MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

P.O BOX 50, MORTON, MS 39117
(769) 798-5052; FAX (601) 732-6447
www.msbce.ms.gov

CONTINUING EDUCATION APPROVAL REQUEST

MUST BE APPROVED IN ADVANCE – MUST BE RECEIVED AT LEAST FOURTEEN (14) DAYS IN ADVANCE OF THE COURSE DATE

AUTHORITY:

CHIROPRACTOR - 73-6-17 - Except as provided in Section 33-1-39, every registered chiropractor shall be required to file with the secretary of the board a certificate, certified by a state chiropractic board and state chiropractic association, verifying their attendance at a course of study approved by the board consisting of not less than 12 hours of instruction in the latest developments in the practice of chiropractic of which at least 3 hours shall be instruction in the subject of risk management. **Effective 9/1/2026, 8 hours must be classroom and the remaining 4 online/virtual/ home study/ blended or classroom.**

Exemption: any chiropractor who has reached the age of 75 years and is not participating in an active practice shall not be required to pay said renewal fee or submit the 12 hours of continuing education.

CHIROPRACTIC RADIOLOGICAL TECHNOLOGIST - RULE 9.3- Continuing education requirements for is 12 hours biennially; approved by the MS Dept of Health and **may be acquired through classroom, virtual or online courses**.

CHIROPRACTIC ASSISTANTS - RULE 8.6 8.8- Continuing education shall be 6 hours annually at a course of study approved by the MSBCE. **Effective 9/1/2026, the 6 hours may be online/virtual /home study/blended or classroom.**

CLAIMS EXAMINER/REVIEWER - RULE CHAPTER 12, SECTION 110 - Continuing education for shall consist of unduplicated 60-minutes units of post-graduate education instruction, of any ongoing nature, provided or sponsored by the CCE accredited school of chiropractic **and** approved by MSBCE which shall be 10 hours annually in instruction of developments in claims review. **These must be classroom hours only.**

SUBMITTED BY: _____ _____
TYPE NAME DATE SUBMITTED FOR REVIEW

_____ _____
EMAIL ADDRESS FOR WEBSITE POSTING PHONE NUMBER

WHO IS SUBMITTING THIS REQUEST [CHECK APPROPRIATE BOX]:

- O Chiropractic College - Name _____
- O State Chiropractic Association – Name _____
- O Independent Training Organization – Name _____
- O Mississippi Licensed Doctor of Chiropractic – Name _____ License # _____

Is this a PACE approved course: ☐ YES, Course Number _____ ☐ NO

Has this course been accepted by a State Regulatory Board? ☐ YES ☐ NO
If YES, name the state(s) _____

Has this course been accepted by a State Association? ☐ YES ☐ NO
If YES, name the state association(s) _____

TITLE OF COURSE	
DATE COURSE WILL BE OFFERED	
WHERE WILL COURSE BE HELD (IF IN-PERSON)?	
TOTAL NUMBER OF HOURS	
COURSE PROVIDER	
COURSE SPONSOR	
AREA OF DISCIPLINE Must identify categories for all disciplines. If course for chiropractors, you must provide course breakdown of hours in categories of risk management and latest developments	☐ **Chiropract**or; SELECT CATEGORY and IDENTIFY HOUR BREAKDOWN ☐ latest developments – identify total hours in latest developments: _____ ☐ latest developments (including 3 hours of risk) for a total of _____ hours ☐ risk management – identify total hours in risk management and ethics : _____ ☐ **Claims Reviewer**, must be in instruction or developments of claims review **Hrs: _____** ☐ **Animal Chiropractic** **Hrs: _____** ☐ **Chiropractic Radiological Technician** **Hrs: _____** ☐ **Chiropractic Assistant** **Hrs: _____**
LEARNING ENVIRONMENT:	☐ Traditional Classroom (an in-person physical space where the presenter and the attendee gather) ☐ Virtual Classroom / Online Classroom (a digital environment for learning that uses technology to connect the presenter and the course participant) ☐ On-demand / Asynchronous (classroom program taped for on-demand at a later date) ☐ On-line Only ☐ Blended/Hybrid (integrates both face-to-face instruction with online learning activities and resources) ☐ Home Study / Self Study (materials provided and attendee can complete at his/her own schedule)
COURSE BROCHURE ATTACHED ☐ YES ☐ NO	COURSE OUTLINE ATTACHED ☐ YES NOTE: if the course outline is not attached, the course will not be considered for approval
How does an individual register for this course (provide website information)	