

MISSISSIPPI STATE BOARD OF CHIROPRACTIC EXAMINERS

AGENDA REQUEST FORM

If you have questions or concerns regarding the practice of chiropractic in Mississippi that you wish addressed by the Mississippi State Board of Chiropractic Examiners, this form must be **COMPLETED AND RECEIVED BY THE BOARD AT LEAST TEN (10) DAYS PRIOR TO THE DATE OF THE MEETING THAT YOU REQUEST TO BE PLACED ON THE AGENDA.** The Board welcomes input from the community and will allow at least three (3) minutes for each subject on the agenda.

This is not a forum for a complaint against another licensee, instructor, school or business. All complaints must be handed in accordance with established statute and rules. Please refer to the "Complaint" tab on the website for complaint procedures.

This form may be mailed to: Mississippi State Board of Chiropractic Examiners, Post Office Box 50, Morton, MS 39117; or emailed to support@msbce.ms.gov

Spokesperson's Name: _____

Address: _____

Phone: _____ Email Address: _____

Date of Meeting You Wish to Attend: _____

Detail of subject you wish to present: Please provide your detail in the text box provided below
