

## Mississippi Secretary of State

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

## ADMINISTRATIVE PROCEDURES NOTICE FILING

|                                                            |                        |                                                                                                                                                                                                                                                                                   |                                  |              |
|------------------------------------------------------------|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------|
| AGENCY NAME<br>Mississippi Board of Chiropractic Examiners |                        | CONTACT PERSON<br>Dr. Richard Walker                                                                                                                                                                                                                                              | TELEPHONE NUMBER<br>601-359-3815 |              |
| ADDRESS<br>PO Box 775                                      |                        | CITY<br>Louisville                                                                                                                                                                                                                                                                | STATE<br>MS                      | ZIP<br>39339 |
| EMAIL<br>msbce@bellsouth.net                               | SUBMIT DATE<br>4/23/20 | Name or number of rule(s):<br>Miss. Code Ann § 73-6-34<br>Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 108<br>Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 109<br>Part 2001, Chapter 9, Section 100; Part 2001, Chapter 10, Section 110 |                                  |              |

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal:  
Proclamation suspending the requirement that study hours and continuing education hours for a chiropractic claims review license be conducted in a classroom.

Proclamation also waives any application and renewal fees for preceptorships.

## ORAL PROCEEDING:

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

☒ Presently, an oral proceeding is not scheduled on this rule.

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:

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

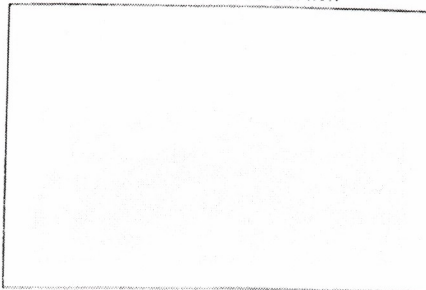
| TEMPORARY RULES                                                                                                                                                                                                                                                                             | PROPOSED ACTION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

Printed name and Title of person authorized to file rules: Ken Walley

Signature of person authorized to file rules: *Ken Walley*

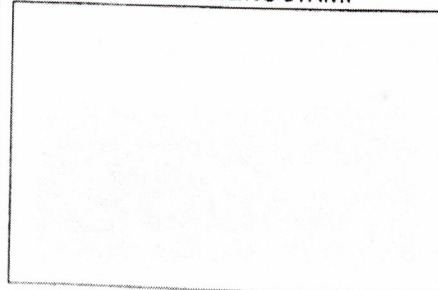
## OFFICIAL FILING STAMP

**FILED**  
**APR 23 2020**  
**MISSISSIPPI**  
**SECRETARY OF STATE**

DO NOT WRITE BELOW THIS LINE  
OFFICIAL FILING STAMP

Accepted for filing by \_\_\_\_\_

## OFFICIAL FILING STAMP



Accepted for filing by \_\_\_\_\_

Accepted for filing by

#24849 *[Signature]*

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