

# MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

## LICENSE VERIFICATION FOR OUT-OF-STATE APPLICANT

**Applicant:** Complete Section I of this form if you have ever held a CHIROPRACTIC license in any state other than Mississippi. Forward one copy to each licensing agency in all the states where you have held OR currently hold a CHIROPRACTIC license. This form should be mailed to the Mississippi State Board of Chiropractic Examiners by the licensing agency completing the form. Most states require a fee for processing. The fee is the applicant's responsibility.

**Licensing Board / Agency:** The Mississippi State Board of Chiropractic Examiners requires information regarding my license. This is my request for you to respond to the questions in Section II and also gives you authority to release any information, favorable or otherwise, to the Mississippi State Board of Chiropractic Examiners.

**Section I: (for applicant only)**

Name	Signature		
Address	City	State	Zip
Date of Birth	Social Security No.		
License Number	State of Licensure		

**Section II: (For Licensing Board/Agency only)**

The Mississippi State Board of Chiropractic Examiners require verification of this person's credential to practice be provided by all states in which the person listed above holds or has held a license, registration or certification. Please complete and return this form DIRECTLY to the Mississippi State Board of Chiropractic Examiners, P.O. Box 50, Morton, MS 39117.			
State where credential was issued		Agency Name	
Full Name of Credential Holder			
Credential Number		Type of Credential <input type="radio"/> License <input type="radio"/> Registration <input type="radio"/> Certification <input type="radio"/> Permit	
Issue Date	Expiration Date	Educational Hour Requirements	
Where did the applicant graduate from chiropractic school?	Is this school in your State? <input type="radio"/> Yes <input type="radio"/> No If so, is it currently approved in your state? <input type="radio"/> Yes <input type="radio"/> No		

**Respond to the following questions: If YES is answered to any question 3 – 8, please attach explanation.**

#	QUESTION	YES	NO	#	QUESTION	YES	NO
1	Is the license current?			5	Do your files indicate any derogatory information (fines, violations, etc.)?		
2	Is the license in good standing?			6	Have you received any complaints against this professional?		
3	Have any charges ever been filed against this professional?			7	Has this professional been investigated by your Board?		
4	Do you know of any information that may discredit this professional?			8	Are there any complaints, allegations or investigations pending before the board that relates to unprofessional conduct?		

**Return to MS State Board of Chiropractic Examiners, P.O. Box 50, Morton, MS 39117**

Authorized Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

BOARD SEAL