, it is solely a request for determination made pre-application as to whether you are disqualified from obtaining licensure to practice chiropractic.**
- 2. There is a \$25.00 fee for this determination. You are not required to have begun or completed any professional training or be qualified for licensure at the time of this request for determination.**
- 3. By completing and submitting this form, you are representing that it is complete and accurate. Any omissions or misrepresentations in this form may be considered by Mississippi in future criminal, administrative, or other actions.**
- 4. Any determination by the Mississippi State Board of Chiropractic Examiners pursuant to Section 73-77-1 et seq., Miss. Code Annotated, 2019 is limited to whether you are disqualified at this time from obtaining a license or provisional permit., but does not guarantee that your future application will be denied, granted, conditioned, etc. The Mississippi State Board of Chiropractic Examiners will make that determination at the time of your application for licensure.**

SECTION 1: Petitioner Information

Full Name (Print):	
Phone:	
Email:	
Mailing Address:	
City:	
State:	
Zip:	

Section II: Self-Disclosure of Criminal History

Provide a complete criminal history. List a description of all criminal charges and convictions, including the date of the offense. Attach any additional pages if more space is needed. If you were convicted, but the charge was set aside or expunged, please note.

Date of Offense	Criminal Charge(s)	Action Taken (attach court orders, dispositions, docket sheets, etc.)	Expunged (attach copy of expungement)	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Section III: Additional Information (Optional)

Please provide additional information about your current circumstances, including if the sentence has been completed (documentation required), payment of restitution (documentation required), evidence of rehabilitation; testimonials; employment history and goals and other information you would like the Mississippi State Board of Chiropractic Examiners to consider.

A large, empty rectangular box with a thin black border, intended for the applicant to provide additional information as requested in the text above. The box is currently blank.

Section IV: Signature

1. By submitting and signing this request, I agree to have this matter considered by the Board and a decision made by the Board. I understand that the information provided on this request is not confidential, may be released pursuant to a public records request, discussed in an open meeting before the Board and described or quoted in a publicly available document.
2. I understand that any determination made by the Board related to this petition is based solely on information I have provided, and that the Board is relying on my complete and accurate reporting of my criminal history.
3. In submitting this request, I release the Board from any liability with regard to inspecting, discussing or reviewing any information on this request, and waive any and all claims or causes of action, whether known or unknown, that I may have against the State of Mississippi, the Board, its members, officers, employees and/or agents arising out of this matter.
4. By signing this form, I certify under penalty of law that the statements made in this request are true, correct, and complete to the best of my knowledge and belief. I understand that false statements, herein, including, without limitation, any failure to accurately report my criminal history, may be considered by the State of Mississippi in future criminal, disciplinary, or other action.

Signature: _____

Date: _____

STATE OF MISSISSIPPI

COUNTY OF _____

Sworn to, and subscribed before me, this the _____ day of _____, 20_____.

(NOTARY SEAL)

NOTARY PUBLIC

My Commission Expires:
