

Mississippi Secretary of State

125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Chiropractic Examiners		CONTACT PERSON Kim Turner	TELEPHONE NUMBER (601) 359-3803	
ADDRESS Post Office Box 50, 353 South 4 th Street		CITY Morton	STATE MS	ZIP 39117
EMAIL Kim.turner@ago.ms.gov	SUBMIT DATE 6/23/2026	Name or number of rule(s): Title 30, Part 2001, Chapter 5, R. 5.8; Chapter 8, R. 8.4; and Chapter 12, R. 12.4		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Amendment to Rule 5.8 to implement a fingerprint based criminal background check as a prerequisite to license; Rule 8.4 to simplify the continuing education requirement of chiropractic assistants; and Rule 12.4 to ensure compliance with Miss. Code Ann. Sections 73-39-67 and 73-6-1(8). Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. §73-6-5

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2001, Rules 5.8, 8.4, and 12.4

ORAL PROCEEDING:

☐ An oral proceeding is scheduled for this rule on Date: Time: Place:

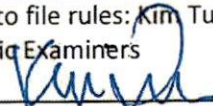
If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

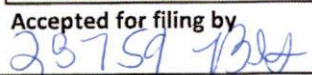
ECONOMIC IMPACT STATEMENT:

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <u>xx</u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: <u>xx</u> 30 days after filing _____ Other (specify): _____	Date Proposed Rule Filed: Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Kim Turner, Assistant Attorney General, as Board Counsel for the MS State Board of Chiropractic Examiners

Signature of person authorized to file rules: 

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
Accepted for filing by	 Accepted for filing by 	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.