

Applying for Certification
Extern Program
[Reference: Section 73-6-14(1)]

- **Definition**

A person who has graduated from a CCE-accredited college of chiropractic maintaining a standard of training acceptable to the Board of Chiropractic Examiners, but who has not been licensed in any other state.

Anyone graduating three (3) years prior to July 1, 2003 can be considered for this program at Board discretion.

- **Qualifications**

- a. Completed application approved by the Board on file at the Executive Secretary's office;
- b. Certified transcripts from the graduating chiropractic college;
- c. Certified transcripts from undergraduate college totaling sixty (60) semester hours;
- d. Transcript from National Board of any and all National Board tests passed; and
- e. Payment of a money order or cashier's check in the amount of \$100.00.

- **Program time period**

- a. This program is good for six (6) months after acceptance into the program.
- b. This program can be renewed by a majority vote of the Board and a payment of a Fifty Dollar (\$50.00) renewal fee.
- c. This program can only be renewed a maximum of two (2) times.
- d. Each applicant accepted in the program shall practice within the scope of practice established in Section 73-6-1 of the Mississippi chiropractic statute and the rules and regulations of the Board of Chiropractic Examiners. Failure to follow the Mississippi chiropractic statutes will result in dismissal from the program.
- e. No extern may deliver chiropractic services without on-premise supervision by the sponsoring chiropractor.
- f. All sponsoring chiropractors must:
 - (1) make application and be approved by the Board of Chiropractic Examiners for each participation;
 - (2) have an active Mississippi license;
 - (3) be in active Mississippi practice for five (5) years;
 - (4) have no disciplinary action against their license in Mississippi for the preceding three (3) years;
 - (5) have no more than one (1) extern at a time working in his or her office; and
 - (6) be on-premise at all times the extern is performing chiropractic service in his or her office.

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

Phone: 662.773.4478

Fax: 662.773.4433

Extern/Associate Application No Refunds

This is a permanent record, write plainly or type.

Name of doctor with whom you are working:

PHOTO
UN-RETOUCHED
SHOWING
HEAD-SHOULDERS
FRONT VIEW

(2" X 2")

I hereby apply for license to practice chiropractic in the state of Mississippi as an extern or associate.

1. Full Name: _____ Married _____ Single _____
2. Mailing Address: _____
3. Phone: Office _____ Residence _____
4. Nationality: _____ Birthplace: _____
5. Date of Birth: _____ Age: _____ SSN: _____
6. Account for all time and residence since graduation: _____

7. What undergraduate college(s) have you attended? _____

8. From which chiropractic college did you graduate? _____
Date of graduation: _____
9. Do you hold a chiropractic license in any state? Yes No
10. Have you had 40 clock hours in x-ray operation and 40 hours in interpretation? Yes No
11. Have you ever been refused a license by any Examining Board? Yes No

12. Has a license to practice chiropractic in any other state been revoked? Yes No
13. Have you ever been arrested? Yes No
14. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs, or charged with same? Yes No
15. Have you ever been treated for mental or emotional illness, drug addiction, or inebriety?
Yes No
16. If answers to any questions numbered 11 through 15 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 Extern/Associate 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 Extern/Associate 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.
3. Certified copy of chiropractic college diploma.
4. Official chiropractic college transcript (must be sent by college).
5. Transcript of 60 or more pre-chiropractic hours (must be sent by college).
6. Transcript of any and all National Board scores (must be sent by National Board).