

Applying for Certification Travel to Treat

[Reference: Section 73-6-14(2)]

- A chiropractor not licensed to practice in Mississippi but who is licensed and in good standing in any other state, territory, or jurisdiction of the United States or any other nation or foreign jurisdiction may engage in the practice of chiropractic if he or she is employed or designated in his or her professional capacity by a sports or performing arts entity visiting the State for a specific sports or performing arts event subject to the following restrictions and rules:
 - (1) The practice of chiropractic subject to this rule shall be limited to members, coaches, and/or official staff of the team or event for which that chiropractor is designated. In the event that services are requested by a specific athlete or performer, the practice of chiropractic shall be limited to services performed for that individual only.
 - (2) The practice of chiropractic as authorized by this rule shall be limited to the designated venue of the event or designated treatment area for said event. The Board, in its discretion, may audit, review, or inspect the venue and chiropractic services rendered.
 - (3) Any chiropractor practicing under the authority of this Section may utilize only those practices and procedures that are within the scope of chiropractic practice in the state of Mississippi as authorized by Sections 73-6-1 through 73-6-34 and the rules and regulations governing chiropractic practice in this State.
 - (4) A chiropractor practicing under the authority of this Section may not utilize electrical therapeutic modalities if he or she does not have at least one hundred and twenty (120) hours of instruction in their proper utilization as required by Section 73-6-1 (3).
 - (5) Any violation of law, rule, or regulation governing the chiropractic practice provided for pursuant to Sections 73-6-1 through 73-6-34 shall result in the immediate revocation of all such privileges pertaining to the practice of chiropractic in this State. Such violations may, in the discretion of the Board, be considered grounds for refusal or sanction of a license should the person apply for licensure in this State.

- A chiropractor requesting this license shall have in the Executive Secretary's office of the Board twenty (20) days before the event the following:
 - (1) application approved by the Board;
 - (2) copy of license from the State in which the chiropractor practices;
 - (3) proof from the licensing Board in that State of good standing of the chiropractor's license; and

(4) payment of a money order or cashier's check in the amount of Fifty Dollars (\$50.00).

- Complete and submit to the Board an Travel to Treat Application form.

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

Phone: 662.773.4478

Fax: 662.773.4433

Travel to Treat Application

Dates of Activity and Venue: _____

PHOTO
UN-RETOUCHED
SHOWING
HEAD-SHOULDERS
FRONT VIEW

(2" X 2")

1. Full Name: _____ Married _____ Single _____
2. Mailing Address: _____
3. Phone: Office _____ Residence _____
4. Date of Birth: _____ Age: _____ SSN: _____
5. From which chiropractic college did you graduate? _____
Date of graduation: _____
6. In which state(s) do you hold a chiropractic license? (1) _____ (2) _____
License Number: (1) _____ (2) _____
7. Give length of time in practice: _____ Location: _____
8. Have you ever been refused a license by any Examining Board? Yes No
9. Has a license to practice chiropractic in any other state been revoked? Yes No
10. Have you ever been arrested? Yes No
11. Have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs, or charged with same? Yes No
12. Have you ever been treated for mental or emotional illness, drug addiction, or inebriety?
Yes No

13. If answers to any questions numbered 8 through 12 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 a Travel to Treat 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 Travel to Treat 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 \$50.
2. Attached photo.