



Bob Holden
Governor

Division of Professional Registration
Marilyn Taylor Williams, Director

Joseph L. Driskill
Director

STATE BOARD OF CHIROPRACTIC EXAMINERS
3605 Missouri Boulevard
P. O. Box 672
Jefferson City, MO 65102-0672
Telephone 573/751-2104
Fax 573/751-0735
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri
chiro@mail.state.mo.us

Loree V. Kessler, MPA
Executive Director

Open Meeting Notice

State Board of Chiropractic Examiners Subcommittee on Specialty Certification August 12, 2004 – 10:00 a.m. Cleveland Chiropractic College 6401 Rockhill Road - Kansas City, Missouri

Notification of special needs as addressed by the American with Disabilities Act should be forwarded to the Missouri State Board of Chiropractic Examiners, P. O. Box 672, 3605 Missouri Boulevard, Jefferson City, Missouri 65102 or by calling (573) 751-2104 to ensure available accommodations. The text telephone for the hearing impaired is (800) 735-2966.

Except to the extent disclosure is otherwise required by law, the Missouri State Board of Chiropractic Examiners is authorized to close meetings, records and votes, to the extent they relate to the following: Sections 610.021(1), (3), (5), (7), (13) and (14), RSMo, and Section 620.010.14(7) RSMo.

The Board may go into closed session at any time during the meeting. If the meeting is closed the appropriate section will be announced to the public with the motion and vote recorded in open session minutes.

Please see attached tentative agenda for this meeting.

Attachment

**Tentative Open Session Agenda
 State Board of Chiropractic Examiners
 Subcommittee on Specialty Certification
 August 12, 2004 – 10:00 a.m.
 Cleveland Chiropractic College
 6401 Rockhill Road
 Kansas City, Missouri**

| | |
|--------------------------------------------------------------------------------|-------------|
| Call to Order | Dr. Lovejoy |
| Roll Call | Dr. Lovejoy |
| Introduction of Meeting Attendants | |
| Discussion – Certification | |
| Purpose of Specialty Certification | |
| Importance of Certification and Patient Healthcare | |
| Attributes of Certification Programs | |
| How Education Is Delivered | |
| CCE Approved School | |
| Association or Organization | |
| Individual Instructors | |
| Number of Educational Hours Needed for Certification | |
| Testing Requirements & Delivery | |
| Discussion – Certification Infrastructure | |
| Guidelines for Determining Legitimacy of a Specialty | |
| Advising Licensees of Availability of Specialty Certification | |
| Plan Agenda August 19, 2004 Subcommittee Meeting Logan College of Chiropractic | |
| Adjournment | |