Mississippi Secretary of State
125 South Congress St., P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER	
MS State Board of Chiropractic Examiners	Kim Turner	(601) 359-3803	
ADDRESS	CITY	STATE	ZIP
Post Office Box 50, 353 South 4th Street	Morton	MS	39117
EMAIL	SUBMIT DATE	Name or number of rule(s):	
Kim.turner@ago.ms.gov	2/12/2026	Title 30, Part 2001, Chapters 1 - 23	

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Correction, clarification, and reorganization of existing administrative rules, providing clarity regarding licensure requirements, continuing education, and disciplinary actions; creating an objective standard for the chiropractic/veterinarian relationship, additional licensing statuses, and a more complete program for chiropractic assistants and claims examiners.
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List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 2001, Chapters 1-23

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
__xx__ Original filing	**Action proposed:**	**Date Proposed Rule Filed:**
_____ Renewal of effectiveness	_____ New rule(s)	**Action taken:**
To be in effect in __30__ days	_____ Amendment to existing rule(s)	_____ Adopted with no changes in text
Effective date:	_____ Repeal of existing rule(s)	_____ Adopted with changes
__xx__ Immediately upon filing	_____ Adoption by reference	_____ Adopted by reference
_____ Other (specify): _____	**Proposed final effective date:**	_____ Withdrawn
	_____ 30 days after filing	_____ Repeal adopted as proposed
	_____ Other (specify): _____	**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
FILED FEB 12 2026 MISSISSIPPI SECRETARY OF STATE		
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.